

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION: THE FINAL REPORT TO THE 1995 LEGISLATURE

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FOREWORD

This report has been prepared in response to Act 329, Session Laws of Hawaii 1990, as amended by Act 188, Session Laws of Hawaii 1992 and Act 356, Session Laws of Hawaii 1993, which requires the Legislative Reference Bureau, in consultation with the Department of Human Services, to monitor and evaluate the Family Center Demonstration Project.

Among other things, this study attempts to (1) assess the impact of family centers upon the communities served, (2) assess the role of family centers in bringing about these impacts, (3) discuss legislation that may facilitate the continuation or expansion of the demonstration project.

The Bureau has no particular expertise with respect to family support and education programs, and program evaluation. As such, the Bureau is sincerely appreciative of the time, thought, and knowledge contributed to this study by:

- Conroy Chow, Planning Officer; Garry Kemp, Administrator, Self-Sufficiency and Support Services Division; and Kim Kadooka, Planning Staff Supervisor, Planning Office, Department of Human Services;
- Dan Watanabe, Executive Director; Maeona Mendelson, Senior Planner; Linda Harris, Director, Family Center Demonstration Project and Michael Casey, Planner, Hawaii Community Services Council;
- Kathleen Wilson, Associate Professor, University of Hawaii-Manoa; and
- All the individuals who responded to the Bureau's surveys about the family centers.

The generous assistance and cooperation of these individuals contributed substantially toward the preparation of this report and made its timely completion possible.

Samuel B. K. Chang
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Chapter 1

INTRODUCTION

Monitor, Evaluate, and Report

Act 329, Session Laws of Hawaii 1990, as amended by Act 188, Session Laws of Hawaii 1992 and Act 356, Session Laws of Hawaii 1993, which is included in this report as Appendix A, requires the Legislative Reference Bureau (the Bureau), in consultation with the Department of Human Services (DHS), to monitor and evaluate the Family Center Demonstration Project (the demonstration project or project).¹ The Bureau is required to submit preliminary and final evaluation reports on its findings to the Legislature at least twenty days prior to the convening of the Regular Sessions of 1994 and 1995, respectively.² This study is the Bureau's final evaluation report to the Legislature.

Scope and Structure of this Study

Like its predecessor, this study builds upon previous evaluations of the demonstration project conducted by the Hawaii Community Services Council (HCSC), and is not intended to confirm or refute the findings and recommendations of the HCSC. This study is not intended to duplicate any of the work previously or presently being performed by the HCSC; rather, its purpose is to build upon the knowledge created by the previous evaluations in order to increase the depth and breadth of this knowledge.

Among other things, this study attempts to (1) assess the impact of family centers upon the communities served, (2) assess the role of family centers in bringing about these impacts, and (3) discuss legislation that may facilitate the continuation or expansion of the demonstration project. In addition, this study makes a suggestion concerning the continuance of the demonstration project.

To avoid duplicating work presently being performed by the HCSC, this report does not contain a detailed, descriptive summary of the operation of each family center. Detailed data on the number of recipients of services at the family centers, the types and kinds of services provided, and the allocation of funds, as well as staffing information, are available and can be obtained from the HCSC. Data on the role and responsibility of the family centers' community liaison committees, which were collected by the Director of the Family Center Demonstration Project, were included in this report because of their relevance to the planning and development of the project.

Although the enabling legislation requires family centers to develop service plans and ensure that all components of the plans are carried out, the Bureau does not believe that

service plans--if they existed--would have contributed much to anyone's understanding of the demonstration project. Service plans would appear to be more relevant to traditional, single-service providers than to family centers. The reference to service plans in the enabling legislation appears to be consistent with the maintenance of categorical programs, and a problem-solving approach to human services (i.e., the "old paradigm"). Service plans and case management (i.e., the "systems management approach") reinforce people's dependence on the family centers to solve their problems, and appear to be inconsistent with the concepts of individual and family empowerment.

Borrowing an analogy used by the Director of the Family Center Demonstration Project, family centers are the travel agents of the human services community--they ask people what they need and want in the way of specific services or information, and then attempt to link people to the services or information. Single-service providers, on the other hand, are the airlines, rental car companies, and hotels of the human services community--they provide people with specific services or information on the assumption that people need and want the services or information. Although they also provide specific services, the philosophy of family centers is to link people with existing services in the community before getting involved with the actual provision of these services.

For reasons discussed in this report, the Bureau was unable to comment on the appropriateness of (1) a projected budget for continuing and expanding the demonstration project after June 30, 1995, and (2) plans for establishing additional family centers. Since the Bureau's 1993 report already describes one process by which family centers could be allocated resources, this matter is not discussed again in this report.

Including this introductory chapter, which recaps the findings and suggestions contained in the Bureau's 1993 report and reviews the stated functions of the demonstration project's components, this study consists of six chapters. Background material on causation, observational and experimental studies; research and evaluation; and surveys, which were included in the Bureau's preliminary evaluation report (1993), are not recapped in this report. Readers unfamiliar with these topics, or interested in the specific findings and suggestions contained in the Bureau's 1993 report, are directed to the preliminary evaluation report.

Chapter 2 discusses this study's methodology.

Chapter 3 discusses the policy-related--or legislative--side of events and issues that affect the demonstration project. Specifically, this chapter discusses how the lack of agreed upon outcomes is affecting the planning and development of the demonstration project, why these outcomes are important to the planning and development of the project, and what the Legislature can do to describe these outcomes without overmanaging the project.

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Chapter 4 discusses the findings from management profiles (i.e., audits) of two family centers, community surveys, and family center participant questionnaires, and their implications for the demonstration project. This chapter explains why the Bureau was unable to comment on the appropriateness of a projected budget for continuing and expanding the demonstration project after June 30, 1995. Finally, this chapter discusses some of the activities being undertaken by the demonstration project to develop and test working models of family centers (e.g., correcting problems with the collection, reporting, and analyzing of project data).

Chapter 5 discusses the results of a survey conducted by the Bureau to determine people's perceptions of what conditions were like in a community before the establishment of the family center, whether or not a family center had a role in bringing about a change in the community, the reasons why a change occurred, and the effects caused by the change. This chapter also discusses the criteria used by the Bureau to interpret and, consequently, impart a sense of importance to, these data.

Chapter 6 recaps the Bureau's findings and suggestions.

Previous Findings and Suggestions (1993)³

In its 1993 report to the Legislature, the Bureau stated its belief that the demonstration project was having a positive impact on the State's human services system and those communities directly affected by the project. The Bureau suggested that the demonstration project be allowed to continue until its logical conclusion, which might not be June 30, 1995 (the termination date of the project). The Bureau also suggested that the Legislature clarify the purpose, specifically the expected outcomes, of the demonstration project; develop a "vision" for the future of the State's human services system; describe the role of the project in realizing this vision; and specify the types and kinds of data that the Legislature needs and wants about the project.

Structure of the Demonstration Project

The formal structure of the demonstration project consists of the Governor's Family Center Advisory Committee (GFCAC), the Office of the Director of the Family Center Demonstration Project--which is located within the Hawaii Community Services Council (HCSC), community liaison committees (CLCs), and family centers. For the purposes of this discussion only, interagency councils were not considered to be part of the formal structure of the demonstration project. This is not to say, however, that interagency councils are not an important component of the demonstration project--because they are. The nature and role of interagency councils are discussed in Chapter 4.

Governor's Family Center Advisory Committee.⁴ The purpose of the GFCAC is to maximize and coordinate the availability of resources that enable families to develop social and economic self-sufficiency. The GFCAC oversees the work of the family centers by establishing and administering policies that govern (1) the administrative and programmatic staff, and (2) the family centers. The GFCAC is a policy making body that guides the purposes, functions, goals, and activities of the family centers. The GFCAC is appointed by the Governor and consists of representatives from the public and private sectors of the community and from all islands.⁵

Lead Agencies, Family Centers, and Locations.⁶ Family centers are where the theory of family and community strengthening is put into practice. Without the family centers, the demonstration project would be nothing more than an academic exercise--devoid of reality and vitality. Except for the Hanalei Family Center, which grew out of a grassroots effort, the current family centers were developed as programs of existing human services agencies. Although their locations vary considerably, there are essentially two family center "models"--grassroots and human services agency.

The lead agencies, the names of the respective family centers and their locations are as follows:

- Parents and Children Together (PACT)
 - Kuhio Park Terrace (KPT) Family Center
 - Located in the KPT low-income housing complex.
- Molokai General Hospital
 - Molokai Family Center
 - Located in a storefront office in Kaunakakai, Molokai.
- Kualoa-Heeia Ecumenical Youth (KEY) Project
 - KEY Project Family Center
 - Located in the KEY Project community center in Kaneohe, Hawaii.
- West Hawaii Family Support Services
 - West Hawaii Family Center
 - Located in a storefront space in the Kona Coast Shopping Center in Kailua-Kona, Hawaii.
 - Kau Satellite Center, located in a community center in Naalehu, Hawaii.
- Not applicable (no lead agency)
 - Hanalei Family Center

■ Located in a storefront space in the Ching Young Village Shopping Center in Hanalei, Hawaii.

Performance Standards for Family Centers. The performance standards for family centers explain "how" family centers are expected to do things. "What" family centers do is less important than "how" they do it since traditional service providers do similar things, albeit to a different degree. The performance standards differentiate family centers from traditional service providers in much the same way that "green" labels help to differentiate between products that were produced using "environmentally friendly" materials and manufacturing methods, and ones that were not.⁷

Community Liaison Committees.⁸ The purpose of a CLC is to be a liaison between a community and a family center so that the family center remains sensitive to the assets and needs of the families within that specific locale. A CLC is comprised of persons representing the community at large, as well as the community's organizations.⁹

Office of the Director. The Director of the Family Center Demonstration Project (not to be confused with the director of a family center) serves as both the oars and the rudder of the demonstration project. As its oars, the director helps to propel the demonstration project through the waters of the State's bureaucracy. As its rudder, the director helps to steer the demonstration project until such time as the community can take over the oars and propel the project to a destination of its own choosing. Arguably, there is no other single person who is more important to the overall success of the demonstration project than the Director of the Family Center Demonstration Project.¹⁰

Core Services.¹¹ Given the fact that no two communities are exactly alike, it stands to reason that no two communities would need or want exactly the same types and kinds of services or activities. To the extent that these activities can be grouped together and categorized, however, there are certain groups of activities that are provided by all family centers. These groups are called simply "core services".

These core services (general categories), their expected general outcomes, activities (specific examples), and expected outcomes (specific examples) are set forth below.

■ Information and referral

■ Individuals are linked to community resources

■ Resources collaborate/share to meet community needs

■ Information and referral customers

■ Individuals are linked to community resources

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- Resources collaborate/share to meet community needs
- Self-sufficiency skills development
 - Individuals practice activities that lead to a higher degree of contribution and/or self-sufficiency for families
 - Macroenterprise program
 - Individuals operate self-developed businesses toward self sufficiency
- Family empowerment
 - Individuals/families identify and act on resources for improvement
 - Medical records reviewed
 - Parents understand the need for, and value of, medical history reviews
- Parenting education
 - Parents practice improved parenting techniques
 - "Fathers only" parenting class
 - Fathers learn parenting skills and provide support to other fathers
- Community capacity-building
 - Community members plan, and implement activities that serve themselves, their families, and their community.
 - Planning: agricultural land development and family center construction
 - Community members plan for development of a community center
- Ad hoc support groups
 - Community members with similar concerns/needs are supported by each other
 - Elderly/caregiver support group
 - Support to individuals/families caring for elderly

Comments Regarding the Preliminary Draft of this Report

On November 18, 1994, the Bureau transmitted to the DHS and the HCSC a preliminary draft of this report. The Bureau asked that these agencies make any comments, cite any errors, state any objections, or suggest any revisions to the draft. The Bureau's transmittal letters, and the responses of the DHS and the HCSC to the draft, are included in

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this report as Appendices K and L, respectively. When deemed appropriate by the Bureau, revisions to the draft were made and the agencies' comments and suggestions incorporated into this report.

In the interest of accuracy and fairness, and to facilitate the external review process, the Bureau submitted early rough drafts of this study to those individuals who were quoted extensively in this report. These individuals were allowed to rephrase their comments as they felt appropriate.

Endnotes

1. The preliminary and final evaluation reports prepared by the Bureau are to include:
 - (1) A descriptive summary of the operation of the family centers, including:
 - (A) The services provided and a copy of the service plan developed by the centers;
 - (B) The number of recipients of services at the family centers;
 - (C) The allocation of funds;
 - (D) Staffing information; and
 - (E) The role and responsibility of the family centers' community liaison committees;
 - (2) An assessment of the impact of the family centers upon the communities served;
 - (3) The composition and role of the family centers;
 - (4) Recommendations regarding the continuance of the demonstration project and plans for the implementation of other project sites;
 - (5) Recommendations regarding the process by which family centers are allocated resources;
 - (6) A projected budget for the expenditures required to continue or expand the demonstration project; and
 - (7) Proposals for legislation necessary to facilitate the continuation or expansion of the demonstration project.

Legislative Reference Bureau, "The Family Center Demonstration Project Evaluation: An Interim Report to the 1994 Legislature" (Honolulu: 1993), pp. 1-2.

2. Ibid., p. 1.
3. Ibid., pp. 136-137.

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4. Ibid., p. 11.

5. In order to achieve its mission, the Governor's Family Center Advisory Committee (GFCAC):

- (1) Plans, implements, and maintains a statewide system of family centers;
- (2) Sets standards that guide the family centers' program activities;
- (3) Develops statewide family strengthening policies with input from the family centers;
- (4) Monitors the family centers' activities to ensure the maintenance of desired programmatic standards;
- (5) Develops appropriate evaluation designs and coordinates or assists in the evaluation of the family centers' programs;
- (6) Provides technical assistance and training for the family centers' staff and volunteers;
- (7) Develops necessary resources to support the networks of the family centers' activities, including applying for, receiving, and channeling funds;
- (8) Coordinates the family centers' network;
- (9) Provides a clearinghouse of information on, and models of, family strengthening programs;
- (10) Disseminates information on family strengthening;
- (11) Advocates and identifies culturally appropriate resources that may enhance family functioning; and
- (12) Creates public awareness of the GFCAC and its mission.

Ibid.

6. Ibid., p. 16.

7. Performance standards for family centers

- (1) Programs, activities, and services are accessible to the community they serve. Programs reflect and build on the culture, values, and beliefs of the participants.
 - (A) Programs demonstrate an understanding of the cultural, linguistic, and socio-economic backgrounds of the families served.
 - (B) Staff and participants learn about the values and beliefs of the participants.
 - (C) Programs, activities, and services are easily accessible in terms of location, hours, etc.
 - (D) Program environment and content reflect and respond to community resources and needs.
 - (E) Mechanisms ensure that leadership and staff reflect the backgrounds of participants.

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- (F) Staff are prepared to learn about and incorporate culture, language, and socio-economic styles.
- (2) An entire family can access services and activities through the organization.
 - (A) There is evidence that all family members are incorporated into programs.
 - (B) There is evidence that programs are "family friendly."
 - (C) Contact with families is friendly, timely, and supportive.
 - (D) Where there is a site, the atmosphere is clean and welcoming.
 - (E) Staff are prepared to integrate all members of families into programs.
- (3) Programs reflect a belief that families who are confident and competent are likely to raise healthy and productive children.
 - (A) There are tools in place that indicate how families are managing their responsibilities.
 - (B) Programs are in place to help families manage their responsibilities.
 - (C) Staff are prepared to help families manage their own responsibilities.
- (4) Families play an important role in program decisions.
 - (A) There are specific structures in place to provide families with opportunities for input and decision-making.
 - (B) Program decisions evidence the input of families and participants.
 - (C) Staff members are prepared to involve families in decision-making.
- (5) Staff recognize and build on the strengths of each person and family.
 - (A) Programs are designed to promote the perception that seeking help is a way of building strength.
 - (B) Staff encourage families to seek support and information within and outside of the programs.
 - (C) Staff are prepared to identify and build on the strengths of families who have multiple problems.
- (6) All staff participate in the development of programs, activities, and services.
 - (A) Principles of family strengthening and community development are incorporated in staff training.

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- (B) Training is ongoing.
 - (C) Staff meets regularly to discuss/contribute to operations and planning.
 - (D) Staff are supported to make decisions about their work and try different approaches.
- (7) Program staff and participants are partners--both bringing in skills and perspectives.
- (A) There is evidence that staff and participants respect each other.
 - (B) Staff are prepared to work with participants as partners.
 - (C) Staff work together to model partnering.
- (8) Programs help families become resources for each other, both in the program and in the greater community.
- (A) There are mechanisms in place to encourage families to become resources for each other.
 - (B) There is evidence that families acting as resources affect the quality of the program.
 - (C) Staff are prepared to help families become resources for each other.
- (9) Programs provide families opportunities to jointly advocate for changes in the community.
- (A) There are mechanisms to help families develop advocacy skills.
 - (B) There is evidence that family driven advocacy has led to community capacity development.
 - (C) Staff are prepared to provide opportunities for family driven advocacy.
- (10) Educational opportunities for life management skills and parent education are in place.
- (A) There are mechanisms in place to incorporate educational activities.
 - (B) There is evidence that life management skills (budgeting, job interviewing, sexuality, goal setting, family stress) are addressed in programs.
 - (C) Parent skill development programs are in place.
 - (D) There are collaborative efforts with other programs to assure appropriate information and coordination of programs.
 - (E) Specific program models and curricula are in place.
 - (F) Staff are prepared to provide parent training and life skill management skill development.
- (11) Programs serve as a bridge between families and other resources.
- (A) Formal and informal agreements are in place with other organizations to collaboratively

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provide programs and services.

- (B) Follow-up procedures track the outcomes of providing information and referral.
 - (C) Staff refer participants to other agencies.
 - (D) Other organizations regularly refer participants to programs.
 - (E) In formal relationships, other organizations respond to feedback by making changes in policies and procedures.
 - (F) Staff are prepared to collaborate with other agencies.
- (12) Families voluntarily participate in programs.
- (A) Mechanisms are in place to catalyze volunteerism.
 - (B) Special outreach strategies are used to attract target populations.
 - (C) Staff are prepared to encourage and ensure volunteerism.
- (13) Program is regularly evaluated by leadership, staff, participants, and community.
- (A) Easy-to-understand goals and outcomes are determined and continuously improved by all stakeholders.
 - (B) Principles of family strengthening are evidenced in the evaluation process.
 - (C) Families are involved in the evaluation process.
 - (D) Program planning and flexibility is a product of the evaluation process.
 - (E) Evaluation is based on the collection and analysis of process and outcome data.
 - (F) Celebrations and recognition of accomplishments and strengths are consistently incorporated into programs and activities.
 - (G) Staff are prepared to evaluate programs themselves and assist participants in evaluating programs.

Hawaii Community Services Council, "The Family Center Project" (February 15, 1994), pp. 6-7.

This version of the performance standards is slightly different than the version contained in the Bureau's 1993 report. The changes, in the Bureau's opinion, can be characterized as technical nonsubstantive amendments made for purposes of clarity, consistency, and style.

8. Legislative Reference Bureau, "The Family Center Demonstration Project Evaluation: An Interim Report to the 1994 Legislature", p. 16.

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9. A community liaison committee (CLC) may:

- (1) Assist the family center staff in assessing both the assets and needs of the families in the community;
- (2) Advise the family center staff on program directions that address the needs and build on the assets of the families in the community; and
- (3) Advocate on behalf of the community to the family center so that the family center's programs are relevant and responsive to families in the community.

Ibid., pp. 16-17.

10. The responsibilities of the Project Director's Office are to:

- (1) Staff the GFCAC, which sets policy and standards for the family centers;
- (2) Develop a long-range plan for family strengthening that includes a recommended role for the family centers, and work with the HCSC in developing this plan;
- (3) Develop a neighbor island outreach that defines a neighbor island family center strategy;
- (4) Convene subcommittees as necessary to define the following areas for the demonstration project:
 - (A) Future funding;
 - (B) Site development;
 - (C) Evaluation model; and
 - (D) Future role and responsibilities for "coordinating" family centers;
- (5) Assist the family centers by establishing regular training and problem-solving sessions;
- (6) Educate the community on the "asset" model approach to families, and on family needs and strategies for meeting these needs;
- (7) Promote opportunities, such as forums, for increasing collaboration among agencies, organizations, and other sectors interested in family support;
- (8) Develop a legislative strategy and advocate on behalf of the demonstration project and family needs;
- (9) Coordinate evaluation data collections from the family centers and document the family centers' processes for evaluation and future planning; and
- (10) Develop the budget for the demonstration project.

Ibid., pp. 17-18.

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11. Hawaii Community Services Council, "The Family Center Demonstration Project: Summary of Activities, Participants, and Expected Outcomes, Fiscal Year 1993-1994, 4th Quarter (April - June 1994)" (undated), 14 pp.

Chapter 2

METHODOLOGY

Interviews

The Bureau used face-to-face and telephone interviews to gather information on the Family Center Demonstration Project, and events and issues affecting the project. Comments were not used in this report unless the comments could be cited. Anonymous comments were included if the interviewees indicated to the Bureau information that established the truthfulness of those comments. To ensure that comments of the interviewees were not being used out of context, all persons cited in this report were allowed to review, edit, and delete the comments that were cited in this report.

Written Survey

Design. The instruments used by the Bureau to assess the impacts of family centers on their communities are included in this report as Appendix B. The instruments used by the Bureau were based on the justification for the demonstration project, which stated that:¹

- (1) Services to families are fragmented;
- (2) There is a lack of coordination and communication among those who provide services;
- (3) Consumers in general and families in particular find it difficult to access services and information;
- (4) Access to services and information across agencies is difficult;
- (5) Access to services and information between funders and providers is difficult;
- (6) The impact and effectiveness of service is difficult to assess;
- (7) There is difficulty in assessing the real needs of families; and
- (8) Leverage funding and more innovative multiple funding streams are needed.

Each instrument was designed to identify persons who:

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- (1) Had knowledge about a particular situation in their community (i.e., the community served by a specific family center) before the establishment of the family center;

(Example: Were services to families in your community fragmented before the establishment of the family center?)

- (2) Noticed a change in this situation after the establishment of the family center; and

(Example: What change, if any, did you notice about services to families in your community after the establishment of the family center?)

- (3) Thought the family center had a role in bringing about this change;

(Example: Do you think the family center had a role in bringing about this change?)

for the purpose of asking them to describe the main reason why this change occurred, and the main effect that this change had on families in their community. The Bureau did not believe that it would have been very useful to ask these latter questions of persons who did not have knowledge about a particular situation in their community before the establishment of the family center, did not notice a change in this situation after the establishment of the family center, and did not think the family center had a role in bringing about this change.

To keep the amount of instructions on its instruments to a minimum, the Bureau used arrows (--->) and brief instructions (e.g., "proceed to item (B)" and "stop here and proceed to question #2") to guide respondents through the survey. (There were eight questions and each question contained six items.) The Bureau wanted respondents to spend more time answering the survey and less time reading instructions on how to answer the survey. The Bureau believed that busy service providers would not have an incentive to answer a complex survey that did not directly affect their organization. The Bureau also believed that its "follow the arrows" instruments would make it easier to compile the results of the survey. Free-response questions, like the kinds used by the Bureau in its 1993 report to the Legislature, were used sparingly because their results are difficult to compile in a uniform and meaningful manner.

All persons surveyed by the Bureau were told, in advance, that individual responses to the survey might be cited and would not be treated as confidential material.

Persons surveyed. A list of the persons surveyed by the Bureau to assess the impacts of family centers on their communities is included in this report as Appendix C. In the case of

the Kuhio Park Terrace (KPT) Family Center, the Bureau surveyed twelve out of fourteen members of the KPT Interagency Council and one other individual who was identified by the Director of the KPT Family Center as being a person who was knowledgeable about, and worked closely with, the family center. In the case of the West Hawaii Family Center, the Bureau surveyed twenty-eight out of thirty members of the West Hawaii Health and Human Services Council and seven other individuals who were identified by the Director of the West Hawaii Family Center as being people who were knowledgeable about, and worked closely with, the family center.

In the case of the Molokai Family Center, the Bureau surveyed thirty-six out of ninety-four individuals who were on the mailing list of the loosely organized Molokai Interagency Network, and who were identified by the Director of the Molokai Family Center as being people who were knowledgeable about, and worked closely with, the family center.

In the case of the Kualoa-Heeia Ecumenical Youth (KEY) Project Family Center, the Bureau surveyed twenty-four individuals who were identified by the Director of the KEY Project as being people who were knowledgeable about, and worked closely with, the KEY Project (which considers itself to be a family center). In the case of the Hanalei Family Center, the Bureau surveyed twelve individuals who were identified by the Director of the Hanalei Family Center as being people who were knowledgeable about, and worked closely with, the family center.

The Bureau surveyed a total of 120 individuals.

The Bureau did not survey staff and directors of the family centers, the lead agencies for the family centers, and the Hawaii Community Services Council (HCSC). The Bureau did not survey members of the Governor's Family Center Advisory Committee (GFCAC) or members of community liaison committees (CLCs) unless they were members of an interagency council or were identified by the director of a family center as being persons who were knowledgeable about, and worked closely with, the family center.

The Bureau did not believe that the staff and directors of the family centers, the lead agencies for the family centers, and the HCSC; the members of the GFCAC; and the members of CLCs, would be viewed by both the Legislature and the Department of Human Services (DHS) as being impartial judges of the demonstration project. The Bureau also did not believe that the members of the GFCAC had enough day-to-day contact with affected communities to assess the impacts of family centers on these communities. For reasons discussed in its 1993 report to the Legislature, the Bureau did not believe that it could effectively survey the members of CLCs and persons who used the family centers.²

Except for large organizations, such as the Department of Health (DOH) and the DHS, the Bureau surveyed only one individual per organization. When two or more individuals from

one organization were listed as being members of an interagency council, the Bureau surveyed the person identified by the director of the family center (in the case of the KPT Family Center) or named on a mailing list (in the case of the West Hawaii Family Center) as being that organization's primary representative to the council. When two or more individuals from one organization were identified as being knowledgeable about, and working closely with, a family center, the Bureau surveyed the person who was identified by the director of the family center as being the most knowledgeable about, and working closest with, the family center.

In the case of the DOH and the DHS, the Bureau surveyed those individuals who were identified by the director of a family center as being people who were knowledgeable about, and worked closely with, the family center. The Bureau surveyed only one person per program, including program supervisors and their staff. In the case of the Department of Education, where one individual (e.g., a school principal) routinely supervises one or more other individuals (e.g., outreach and grade-level counselors), the Bureau surveyed the person who was identified by the director of the family center as being the most knowledgeable about, and working closest with, the family center.

Scoring responses. Data obtained from items that required "yes", "no", or "do not know" responses were scored in the manner that they were received. If a person did not respond to an item that required a "yes", "no", or "do not know" response, the item was scored as "no response". If a person attempted to modify one of these responses, e.g., "yes--possibly", the modifier, i.e., the word "possibly", was dropped and the response scored accordingly. Data obtained from Likert scales, e.g., "1" (much more fragmented), "2" (more fragmented), "3" (no change), "4" (less fragmented), and "5" (much less fragmented), were also scored in the manner that they were received. If a person attempted to modify one of these responses, e.g., "4.5", the modifier, i.e., the value "0.5", was dropped and the response scored accordingly.

If the instructions after an item, e.g., item (A), told a respondent to stop there and proceed to the next question, e.g., "stop here and proceed to question #2", but the respondent continued on and answered the remaining items in that question, e.g., items (B), (C), and (D), the responses to the remaining items were suppressed (deleted). If the instructions after an item, told the respondent to proceed to a particular item, but the respondent proceeded to the wrong item, e.g., proceeding to item (C) instead of (E), the response to the wrong item and the other item in that pair were suppressed. (Items (C) and (D) made up one pair of questions and items (E) and (F) made up another pair of questions.)

If a respondent skipped one or more items in a question, e.g., items (A), (B), and (C), the first item skipped, i.e., item (A), was scored as "no response" and the response to the next answered item, e.g., item (D), was scored accordingly. Unless a respondent claimed no knowledge of a particular situation in their community before the establishment of the family

center, did not notice a change in this situation after the establishment of the family center, or did not think the family center had a role in bringing about this change, no responses were suppressed because the respondent skipped one or more items in a question.

Multiple explanations obtained from open-ended requests, e.g., "[b]riefly describe the main reason why services to families in your community have become less fragmented since the establishment of the family center", were handled in the following manner.

- (1) If a respondent's explanation could be broken into smaller increments and still make sense to a reader, it was broken up accordingly.

Example: "Awareness and information of what services are available. Also because community center is able to advocate for their community. They get to hear concerns and are able to [link] persons with the right agencies".

(A) "Awareness and information of what services are available".

(B) "... [C]ommunity center is able to advocate for their community".

(C) "They get to hear concerns and are able to [link] persons with the right agencies".

- (2) If a respondent's explanation could not be broken into smaller increments and still make sense to a reader, it was not broken up.

Example: "The families were contacted by people in our [community] and explained the services".

- (3) If a respondent's explanation "ran-on" and stopped addressing the subject of the request, the part of the explanation that "ran-on" was suppressed.

- (4) If a respondent's explanation did not address the subject of the request, e.g., "[b]riefly describe the main effect that this change had on families in your community", the explanation was suppressed. An explanation was not suppressed, however, if it described the effects that this change had on the respondent or service providers in the community.

Because the explanations obtained from these open-ended requests would be specific to each family center, the Bureau reported the results for each center separately. The categorization of the explanations to the open-ended questions was handled in the following manner:

METHODOLOGY

- (1) The explanations were separated into as few categories as possible, but not so few that the categories became overly broad.
- (2) Each category consisted of not less than one explanation, except for the special category described in paragraph (5).
- (3) Similar categories were used for all related open-ended questions, whenever possible.
- (4) An existing category consisting of only one explanation was combined with a new category or another existing category consisting of only one explanation to create an "other" category.
- (5) Explanations that described the effects of a change on respondents or service ponders (i.e., agencies) in the community were placed in a special category that was not subject to the one explanation minimum described in paragraph (2).

Because of the way that data obtained from open-ended requests were handled, the Bureau used quotation marks, ellipses, and brackets to indicate where material was added or deleted. Abbreviations were spelled out, misspellings were corrected, and explanatory material were added to make this report more readable, and are indicated with brackets.

Endnotes

1. See Legislative Reference Bureau, "The Family Center Demonstration Project Evaluation: An Interim Report to the 1994 Legislature", pp. 76-77, regarding the Family Center Plan.

In its 1993 report to the Legislature, the Bureau used the justification for the demonstration project as the basis for an instrument that was used to determine whether the project was addressing problems or the symptoms of more deep-seated problems. See Legislative Reference Bureau, "The Family Center Demonstration Project Evaluation: An Interim Report to the 1994 Legislature", pp. 80-81, regarding problem definition for the demonstration project.
2. See Legislative Reference Bureau, "The Family Center Demonstration Project Evaluation: An Interim Report to the 1994 Legislature", pp. 71 and 72, regarding the surveying of community liaison committee members and persons who used the family centers.

Chapter 3

DOUBLE VISION

Introduction

Act 329, Session Laws of Hawaii 1990, as amended by Act 188, Session Laws of Hawaii 1992 and Act 356, Session Laws of Hawaii 1993, require the Bureau, among other things, to monitor the Family Center Demonstration Project (FCDP) and report its findings to the Legislature.¹ This chapter, therefore, discusses the policy-related--or legislative--side of events and issues that affect the demonstration project. Specifically, this chapter discusses how the lack of agreed upon outcomes is affecting the planning and development of the demonstration project, why these outcomes are important to the planning and development of the project, and what the Legislature can do to describe these outcomes without overmanaging the project.

More to the point, the Legislature needs to provide clearer direction on the demonstration project to the implementing agencies. This lack of clarification appears to be the source of conflict within the Department of Human Services (DHS), and between the DHS and the demonstration project. The usefulness of the project may be jeopardized if these conflicts are not resolved to the satisfaction of the Legislature. If the Legislature does not clarify the desired outcomes of the project, it will be forced to accept the de facto outcomes.

The Situation

Prior Recommendations. In its 1993 report to the Legislature on the demonstration project, the Bureau suggested that the Legislature:

- (1) Clarify the purpose, specifically the expected outcomes, of the demonstration project; and
- (2) Develop a "vision" for the future of the State's human services system,² describe the role of the demonstration project in realizing this vision, and describe the types and kinds of data that the Legislature needs and wants about the project.³

The Bureau made these recommendations in the belief that reliable assessment of the impact of the demonstration project would continue to be a problem if these outcomes were not made clear.⁴

H.B. No. 3100. On January 26, 1994, H.B. No. 3100 was introduced to clarify the purpose of the demonstration project.⁵ Written testimony on H.B. No. 3100 was provided by a number of parties. The Director of Human Services opposed the bill because it seemed to deemphasize service delivery. The Executive Director of the Hawaii Community Services Council (HCSC), the Director of the FCDP, and the directors of lead agencies for two family centers supported the bill because it contained a revised purpose statement that they (and others) helped to write.⁶

The Committee on Human Resources, without written explanation, later removed the section of H.B. No. 3100 that would have clarified the purpose of the demonstration project.⁷ H.B. No. 3100, H.D. 1, lacking the section to clarify the purpose of the demonstration project, was referred by the Committee on Human Resources to the Committee on Finance, where it was not heard.⁸

Transfer to the SSSSD. After the February 16, 1994, hearing on H.B. No. 3100, the Director of Human Services verbally informed the Administrator of the Self-Sufficiency and Support Services Division (SSSSD) and the Executive Director of the HCSC that all responsibility for planning and developing the demonstration project was to be transferred from the Planning Office to the SSSSD.⁹ Although it should have been understood at this point that funding for the demonstration project needed to be transferred from HMS904 - GENERAL ADMINISTRATION (DHS) to HMS701 - JOBS (Job Opportunities and Basic Skills) PROGRAM for fiscal year 1994-1995, the Planning Officer and the Administrator of the SSSSD stated that the DHS did not ask the 1994 Legislature to make this transfer.¹⁰ According to the Planning Officer, the DHS planned to ask the Governor for permission to transfer these funds for fiscal year 1994-1995.¹¹

At the May 18, 1994 meeting of the Governor's Family Center Advisory Committee (GFCAC), concerns were raised by the committee that the demonstration project had been transferred from the Planning Office to the SSSSD without any input from the GFCAC.¹² Some members of the GFCAC voiced the opinion that the demonstration project should not be integrated into the SSSSD, and that the project needed to be kept apart from the day-to-day operations of the DHS.¹³

Title IV-B, Subpart 2. In addition to providing funds for expanding direct services, Title IV-B, Subpart 2 (Family Preservation and Support Services)(hereafter "Title IV-B"), of the Social Security Act, offers states the opportunity to assess and make changes in state and local service delivery in child welfare.¹⁴ The purpose of these changes is to achieve improved well-being for vulnerable children and their families, particularly those children and families experiencing or at risk of abuse and neglect.¹⁵ Because the multiple needs of these vulnerable children and families cannot be addressed adequately through categorical programs and fragmented service delivery systems, the legislation and federal guidelines encourage states to use Title IV-B as a catalyst for establishing a continuum of coordinated

and integrated, culturally relevant, family-focused services for children and families.¹⁶ Within this continuum are family support services and family preservation services.¹⁷

Title IV-B could provide the State with about \$2,711,804 in federal funds over a period of five fiscal years, beginning in state fiscal year 1994-1995.¹⁸ To qualify for the entire amount of federal funds that could be made available to the State under Title IV-B, the State would need to contribute about \$839,139--or 25 cents for every federal dollar--over a period of four fiscal years, beginning in state fiscal year 1995-1996.¹⁹ The State is being encouraged to use Title IV-B federal funds to develop a continuum of coordinated and integrated family focused services for children and families, remove categorical barriers and consolidate the currently fragmented service delivery systems.²⁰

State fiscal year 1994-1995 federal funds are intended mainly for developing a five-year state plan for providing preventive services (i.e., family support services) and services to families at risk or in crisis (i.e., family preservation services).²¹ These planning funds are intended to enable the State to assess and make changes in state and local service delivery of child welfare services with the goal of improving the well-being of vulnerable children and families, particularly those children and families experiencing or at risk of abuse and neglect.²²

Collaboration. According to the U.S. Department of Health and Human Services, Administration on Children, Youth and Families (ACYF), the ACYF is collaborating on federal fiscal year 1994-1995 discretionary grant announcements with the Health Resources and Services Administration (HRSA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Public Health Service to better coordinate service efforts at the state and local level.²³

The HRSA discretionary grant announcement for the "Home Visiting for At-Risk Families" program requires the grant application to be developed collaboratively by representatives of the state agency administering Title IV-B (Child and Family Services) and Title V (Maternal and Child Health) of the Social Security Act.²⁴ In reviewing applications for discretionary grants to develop community-based systems of care for children and adolescents who are experiencing a serious emotional disturbance and their families, one of the criteria that the SAMHSA will take into account is the degree to which the applicant has included children's mental health services in its comprehensive planning for coordinated services under Title IV-B.²⁵

Different Points of View. Differences of opinion concerning the future direction of the demonstration project appear to be surfacing at this time because:

- (1) The project is being transferred from the Planning Office to the SSSSD;

- (2) The authorizing legislation does not clearly describe the expected outcomes of the project; and
- (3) The Administrator of the SSSSD believes that the project could have placed more emphasis on the delivery of direct services rather than administrative-oriented activities (e.g., planning).

Differences of opinion concerning the expected outcomes of the demonstration project appear to have given rise to disagreements concerning the kinds of persons who need to be involved in the planning and development of the project, the kinds of services that should be provided by the project, the kinds of clients who should be served by the project, the concept of a "family center", the definition of "community-based", the role of the project in the State's strategy, and the relationship of the project to Title IV-B.²⁶

Although the rewriting of the contract between the DHS and the HCSC for fiscal year 1994-1995 to clarify both project and center outcomes is not intended to cause changes in the planning and development of the demonstration project, these changes could occur if the DHS does not validate the de facto outcomes established by the GFCAC.²⁷

Analysis of the Situation

Differences of opinion within the DHS concerning the direction of the demonstration project after June 30, 1995, could become the source of unnecessary conflicts between the GFCAC and the SSSSD if the Legislature does not clarify the purpose of the project with respect to its expected outcomes. While some conflicts could bring about needed changes and improve the demonstration project, too many unnecessary differences between the GFCAC and the SSSSD could cause the demonstration project and the DHS to distance themselves from one another. The Legislature can help the GFCAC and the SSSSD to avoid these conflicts by developing a "vision" for the future of the State's human services system,²⁸ and describing the role of the demonstration project in realizing this vision.

The Bureau also believes that the development of a vision for the future of the State's human services system will make it easier for federally-funded state programs to coordinate service efforts. Although a de facto vision may develop as federal agencies collaborate on discretionary grant announcements and require grant applications to be developed collaboratively, there are at least six reasons why the development of state policy should not be left to chance. First, the vision may not be philosophically congruent with that of the Legislature. Second, the vision may not be complete in every respect (i.e., both depth and breadth). Third, the vision may reflect only the philosophy of grant applicants. Fourth, the vision could change unexpectedly without explanation. Fifth, unresolved philosophical differences between related programs could lead to long-standing grudges. Sixth, the federal

government could extend this approach to mandated programs, which involve large sums of state and federal funds.

It appears that the DHS knew or should have known by February 18, if not February 16, 1994, that it was supposed to ask the 1994 Legislature to transfer funding for the demonstration project from HMS904 to HMS701 for fiscal year 1994-1995. By asking the Governor to make this transfer, the DHS, in effect, denied the Legislature of the opportunity to review the transfer of the demonstration project from the Planning Office to the SSSSD.²⁹ Although it is an administrative matter, the transfer of the demonstration project may raise concerns because the Legislature has not clarified the purpose of the project with respect to its expected outcomes, and the Planning Officer and the Administrator of the SSSSD appear to have different opinions concerning the present and future directions of the demonstration project.

As mentioned in the Bureau's 1993 report on the demonstration project, the Planning Officer stated that the DHS was reluctant to exert undue pressure on the project to interface with and help to link the department's existing programs, e.g., JOBS, child care/early childhood services, early and periodic diagnosis and treatment, child welfare services, and adult services, because of the problems that such a heavy-handed approach might generate.³⁰ The Planning Officer's handling of the demonstration project ensured that the GFCAC, and not the DHS, made important policy decisions concerning the project.³¹

The relationship between the DHS and the demonstration project appears to be changing. At the request of the Administrator of the SSSSD, the contract between the DHS and the HCSC for fiscal year 1994-1995 will be rewritten to clarify both project and center outcomes.³² This new relationship between the DHS and the demonstration project raises the issue of who--the GFCAC or the DHS--will make important policy decisions concerning the project in the future. The attempt by the Administrator of the SSSSD to clarify both project and center outcomes through the contract between the DHS and the HCSC, without explicit guidance from the Legislature, could bring the department into conflict with the GFCAC, which previously made important policy decisions concerning the project.

Title IV-B, like the demonstration project, can and should be viewed as an innovative project whose desired outcome is the testing of new approaches that may improve the condition of families. According to Harold Williams, Arthur Webb, and William Phillips, authors of Outcome Funding: A New Approach to Targeted Grantmaking, the desired outcome for innovative projects is not an immediate gain in program services, but rather the testing of a new approach that shows promise of outperforming a present practice.³³ Using the model described by Williams, Webb, and Phillips, the provision of services to families can be viewed as a means for improving the condition of families rather than the end-result of Title IV-B and the demonstration project. Likewise, making the delivery of services more responsive to the needs of individuals and communities and more sensitive to the context in

which the services are to be delivered can also be viewed as a means for improving the condition of families.

Title IV-B and the demonstration project should be viewed as living laboratories for testing new approaches that show promise of outperforming present practice, and not the means for delivering new or more services to families. Although their approaches appear to differ, both Title IV-B and the demonstration project exist for the same reason--to improve the condition of families.³⁴ If the establishment of a bottom-up, community-based, grassroots decision making process, and the provision or coordination of services to families do not improve the condition of families, then these approaches should be dropped so that new approaches can be tested.³⁵

One of the most troubling things about the relationship between Title IV-B and the demonstration project is the way that one program reports to a multi-agency statewide planning team and the other program reports to the GFCAC. This kind of relationship, which resembles two separate chimneys, may prevent Title IV-B and the demonstration project from effectively coordinating their activities.³⁶ Title IV-B and the demonstration project should report to only one authority, e.g., either the multi-agency statewide planning team or the GFCAC, and the Legislature--as the maker of state policy--should be the branch of government that chooses this authority.³⁷

One way for the Legislature and the Executive to discuss the demonstration project, including its expected outcomes, would be to describe the following: situation; mission; execution; service and support; command; and communication. General descriptions of situation, mission, execution, service and support, command, and communication could be provided by the Legislature, with increasingly detailed descriptions of the same being provided by the Executive and the head of the demonstration project.

"Situation" - background information for the mission that the Legislature, the Executive, and the head of the demonstration project need to know about.

"Mission" - the outcomes that will be achieved by the demonstration project.

"Execution" - how the demonstration project will accomplish its mission.

"Service and support" - support functions that may help the demonstration project accomplish its mission.

"Command" - who will exercise control over the mission through every link in the chain of command from the Governor to the head of the demonstration project.

"Communication" - how the demonstration project will report results to the Governor and the Legislature.

Suggestions

The Bureau suggests that the Legislature clarify the purpose, specifically the expected outcomes, of the demonstration project; develop a "vision" for the future of the State's human services system; and describe the role of the demonstration project in realizing this vision.³⁸

The Bureau also suggests that Legislature, through the House and Senate committees having jurisdiction over human services, hire a skilled, knowledgeable, and able facilitator to help it develop this vision, describe the types and kinds of programs that are needed to realize this vision, develop plans for testing new programs and measuring their results, develop procedures for turning test results into systems change, and develop procedures for monitoring systems change and measuring their effects on the condition of families.³⁹

The Bureau suggests that the Legislature, through the General Appropriations Act of 1995 or another vehicle (e.g., bill or concurrent resolution), review Title IV-B, describe the relationship between Title IV-B and the demonstration project, and describe the role of Title IV-B and the demonstration project in realizing the Legislature's vision for the future of the State's human services system.

The Bureau suggests that the Legislature, through the House and Senate committees having jurisdiction over human services, establish procedures for monitoring the Department of Human Services' handling of the demonstration project before, during, and after the legislative session. The Bureau also suggests that the Legislature establish similar procedures for monitoring the Department of Human Services' handling of Title IV-B and the relationship between Title IV-B and the demonstration project.

Summary

The Legislature cannot expect to learn a lot from, and earn a large return, financial or otherwise, on its investment in, the demonstration project if it does not clearly describe the expected outcomes of the project, and closely monitor the Executive's handling of the project before, during, and after the legislative session. The Legislature should act now if it wants to ensure that the lessons learned from the demonstration project will justify the time and money

that have been invested in the project to date.

Endnotes

1. 1990 Haw. Sess. Laws, Act 329; 1992 Haw. Sess. Laws, Act 188; and 1993 Haw. Sess. Laws, Act 356.
2. The Bureau used the term "human services" to refer to services provided by the Departments of Education, Health, Human Services, and Labor and Industrial Relations. Legislative Reference Bureau, "The Family Center Demonstration Project Evaluation: An Interim Report to the 1994 Legislature" (Honolulu: 1993), p. 106.
3. Ibid., p. 137.
4. Ibid.
5. Information regarding the date of the bill's introduction was obtained from the Bureau's 1993-1994 bill status data base.

H.B. No. 3100 would have:

- (1) Required the demonstration project to "develop, promote, document, and analyze models of family and community strengthening [emphasis added] that focus on primary prevention, improved access to health and human services, and optimal use and development of community resources" rather than "coordinate the provision of core services to families at community-based centers to develop each community's capacity to identify and resolve its problems"; and
- (2) Brought the purpose statement for the demonstration project into agreement with the purpose statement for a family center, which:
 - (A) Was approved by the Governor's Family Center Advisory Committee (GFCAC) on October 20, 1993; and
 - (B) Stated that a family center "facilitates the strengthening of families and communities [emphasis added] by enabling them to identify and use their own and other resources to improve the quality of life and sense of community".

House Bill No. 3100, Seventeenth Legislature, 1994, State of Hawaii, p. 1. Hawaii Community Services Council, "The Family Center Information Coordinator Manual" (February 11, 1994), p. 1-6. Hawaii Community Services Council, minutes from the Governor's Family Center Advisory Committee meeting on October 20, 1993, p. 2.

6. On February 16, 1994, the Director of Human Services told the House Committee on Human Services that:
 - (1) While H.B. No. 3100 attempted to clarify the demonstration nature of the family centers, the service delivery intent of the enabling legislation seemed to lose some of its emphasis; and
 - (2) Because of the need to bring together the segments of the department, other state agencies, the family centers, and other community agencies who were actively involved in the provision of family support services, it would be better if changes in the family center legislation were postponed until these entities could come together and coordinate their efforts.

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION

Memorandum from Winona Rubin, Director, Department of Human Services to Representative Suzanne Chun, Chairperson, House Committee on Human Services, regarding House Bill No. 3100 - Relating to the Family Center Demonstration Project, February 15, 1994, pp. 1-2.

The testimony submitted to the Committee by the Director of Human Services was written by the Administrator of the Self-Sufficiency and Support Services Division (SSSSD) rather than the Planning Officer, who had been responsible for planning and developing the demonstration project from its beginning. Interview with Garry Kemp, Administrator, Self-Sufficiency and Support Services Division, Department of Human Services, May 19, 1994. See Legislative Reference Bureau, "The Family Center Demonstration Project Evaluation: An Interim Report to the 1994 Legislature", pp. 42-61, regarding the implementation of the demonstration project.

The minutes from the GFCAC meeting on February 16, 1994, stated that the demonstration project:

- (1) Was now under the auspices of the Administrator of the SSSSD, who was determining where the project fits in the state strategy; and
- (2) Did not "push" the passage of H.B. No. 3100 in order to support the efforts of the Administrator of the SSSSD, who did not support H.B. No. 3100.

Hawaii Community Services Council, minutes from the Governor's Family Center Advisory Committee meeting on February 16, 1994, p. 4.

Written testimony supporting H.B. No. 3100 was submitted to the Committee on Human Resources by the Executive Director of the Hawaii Community Service Council (HCSC), the Director of the Family Center Demonstration Project (FCDP), the Director of Family Support Services of West Hawaii--lead agency for the West Hawaii Family Center, and the Director of Molokai Family Support Services, Molokai General Hospital--lead agency for the Molokai Family Center. Memorandum from Dan Watanabe, Executive Director, Hawaii Community Services Council to Representative Suzanne Chun, Chairperson and Representative Dennis Arakaki, Vice Chairperson, House Committee on Human Services, regarding House Bill No. 3100, February 14, 1994, 1 p. Memorandum from Linda Harris, Director, The Family Center Demonstration Project to Representative Suzanne Chun, Chairperson and Representative Dennis Arakaki, Vice Chairperson, House Committee on Human Services, regarding House Bill No. 3100, February 14, 1994, 1 p. Memorandum from JoAnn Farnsworth, Executive Director, Family Support Services of West Hawaii to Representative Suzanne Chun, Chairperson, House Committee on Human Services, regarding House Bill No. 3100 - Relating to Family Centers (undated), 1 p. Memorandum from Claire Iveson, Director, Molokai Family Support Services, Molokai General Hospital to Representative Suzanne Chun, Chairperson and Representative Dennis Arakaki, Vice Chairperson, House Committee on Human Services, regarding House Bill No. 3100, February 14, 1994, 2 pp.

Although the Executive Director of the HCSC provided written testimony supporting H.B. No. 3100, the executive director told the Committee on Human Services, in effect, that the testimony of the HCSC and the DHS were similar. (The writer was present at this hearing.)

The bill to clarify the purpose of the demonstration project was based on information submitted to the Legislature by the Director of the FCDP, who had worked with the Directors of the Kuhio Park Terrace (KPT), Kualoa-Heeiea Ecumenical Youth (KEY) Project, West Hawaii, and Molokai Family Centers; the Directors of Parents and Children Together (PACT)--the lead agency for the KPT Family Center, KEY Project--the lead agency for the KEY Project Family Center, Family Support Services of West Hawaii--the lead agency for the

West Hawaii Family Center, and Molokai Family Support Services, Molokai General Hospital--the lead agency for the Molokai Family Center; the Community Liaison Committees for the KPT, KEY Project, West Hawaii, and Molokai Family Centers; and the GFCAC, to clarify the project's expected outcomes. Telephone interview with Representative Suzanne Chun, Chairperson, Committee on Human Services, June 14, 1994. Interview with Linda Harris, Director, The Family Center Demonstration Project, May 13, 1994.

7. House Standing Committee Report No. 407-94 on House Bill No. 3100, Seventeenth Legislature, 1994, State of Hawaii, 2 pp.
8. Information regarding the disposition of this bill was obtained from the Bureau's 1993-1994 bill status database.
9. Interview with Dan Watanabe, Executive Director, Hawaii Community Services Council, June 15, 1994.

According to the Administrator of the SSSSD, this meeting took place on February 17, 1994. The transfer was discussed again at a meeting of DHS program administrators, which took place on February 18, 1994. Kemp interview, August 2, 1994.

According to the Planning Officer and the Administrator of the SSSSD, the transfer of the demonstration project from the Planning Office to the SSSSD was an honest attempt by the Director of Human Services to protect the project from unforeseeable and, possibly, harmful changes in the funding priorities of the new administration following the 1994 gubernatorial election. Interview with Conroy Chow, Planning Officer, Department of Human Services, May 16, 1994. Kemp interview, May 19, 1994.

The good intentions of the Director of Human Services were confirmed by the Executive Director of the HCSC and the Director of the FCDP. Watanabe interview, May 25, 1994. Harris interview, May 13, 1994.

10. Chow interview, May 16, 1994. Kemp interview, August 2, 1994.

If the intent of transferring the demonstration project from the Planning Office to the SSSSD was to protect the project from changes in the funding priorities of the new administration, then funding for the demonstration project would have to be transferred from HMS904 to HMS701 together with the project.

11. Chow interview, May 16, 1994.

The Administrator of the SSSSD stated that he was not aware that the DHS planned to ask the Governor for permission to make this transfer. Kemp interview, August 2, 1994.

12. The writer was present at this meeting.

These concerns were also discussed at the April 20, 1994, meeting of the GFCAC, which the author did not attend. Hawaii Community Services Council, minutes from the Governor's Family Center Advisory Committee meeting on April 20, 1994, pp. 1-2.

13. Hawaii Community Services Council, minutes from the Governor's Family Center Advisory Committee meeting on May 18, 1994, p. 1.

The Chairperson of the GFCAC stated that the Director of Human Services was receptive to the concerns of the council (committee) regarding placement of the demonstration project within the SSSSD, and that the director would be discussing the situation with the Administrator of the SSSSD. *Ibid.*, p. 3.

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION

These concerns and discussions were repeated in a letter from the Chairperson of the GFCAC to the Director of Human Services. In part, this letter stated:

... [O]n behalf of the Governor's Council, I would like to re-affirm our concern with the positioning of the Center at a program level under SSSSD. We truly appreciate and understand your wanting to protect the continuation of the Project through this positioning. However, concerns remain that the intent of the legislation is fully met. It seems critical that the project, especially as a demonstration, be in a position that overarches state departments, rather than be covered by departmental layers.

We would certainly prefer to partner, in a meaningful way, with DHS on this Project. I would very much like to sit down with you, [Garry] Kemp, LuAnn Murakami [Assistant Administrator of the SSSSD], Linda Harris, and Dan Watanabe to explore how we can best work together to ensure that both DHS and the Project succeed. Up until now there have been some very grey areas about our respective positions and goals. [emphasis added] We would like to:

- a. discuss what mutual benefits DHS and the Family Center Project [FCP] can realize through our relationship--and what gaps and needs exist that can be filled for both DHS and FCP;
- b. outline the assets that we can together pool to ensure success;
- c. identify common ground;
- d. determine a plan of action for positioning and the future of the Family Center Project.

Letter from Lynette Kurren, Chairperson, Governor's Family Center Advisory Committee to Winona Rubin, Director, Department of Human Services, May 18, 1994, p. 1.

The Chairperson of the GFCAC also stated that a meeting with the Director of Human Services had been scheduled for the month of August (1994) to discuss these concerns, and that the Governor would be apprised of the progress of these discussions and of the GFCAC's concerns. This meeting would focus on creating a better working relationship with respect to the present placement of the demonstration project in the DHS, obtaining assurances that the project would be able to finish its work as envisioned by the Legislature, and exploring the long-term objectives of the project and the future placement of the project. Hawaii Community Services Council, minutes from the Governor's Family Center Advisory Committee meeting on May 18, 1994, pp. 1 and 3.

14. Memorandum from Winona Rubin, Director, Department of Human Services to John Waihee, Governor, requesting authorization to apply for and expend federal Title IV-B, Subpart 2, funds, April 29, 1994, p. 2.
15. Ibid.
16. Ibid.
17. Ibid.

"Family support services" are primarily community-based preventive activities designed to alleviate stress and promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children, enable families to use other resources and opportunities available in the community, and create supportive networks to enhance child-rearing abilities of parents and help compensate for the

increased social isolation and vulnerability of families. Ibid., pp. 2-3.

"Family preservation services" are services designed to help families alleviate crises that might lead to out of home placement of children, maintain the safety of children in their own homes, support families preparing to reunify or adopt, and assist families in obtaining services and other supports necessary to address their multiple needs in a culturally sensitive manner. Ibid., p. 3.

18. Ibid., pp. 1-2.

19. Ibid.

20. Ibid., p. 3.

21. Ibid.

The development of the five-year state plan is expected to involve the conduct of a comprehensive needs assessment and the identification of available services at the community level statewide; the conduct of focus group and follow-up meetings with state, county, and private agencies and organizations, and individuals; participation in joint planning meetings with the U.S. Department of Health and Human Services; and coordination with federal Health Resources and Services Administration (HRSA) and Substance Abuse and Mental Health Services Administration (SAMHSA) discretionary grant applicants. Ibid., p. 4.

The State's application for state fiscal year 1994-1995 federal funds must be submitted to the U.S. Department of Health and Human Services with an explanation of how the five-year state plan will be developed and assurances that major "players" in the entire spectrum of the service delivery system for children and families will be included. Ibid., p. 3.

The Department of Human Services' Title IV-B grant application and the Bureau's comments on the same are included in this report as Appendices D and E, respectively.

State fiscal year 1995-1996, 1996-1997, 1997-1998, and 1998-1999, federal funds are intended to be used to expand family support and family preservation services, and to implement the design of the five-year state plan. The end result is expected to be a more coordinated, flexible system, built on and linked to existing community services and supports. Ibid., pp. 3 and 5.

The State is not required to contribute a minimum amount of state money for every federal dollar made available to the State for the development of the five-year plan. Ibid., pp. 1 and 3.

22. Ibid., p. 3.

According to the U.S. Department of Health and Human Services, a major goal of the planning process is to examine the changes that are needed in each state to make the delivery of services more responsive to the needs of individuals and communities and more sensitive to the context in which the services are to be delivered. U.S., Department of Health and Human Services, Administration on Children, Youth and Families, "Implementation of New Legislation: Family Preservation and Support Services, Title IV-B, Subpart 2", Log No. ACYF-PI-94-01 (January 18, 1994), p. 5.

According to the U.S. Department of Health and Human Services, there is widespread consensus in the child and family policy community that Title IV-B federal funds--although relatively small--can best be used strategically and creatively to stimulate and encourage broader system reform, which is already under way in

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many states and communities. Because new or expanded services are just one element needed to improve the child welfare system, many states and communities may choose to carry out major changes in the ways services are delivered and in the systems that deliver these services, in order to ensure that services are part of a comprehensive, coordinated service delivery system that draws heavily on community-based programs in its design and implementation. Ibid., pp. 2 and 5.

23. U.S., Department of Health and Human Services, Administration on Children, Youth and Families, "Implementation of New Legislation: Family Preservation and Support Services, Title IV-B, Subpart 2", p. 7.

24. Ibid.

The two state agencies are the Department of Human Services and the Department of Health, respectively.

25. Ibid., pp. 7-8.

26. The Administrator of the SSSSD stated that the demonstration project:

- (1) Should have had a clearer goal when it was started, and should have involved a broader segment of the human services community (e.g., government agencies that fund human services and human services providers);
- (2) Could have explored the possibility of providing a broader range of services to a broader range of clients, and placed more emphasis on the delivery of direct services rather than administrative-oriented activities (e.g., planning); and
- (3) Should fit into the overall effort being funded with Title IV-B federal funds, and that, as a result, an attempt should be made to clearly specify the direction of the project.

Kemp interview, May 19, 1994.

According to the Executive Director of the HCSC, there are differences of opinion within the DHS concerning the future direction of the demonstration project. At the center of these differences are, among other things, disagreements over the concept of a "family center" and the definition of "community-based". Watanabe interview, May 25, 1994.

According to the Executive Director of the HCSC, although Title IV-B and the demonstration project have similar themes, an important part of Title IV-B appears to be collaboration through the commingling of program funds (i.e., laying money on the table). This emphasis could inadvertently alienate individuals and groups that do not have money or do not have money that can be commingled from the collaboration process. Ibid. See also Hawaii Community Services Council, minutes from the Governor's Family Center Advisory Committee meeting on May 18, 1994, p. 4, in which Luann Murakami, Assistant Administrator of the SSSSD, reportedly described collaboration as organizations agreeing on a vision, laying money on the table, and detaching from individual objectives, to implement programming.

The Executive Director of the HCSC believes that differences of opinion within the DHS concerning the future direction of the demonstration project are surfacing at this time because there is no consensus on the expected "impacts" (the Bureau collectively refers to these "impacts" as "outcomes") of the project within the department. Watanabe interview, May 25, 1994.

27. According to the Administrator of the SSSSD, no changes in the planning and development of the

demonstration project are anticipated prior to June 30, 1995--the repeal date of the legislation establishing the project. Recommendations concerning the continuation of the demonstration project beyond June 30, 1995, are, however, being discussed with the GFCAC. (As of May 19, 1994, no plans had been developed by the SSSSD for continuing the project beyond June 30, 1995.) Kemp interviews, May 19, 1994 and August 2, 1994.

It is unclear whether or not the rewriting of the contract between the DHS and the HCSC for fiscal year 1994-1995 to clarify both project and center outcomes will change the planning and development of the demonstration project. Hawaii Community Services Council, "Governor's Family Center Advisory Committee Bulletin" (August 10, 1994), p. 1.

28. The term "human services" refers to services provided by the Departments of Education, Health, Human Services, and Labor and Industrial Relations.
29. The Legislature cannot be expected to follow the progress of the demonstration project from a reasonable distance if the DHS does not allow the Legislature to review such decisions as the transfer of funding from HMS904 to HMS701.
30. See Legislative Reference Bureau, "The Family Center Demonstration Project Evaluation: An Interim Report to the 1994 Legislature", pp. 43 and 58-59, regarding the expected outcomes of the demonstration project.
31. The Planning Officer, in effect, made the DHS an equal partner (rather than a controlling partner) in the demonstration project.
32. Hawaii Community Services Council, "Governor's Family Center Advisory Committee Bulletin", p. 1. Harris interview, August 12, 1994.
33. Williams, Arthur Webb, and William Phillips, Outcome Funding: A New Approach to Targeted Grantmaking (2nd ed.; New York: The Rensselaerville Institute, 1993), p. 204.
34. The State's human services system can be compared to a broad shade tree, and Title IV-B and the demonstration project can be compared to different parts of the tree. Title IV-B represents the leaves of the tree, the demonstration project represents the roots of the tree, and human services programs, personnel, and providers represent the branches and trunk of the tree. The leaves collect energy from the sun to "run" the tree and provide the tree with "air" (actually carbon dioxide). The roots hold the tree to the earth and provide the tree with food and water. The leaves and roots of the tree work together and nourish one another. Neither is more important than the other; neither can live without the other; and if either dies, the whole tree dies.

Without ties (roots) to the people (the earth), the State's human services system will have no community support and will be unable to use community resources to support its programs, personnel, and providers. Without state and federal funds (sunlight and carbon dioxide), the State's human services system cannot run programs, and pay personnel and providers. In nature, the tree shields the earth from the full force of the wind and rain, and holds the earth in place until the storm has passed. In life, the State's human services system should shield people from the full force of life crises and help them to cope with these crises until they have passed.

Although Title IV-B and the demonstration project exist to improve the condition of families, their approaches appear to differ. One approach starts with state and federal sources of funding for services to families and works its way toward communities; the other approach starts with communities and works its way toward

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state and federal sources of funding. Title IV-B can be viewed as an attempt to nurse a tree back to health by helping it to grow healthy leaves (the funding end), whereas the demonstration project can be viewed as an attempt to nurse a tree back to health by helping it to grow strong roots (the community end). Given enough time and a friendly, stable environment, both approaches may produce a healthy tree (human services system). The question is, what will happen to the earth (the people) while the tree is being nursed back to health? Life crises, like the wind and rain, will come whether or not the State's human services system is healthy.

35. New approaches should be tested on a limited basis to ensure that they actually improve the condition of families, and should not be wholeheartedly adopted just because they are the latest fad. New approaches can fail to improve the condition of families if they are poorly planned or poorly carried out, or both.
36. Although it is possible to coordinate program activities by exchanging representatives, effective coordination is not made easier when programs report to different authorities.
37. Although this arrangement could upset people associated with Title IV-B or the demonstration project, the specific interests of Title IV-B and the demonstration project should not be allowed to outweigh the general interests of the Legislature.
38. Although it is difficult to envision how the State's human services system will work in the future, the following exercise could help the Legislature develop and communicate its "vision" for the State's human services system. (The Bureau developed a more concrete vision for the State's human services system and described the role of the demonstration project in realizing this vision in its 1993 report to the Legislature. See Legislative Reference Bureau, "The Family Center Demonstration Project Evaluation: An Interim Report to the 1994 Legislature", pp. 106-110.)

How Things Look Today

Imagine painting a picture of your family. Your family must be made up of a father and a mother, two children--a boy and a girl, and a dog. Your family must live in a three bedroom house and have a minivan and a sedan in the garage. You can use only red, yellow, and blue. You can use red, yellow, or blue powder to darken your paints, but you cannot use water to lighten your paints or mix one color with another color. You must use all three colors to paint your picture. You cannot trade your neighbors for some of their paints if you do not have enough of one color or have too much of another color. You must use a two-inch brush to paint your picture. You have six brushes and must use them all. You cannot use leaves, twigs, hair, wood, or other objects in your painting. You are painting this picture to show other people that you can follow their instructions.

How Things Will Look Tomorrow

Imagine painting a picture of your family. Your family can be made up of a mother, two children--two boys or two girls, and a grandfather. Your family can live in a two bedroom apartment and have a station wagon in the parking garage. Although you can only use red, yellow, and blue, you can use red, yellow, or blue powder to darken your paints, use water to lighten your paints, or mix one color with another color to produce a new color. You can use any color that you can mix to paint your picture, but you must use red, yellow, and blue by themselves or to make a new color. If you do not have enough of one color, have too much of another color, or do not want to mix your own colors, you can trade your neighbors for some of their paints. You can use any brush size to paint your picture. You have six brushes but can trade your neighbors for some of their brushes. You can use leaves, twigs, hair, wood, or other objects in your painting, if they are available, or you can trade your neighbors for some of their objects. You are painting this picture because your sick mother

asked for it.

Symbols

Red, yellow, and blue represent the services that agencies must provide to people under state or federal law. The separation of these colors represents how agencies provide these services. The darkness of the paints represents the level of service that agencies must provide to people under law. (While agencies can provide a higher level of service than what is required by law, they cannot provide a lower level of service.) The instructions regarding the make up of your family and home represent state and federal laws, and rules and regulations concerning the persons who may receive these services. The other instructions represent laws, and rules and regulations concerning how these services must be delivered. The brushes represent the employees who provide these services. Leaves, twigs, hair, wood, and other objects represent services that are provided by the community and other agencies.

The ability to create a nontraditional family represents the freedom to decide who should receive services and how these services should be delivered. The ability to darken and lighten your paints represents the freedom to decide on the level of service that is appropriate for a community. The ability to mix red, yellow, and blue to make new colors, such as orange, green, and violet, represents the freedom to combine existing services and program resources to create new services. The ability to trade with neighbors represents the freedom to collaborate with other people and agencies. The ability to use different brush sizes represents the freedom to hire the kind and number of employees that are needed to provide a service. The ability to use leaves, twigs, hair, wood, and other objects represents the freedom to make use of community resources and the resources of other agencies. Painting this picture to help your sick mother get well represents the freedom to do what is best for a community.

On a more personal level, the role of a family center has been compared to the role of a travel agent. According to the Director of the FCDP:

Staff/volunteers/partners will be trained to guide families through a process (much like a travel agent) of documenting: their goals (destinations), from where they are starting (embarkation), options for resources that will help them reach their destination (transport), interim stops or milestones (layovers), method of "payment" for the journey (time and energy resources they have for travelling), timelines for reaching milestones or destinations (schedules)....

Family Centers will frame this service with incentives for achieving milestones, such as a support group of "families growing together," milestone parties, coupons donated by the community, etc. They will also track families' gains, so that staff can best to [sic] support and validate their progress.

This empowerment process builds on the other core services, especially information and referral (I&R), other kinds of linking, and parenting education. Family Centers may collaborate with other existing to support a family's progress, rather than developing specific support mechanisms themselves.

Family Empowerment programming is aimed at families "managing their own growth (cases)", rather than engaging an interventionary case manager or case management system.

As a core program, it will differentiate our model from other kinds of family center approaches. Its design includes a built in feedback loop from which families can stay in touch with their progress and so that Family Centers can gain valuable information and data on outcomes.

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Hawaii Community Services Council, "Governor's Family Center Advisory Committee Bulletin", p. 2.

The Legislature can develop a vision for the future of the State's human services system. A skilled, knowledgeable, and able facilitator, such as the HCSC, can help the Legislature to develop this vision, describe the types and kinds of programs that are needed to realize this vision, develop plans for testing new programs and measuring their results, develop procedures for turning test results into systems change, and develop procedures for monitoring systems change and measuring their effects on the condition of families.

39. While the DHS and other executive agencies can help the Legislature to develop and describe these programs, plans, and procedures, the facilitator should be accountable to the Legislature (rather than the Executive).

Chapter 4

MIRROR, MIRROR

Introduction

The demonstration project has exhibited, and continues to exhibit, a healthy willingness to look critically and objectively at itself. In addition to expending staff time to conduct self-evaluations, the demonstration project has expended project money to conduct independent evaluations of itself. The latter activities included management profiles (i.e., audits) of two family centers, community surveys, and family center participant questionnaires. This chapter discusses the findings of these evaluations--which were positive, and their implications for the demonstration project--which are reassuring.

Included in this chapter is a budget for the expenditures required to continue and expand the demonstration project after June 30, 1995. For reasons described in this chapter, the Bureau is unable to comment on the appropriateness of this budget because the Legislature has not clarified the purpose of the demonstration project, developed a "vision" for the future of the State's human services system, and described the role of the project in realizing this vision.

Finally, this chapter discusses some of the activities being undertaken by the demonstration project to develop and test working models of family centers. These activities include (1) correcting problems with the collection, reporting, and analyzing of project data, (2) appropriating resources to help improve the quality and quantity of project information, (3) developing indicators and instruments for assessing processes and outcomes, and (4) describing the theory of family and community strengthening and the rationale for using the aforementioned indicators and instruments to measure project processes and outcomes.

Independent Evaluations

Management Profiles. Summaries of management practices (i.e., management profiles) were developed to identify and assess key management issues within the Molokai and West Hawaii Family Centers. The main points of these management profiles were that the Molokai Family Center:

- (1) Was duplicating some services being provided by the Queen Liliuokalani Children's Center, Alu Like Incorporated, and Maui Economic Opportunity; and

- (2) Had not developed an effective mechanism for addressing community driven issues or advocating on behalf of its community.¹

Community Surveys. The community surveys (1) provided information about community awareness of, and satisfaction with, the Kualoa-Heeia Ecumenical Youth (KEY) Project, Molokai, and West Hawaii Family Centers, (2) measured the "sense of community" in those communities served by the family centers (in terms of community satisfaction and perceived extent of social support), and (3) determined beliefs about additional social service needs in these communities. More importantly, the surveys established a baseline for measuring changes in these and other community characteristics over time.² The following are the highlights from these surveys.³

- (1) Fifty-five percent of those persons surveyed did not know where to go for family services; however, the most frequently mentioned agency in each community (i.e., place to go for information about family services) was the family center for that community, which was named twenty percent of the time.
- (2) Sixty-one percent of those persons surveyed did not know where to go for information about family services; however, the most frequently mentioned agency in each community (i.e., place to go for information about family services) was the family center for that community, which was named twelve percent of the time.
- (3) Fourteen percent of those persons surveyed reported some immediate household utilization of services or participation in activities offered by the family center in their community.
- (4) Ninety-one percent of those persons who reported some immediate household utilization of the family center in their community had "very good" or "fairly good" feelings toward the center, and eight percent of those persons surveyed had "mixed", "fairly poor", or "very poor" feelings.
- (5) Twenty percent of those persons surveyed felt that life in their community was "better" as compared to five years ago, and twenty-six percent of those persons surveyed felt that life in their community was "worse".
- (6) Forty-four percent of those persons surveyed felt that their community needed "more" family service provision agencies, and forty-two percent of those persons surveyed felt that their community needed "more" family information and referral programs.

Center Participant Questionnaires. The center participant questionnaires provided information about (1) which activities⁴ were most often utilized by people visiting the Hanalei, Kuhio Park Terrace (KPT), KEY Project, Molokai, and West Hawaii Family Centers, (2) people's level of satisfaction with these activities, (3) how the family centers could provide more or better activities for their communities, and (4) the demographic characteristics of the people using the centers.⁵ More importantly, the questionnaires established a baseline for measuring changes in these characteristics over time. The following are the highlights from these questionnaires.⁶

- (1) The activities most commonly utilized at all five family centers were:
 - (A) Using the centers as a "Place to meet or talk with friends or neighbors";
 - (B) Using the centers "For information on how or where to find other services or programs in this community"; and
 - (C) Involvement in "Children's activities or play sessions".
- (2) The activities most commonly not utilized at all five family centers were:
 - (A) "Joining a support group";
 - (B) Going to the centers for "Finding someone to help care for a child, elder, or other dependent";
 - (C) "Health services (dental care, immunizations, health information)";
 - (D) "A place to volunteer for activities or programs"; and
 - (E) "Borrowing things like toys, tents, car seats".
- (3) Eighty-four percent of those persons responding to the questionnaire felt "very satisfied" or "fairly satisfied" with the services and activities offered by the family centers, and three percent felt "not too satisfied".⁷
- (4) There are clear differences among the various family center participants, with at least one center showing a distinctive pattern for any given demographic variable.
- (5) At least two-thirds (and usually more) of the participants at all the family centers were female.

Community Liaison Committees (CLCs)

CLCs were supposed to become key players in the development of family centers and family center policies.⁸ Family centers and CLCs, together, were supposed to form a community organization that would be accountable for identifying and achieving family-focused community outcomes.⁹

The CLC concept has not worked well at all family centers.¹⁰ More specifically, CLCs:

- (1) Vary in their make up;¹¹
- (2) Vary in the extent to which they support family center direction;¹² and
- (3) Tend to act as boards without decision making authority.¹³

The exception to this status, and the CLC that most closely fits the original intent and vision of the demonstration project, is KPT, which actively guides the direction of the KPT Family Center and is integrated with the KPT Interagency Council.¹⁴ Because (1) there are so few agencies in the Hanalei area--presumably too few to form an effective interagency council, (2) the Hanalei Family Center is bringing resources into the Hanalei area to obtain input and support community strategies, and (3) the CLC for the Hanalei Family Center acts as a council of directors and is kept aware of interagency efforts,¹⁵ it could be argued that the Hanalei Family Center closely fits the original intent and vision of the demonstration project too.

Family centers with a high level of autonomous community decision-making, such as KPT and Hanalei, are the most successful at engaging community input, integrating services, mobilizing resources and local action, planning strategically for their communities, and shifting community behaviors.¹⁶ The family centers started convening and facilitating interagency councils when it became apparent that the CLC concept was not attractive to other agencies, and not effective at integrating services and increasing access to resources.¹⁷

Training

Training has been the primary intervention offered to family centers to support the adoption of those behaviors originally intended by the demonstration project.¹⁸ The training and other interventions delivered by the demonstration project have not, except in a few

instances, had a lasting effect on family centers.¹⁹ Without a structure for embedding those changes being encouraged by the demonstration project (e.g., assets planning and family strengthening), family centers are returning to service delivery models based on categorical funding and program demands (e.g., crisis intervention).²⁰

Recommended Budget

A budget for the expenditures required to continue and expand the demonstration project after June 30, 1995 was prepared by the Director of the Family Center Demonstration Project (FCDP) and is included in this report as Appendix F.

Information Systems

Prior Findings. In its 1993 report to the Governor's Family Center Advisory Committee, the Hawaii Community Services Council (HCSC) found that:

- (1) The demonstration project had not developed a consistent method for collecting, reporting, and analyzing project data;
- (2) The monitoring data that were available prior to this report (i.e., the HCSC's 1993 report) were inconsistent across sites and erratically reported; and
- (3) The lack of standardized information on the use of resources and the daily activities of the demonstration project had led to difficulties in evaluation and complicated the administration and oversight of the project.²¹

Recent Developments. In February, 1994, the demonstration project published an operations manual that specified the basic format and minimum contents of the monthly, quarterly, and annual reports that each family center was required to submit to the Director of the FCDP.²² Specific subjects addressed in the operations manual included the monitoring of information and referral activities,²³ the measurement of changes in community collaboration and volunteerism,²⁴ the reporting of activities other than information and referral,²⁵ the tracking of met and unmet needs in the community,²⁶ the preparation of revenue reports (i.e., cash support) and expense reports,²⁷ the recording of leveraged noncash support,²⁸ the mapping of processes to explain how specific activities are performed or particular processes work,²⁹ the preparation of community profiles,³⁰ and the assessment of customer satisfaction with,³¹ and community awareness about,³² the family center.

In addition to specifying the basic format and minimum contents of these reports, the operations manual diagrammatically described the theory of family and community

strengthening,³³ the rationale for using the abovementioned indicators and instruments to measure project processes and outcomes,³⁴ and the linkage between the processes and outcomes determined by the demonstration project and the family well-being goals and outcomes determined by the Governor's Family Policy Academy.³⁵ Each family center was provided funding to hire a part-time information coordinator to help improve the quality and quantity of information flowing within the demonstration project.³⁶ The overall intent of developing an operations manual and hiring information coordinators was to get better information systems in place so that family centers could continuously improve the way they operated and external audiences could know how family centers worked and what they accomplished.³⁷

In addition to creating the foregoing information systems, the demonstration project developed an instrument that enables family centers to assess their conformance with the performance standards for family centers, which were validated by the Directors of the KPT, KEY Project, Molokai, and West Hawaii Family Centers, the directors of the lead agencies for these family centers, the CLCs for these family centers, and the GFCAC in 1993.³⁸ The demonstration project is currently developing an instrument that will enable independent parties to assess family centers' conformance with these standards.³⁹

Family Center Data. Due to time and resource constraints, the Bureau reviewed only a portion of the data generated by the Hanalei, KPT, KEY Project, Molokai, and West Hawaii Family Centers during the fourth quarter of state fiscal year 1993-1994 (*i.e.*, April - June 1994). The Bureau expects that a more complete and indepth review of these data will be performed by the Director of the FCDP at a latter time.⁴⁰

During the fourth quarter of state fiscal year 1993-1994, the Hanalei, KPT, KEY Project, Molokai, and West Hawaii Family Centers served 9,473 people and 315 organizations.⁴¹ During that quarter, \$3,421 were collected by, and 2,325 hours were volunteered with, the family centers.⁴² The approximate dollar value of donated and subsidized services and goods provided to families and communities served by the family centers (*i.e.*, community benefit) during that quarter was \$112,000.⁴³ In comparison, state funding for the five family centers during that quarter was \$120,000 (not including stipends for family center information coordinators)--only seven percent more than the approximate dollar value of donated and subsidized services and goods provided to families and communities served by the family centers.⁴⁴

Analysis

Management Profiles. The duplication of some services being provided by other agencies is a problem of degree rather than absolutes. Duplication of services is, to a degree, a necessity if freedom of choice is to be ensured. For example, there is duplication in

every part of Hawaii's health care system--from types of insurers to policies and benefits to hospitals and physicians--to ensure freedom of choice. The duplication of services becomes difficult to justify from a public funding standpoint when, for example, some people on one island must do without adolescent mental health services so that some people on another island can exercise their freedom to choose the provider of these same services.

Duplication of services also serves to reduce the fragmentation of related services (e.g., adolescent mental health counseling, alcohol and drug abuse counseling, and health promotion and education) among unrelated providers (e.g., the Department of Health, the Salvation Army, and the Department of Education). Until there is a way to balance competing demands for more services, freedom of choice, and service integration, the duplication of services will always be considered wasteful, inefficient, and difficult to justify from a public funding standpoint.

The need to develop an effective mechanism for addressing community driven issues or advocating on behalf of a community, underscores the importance of focusing on outcomes. The identification of community driven issues is one activity in a series of activities intended to improve the quality of life in a community, and the development of a mechanism for addressing these needs is another activity. Both activities are processes, and neither is an outcome. Neither the identification of community driven issues nor the development of a mechanism for addressing these needs will necessarily improve the quality of life in a community. One cannot assume that a problem has been solved and the quality of life improved just because these activities have been performed correctly.

Community Surveys. The KEY Project, Molokai, and West Hawaii Family Centers appeared to be well liked by those persons who utilized their services or participated in their activities. Although the percentage of households utilizing these family centers' services or participating in their activities appeared to be low, there is no minimum acceptable percentage for household utilization of these services or participation in these activities. The utilization of family center services or participation in family center activities should be a personal or family decision, and should not be influenced by the need for center staff to meet quotas. Percentages of households utilizing family center services or participating in family center activities are, after all, inputs and not outcomes.

Although the majority of people surveyed did not know where to go for family services or information about them, community awareness of the KEY Project, Molokai, and West Hawaii Family Centers appeared to be high in comparison to other public and private agencies. While absolute community awareness of these family centers appeared to be low, it was unclear whether community awareness of these centers was a function of media advertising--which depends on circulation, or word of mouth advertising--which depends partly on satisfaction. Although they could be interpreted differently, the data appear to indicate that community awareness is not entirely a function of media advertising. Sixty-six percent of

those persons surveyed may have reported hearing about the family center in their community, but fifty-five percent did not know where to go for family services and sixty-one percent did not know where to go for information about the same. A high level of name recognition does not appear to guarantee a high level of community awareness.

Center Participant Surveys. Although some persons may question the purpose of using family centers to meet or talk with friends or neighbors, these are the kinds of activities that lead to the development of a community identity and shared sense of belonging, a shared desire to improve the quality of life in the community, and the identification of community issues and development of formal and informal mechanisms for addressing these issues. These activities can lead to community-based decision making, which in turn can improve the quality of life in a community. People are the heart of a community, and improving the quality of life in a community starts with friends and neighbors meeting with, and talking to, one another.

If the Legislature wants communities to assume the lead role in improving the quality of life for their members, and public and private agencies to assume a supporting role in the same, then community-based decision making should be encouraged. If the Legislature wants public and private agencies to assume the lead role in improving the quality of life for people, and communities to assume a supporting role in the same, then community-based decision making should not be encouraged. Community-based decision making prepares communities to assume the lead role in improving the quality of life for their members, and creates the expectation that public and private agencies will carry out communities' initiatives.

Although the distinction between leading and supporting roles is not as clear cut as previously described, there can be only one leader in the end unless the Legislature gives communities the same powers and standing as school/community-based management councils⁴⁵, or specifically defines the roles of public and private agencies and communities.

Community Liaison Committees. In its 1993 report to the Legislature on the demonstration project, the Bureau found that a substantial number of those persons who responded to its survey about the condition of the State's human services system⁴⁶ thought that there was a lack of coordination and communication among service providers in Hawaii because service providers were territorial, competitive, or uncooperative.⁴⁷ Although the Bureau knew that a substantial number of respondents to its survey shared this opinion, the Bureau failed to predict that the CLC concept would be unattractive to other agencies, and ineffective at integrating services and increasing access to resources. The Bureau neither saw nor collected data that indicated the CLC concept was unattractive and ineffective because the family center concept was flawed. The argument that the family center concept was flawed is further rejected by the convening and facilitation of interagency councils.

If service providers become territorial, competitive, or uncooperative in order to maintain control over their internal affairs, then it is because they view themselves as the center of their community. Service providers who view themselves as the center of their community have no incentives to engage community input, integrate services, mobilize resources and local action, plan strategically, and shift community behaviors. What is good for service providers is not necessarily good for families, and autonomous community decision-making places the good of families above the good of service providers. Families are the center of a community, and service providers exist to help families--not take their place.

Training. In its 1993 report to the Legislature on the demonstration project, the Bureau noted that the Department of Human Services did not appear to have established, and the legislation did not appear to have authorized, those initiatives that would provide a foundation for the project to serve as a catalyst to bring about meaningful change in the way that human services were currently delivered (i.e., provide a structure for embedding those changes being encouraged by the demonstration project).⁴⁸ The abandonment of those changes being encouraged by the demonstration project (in favor of service models based on categorical funding and program demands) is consistent with the lack of a structure for embedding these changes. The Bureau has neither seen nor collected data that would indicate these changes are being abandoned because they are not producing the desired outcomes.

Recommended Budget. The Bureau cannot comment on the HCSC's budget for the expenditures required to continue or expand the demonstration project until the Legislature clarifies the purpose of the project, develops a "vision" for the future of the State's human services system, and describes the role of the project in realizing this vision. These factors will determine, among other things, whether legislative funding for existing family centers should be increased or decreased;⁴⁹ whether new family centers or existing family centers should receive funding priority from the Legislature;⁵⁰ whether project expenditures should be increased or the timeframe for project expansion should be increased;⁵¹ and whether direct services to families or training and other interventions (e.g., the provision of an information management system and resources to operate the same, the facilitation of community visioning, management consulting for new family centers, and the opening of doors to state-level partnerships and integrated program development) should receive funding priority from the Legislature.⁵²

Information Systems. The demonstration project has (1) corrected problems with the collection, reporting, and analyzing of project data, (2) appropriated resources to help improve the quality and quantity of information flowing within the project, (3) developed creative and appropriate indicators and instruments for assessing some "hard to measure" processes and outcomes, and (4) described the theory of family and community strengthening and the rationale for using the aforementioned indicators and instruments to measure project processes and outcomes. Given the critical nature of items (1), (2), and (3), it is not surprising

that item (4) was described incompletely. In their present form, the descriptions of the aforementioned theory and rationale are understandable only to people who are involved with the demonstration project, and are subject to varying interpretations.

The theory of family and community strengthening and the rationale for using the abovementioned indicators and instruments to measure project processes and outcomes, together, provide the basis for evaluating the adequacy of the theory and the adequacy of the methodology used to test the theory.⁵³

Although the development of standardized community profiles is presently limited by the availability of census data on, and vital statistics for, those communities served by family centers, leaving the definition of community profiles to family centers could make it difficult for the Legislature to develop a standardized description of the minimum outcomes that it wishes to see in all communities.⁵⁴ While the use of anecdotes, charts and tables, and pictures to describe communities is a practical solution to a problem that is being caused by the lack of applicable census data and vital statistics, it could be argued that the demonstration project is being too practical, and that the project should be working with federal, state, and county agencies to collect data on, and vital statistics for, those communities served by family centers.

The demonstration project can help federal, state, and county agencies to identify the kinds and types of data that policymakers need and want about communities. The collection of census data and vital statistics are appropriate uses of public funds--even during times of fiscal hardship--if the data and statistics provide policymakers with the kinds and types of information that they need and want about communities.

Suggestions

The Bureau suggests that the demonstration project describe the theory of family and community strengthening and the rationale for using specific indicators and instruments to measure project processes and outcomes, in a manner that laypeople can understand.

The Bureau suggests that the Legislature:

- (1) Specify whether it wants (a) communities to assume the lead role in improving the quality of life for their members, and public and private agencies to assume a supporting role in the same, or (b) public and private agencies to assume the lead role in improving the quality of life for people, and communities to assume a supporting role in the same;

- (2) Clarify the purpose, specifically the expected outcomes, of the demonstration project; develop a "vision" for the future of the State's human services system; and describe the role of the project in realizing this vision; and
- (3) Request that federal, state, and county agencies work with the demonstration project to identify the kinds and types of data that policymakers need and want about communities, and develop a plan for collecting and reporting these data.

Summary

In general, most people who utilized the Hanalei, KPT, KEY Project, Molokai, and West Hawaii Family Centers were satisfied with the services and activities offered by the centers. Additionally, most people who utilized the KEY Project, Molokai, and West Hawaii Family Centers (the only centers surveyed in this particular instance) had good feelings toward the center.

Although evaluations consume personnel and program resources that could be used to provide direct services to people in need, demonstration projects are obliged to evaluate themselves. If appropriate indicators and instruments for assessing "hard to measure" processes and outcomes are not available, demonstration projects are obliged to develop these indicators and instruments. If the quality and quantity of project information is inadequate for needs, demonstration projects are obliged to develop the tools and train the people required to improve the quality and quantity of this information.

Although the development and testing of working models are distinct activities, the Family Center Demonstration Project is responsible for both developing and testing working models of family centers. The conduct of self-evaluations and independent evaluations; the development of indicators and instruments for assessing processes and outcomes; and the development of tools and the training of people required to improve the quality and quantity of project information, are the kinds of activities that develop working models of family centers. Without these kinds of activities, there would be no working models of family centers to test.

Demonstration projects are vehicles for research and development. Consequently, demonstration projects are obliged to expend a considerable amount of personnel and program resources on the testing and development of working models rather than the provision of direct services.

Endnotes

1. Community Resources Incorporated, "Preliminary Research to Evaluate Family Center Project Sites: 1. Management Profiles for Molokai and West Hawaii" (Honolulu: April 1994), pp. 4-7.

Community Resources Incorporated (CRI) recommended that the Molokai Family Center (1) develop a service group profile and monitor the extent to which it complements or competes for the same service group targeted by similar service providers, (2) build upon its community assets through coordination and collaboration of similar service providers to share information and avoid duplication of services, (3) place more systematic emphasis on community advocacy, and (4) obtain a more systematized accounting system. Ibid.

Although CRI also recommended that the Molokai Family Center augment its administrative management with more specific time analysis, this recommendation appears to be inconsistent with the move to decategorize and commingle agency funds (i.e., the "new paradigm"). This recommendation appears to be consistent with the maintenance of categorical funding and programs (i.e., the "old paradigm"), and to indicate that the Molokai Family Center is still committed to the decategorization and commingling of agency funds. Ibid., p. 6.

A "paradigm" is made up of the general theoretical assumptions, and laws and techniques for their application, that the members of a particular scientific community adopt. A.F. Chalmers, What is this things called Science? (2nd ed.; Saint Lucia, Queensland, Australia: University of Queensland Press, 1982), p. 90.

CRI recommended that the Director of the Family Center Demonstration Project (FCDP) (1) specify the level of detail required in reviewing audited financial reports of the lead agencies for the Molokai and West Hawaii Family Centers, (2) review and agree upon allocation formulas used to distribute staff cost, administrative overhead, and operating expenses among multiple funding sources, (3) establish periodic review points, and (4) obtain data on the use of funds by funding source or grant from the lead agencies for the Molokai and West Hawaii Family Centers. Once again, these recommendations appear to be more consistent with the maintenance of categorical funding and programs (i.e., the "old paradigm") rather than the move to decategorize and commingle agency funds, and to indicate that the demonstration project is still committed to the decategorization and commingling of agency funds. Community Resources Incorporated, "Management Profiles for Molokai and West Hawaii", pp. 8-9.

The tension between new and old paradigms underscores the value of having researchers, practitioners, and funders agree on the expected outcomes of a demonstration project before the project is evaluated.

2. These other community characteristics were:

- (1) The gender of the family caretaker;
- (2) The number of years that the caretaker has been living in the community;
- (3) The number of children under 18 years of age that are living in the caretaker's home;
- (4) Whether or not this family is a single-parent household;
- (5) The ethnicity of the caretaker;
- (6) The educational level of the caretaker;
- (7) The number of adult relatives of the caretaker that live on the island (i.e., Oahu or Molokai) or in the community (i.e., the Kona side of the Big Island), but are not actually in the caretaker's household;
- (8) The number of good friends of the caretaker that live on the island or in the community, but are not

actually in the caretaker's household; and

- (9) Whether or not the caretaker feels that there are enough friends or family on the island or in the community to help the caretaker figure out big decisions, challenges, or emotional problems.

Community Resources Incorporated, "Preliminary Research to Evaluate Family Center Project Sites: 2. Community Surveys" (Honolulu: April 1994), pp. 10-15.

3. Ibid., Appendix E.
4. These activities included classes (parenting, computers, balancing a budget, etc.); health services (dental care, immunizations, and health information); children's activities or play sessions; borrowing things like toys, tents, and car seats; recreational activities like "pot lucks" and family fairs; cultural activities like arts and crafts, music, and language; picking up goods or food; donating goods or food; volunteering for activities or programs; meeting or talking with friends or neighbors; seeing a staff person for help with problems; joining a support group; finding someone to help care for a child, elder, or other dependent; obtaining information on how or where to find other services or programs in the community. Community Resources Incorporated, "Preliminary Research to Evaluate Family Center Project Sites: 3. Center Participant Questionnaires" (Honolulu: May 1994), Appendix A.
5. These demographic variables were:
 - (1) The gender of the family caretaker;
 - (2) The number of years that the caretaker has been living in the community;
 - (3) The number of children under 18 years of age that are living in the caretaker's home;
 - (4) Whether or not this family is a single-parent household;
 - (5) The ethnicity of the caretaker; and
 - (6) The educational level of the caretaker.

Ibid.

6. Ibid., p. 5.
7. These statistics were computed using the raw data collected by CRI and included in its report. Ibid., Appendix B.

The data used by the Bureau to compute these statistics are provided below.

Responses		
"Not Too Satisfied"	46 responses	3%
"Fairly Satisfied"	502 responses	30%
"Very Satisfied"	924 responses	54%
+ No response (blanks)	+ 247	+ 14%
POSSIBLE RESPONSE BASE	1,719	101%*

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The inclusion of nonresponses in the computation of these statistics is consistent with the methodology used by CRI, and produces more conservative figures than a methodology that excludes nonresponses.

* Error due to rounding.

8. Hawaii Community Services Council, "Update: The Family Center Project" (April 26, 1994), p. 1.
9. Ibid.
10. Ibid., p. 4.
11. Ibid., p. 3.

The cooperation of other agencies and their sources of funding are needed to integrate services and increase access to resources. Consequently, the make up of a CLC would affect a family center's ability to integrate services and increase access to resources.

12. According to the Director of the FCDP:

- (1) The CLC for the West Hawaii Family Center generates intuitive ideas and provides volunteer labor for direct programming. The CLC is separate from the West Hawaii Health and Human Services (interagency) Council.
- (2) The CLC for the Molokai Family Center provides very little input and when so, in the form of anecdotal advice. The CLC generates some program opinions/ideas that are not enacted, and is separate from the Molokai Interagency Network (council).
- (3) The CLC for the KEY Project Family Center is separate from the Board of KEY and has been relegated to sharing information. CLC meetings rarely happen as scheduled because people do not show up and, more so, because the role of these meetings is not understood. While the KEY Project Family Center does not belong to an interagency council, it does hold informal, ad hoc meetings with other agencies.
- (4) The CLC for the Hanalei Family Center acts as a council of directors. The CLC forms working committees, collects data, and guides the development and operations of the Family Center. The CLC is separate from, but kept aware of, interagency efforts.

Ibid.

13. Ibid.

According to the Director of the FCDP, CLCs tend to act like advisory boards because they are treated like advisory boards. Ibid.

Except for the Hanalei Family Center, all family centers are associated with lead agencies that have their own boards of directors. Ibid., p. 2.

According to the Director of the FCDP, family centers fall in two general categories:

- (1) Family centers with controlling lead agencies -- KEY Project, Molokai, and West Hawaii; and

- (2) Family centers initiated by their communities -- Hanalei.

The KPT Family Center stands out as an autonomous family center with a lead agency (i.e., Parents and Children Together) that is noncontrolling. Ibid.

According to the Director of the FCDP, there are many factors that affect a family center's response to interventions, e.g., lack of strategic program planning, staffing level, funding level, management style, demand for services by the community, lack of accountability to the community, etc. It seems, however, that the agenda of the family center's lead agency (which is slow to change means and methods), followed by the lack of proactive management skills on the part of the family center's management, exerts a notable impact on the center's activities. Telephone interview with Linda Harris, Director, The Family Center Demonstration Project, September 9, 1994.

14. Hawaii Community Services Council, "Update: The Family Center Project", p. 5.
15. Ibid., pp. 3 and 5.
16. Ibid., p. 5.
17. Ibid., p. 4.

Only the KPT, West Hawaii, and Molokai Family Centers belong to interagency councils. See Chapter 2, Methodology.

According to the Director of the FCDP, in the beginning, a family center hosting a community council smelled of power and political issues. What agency should be in that very desired central position? Why should agencies commit to what they were translating as family center support, when they should be focused on self-support? Were the supporting agencies simply "advisory board" members of another agency? In intuitive response to these issues, the family centers started convening and facilitating separate interagency councils in their communities. Interagency councils:

- (1) Are proving to have much more vitality and direction toward integrated services and increased access to resources than CLCs;
- (2) Look like the sprouted seeds of viable community councils that can map resources, define outcomes, plan strategically, and monitor progress toward achieving outcomes.

Hawaii Community Services Council, "Update: The Family Center Project", p. 4.

18. Ibid., p. 1.

Other interventions have been:

- (1) The provision of an information management system and the resources (i.e., staff, direction, computer software, etc.) to operate the system;
- (2) The facilitation of community visioning;
- (3) Management consulting for new family centers; and

- (4) The opening of doors to state-level partnerships and integrated program development.

Ibid.

19. Ibid., pp. 1-2.
20. Harris telephone interview, September 9, 1994.

According to the Director of the FCDP, the results evidenced at the family center level, in response to these opportunities, have been mixed. Although family centers gave positive voice to these interventions when they were introduced, a "take" has occurred in only a few instances. Without an infrastructure on which to "hang" training or other interventions, behavioral shifts are hard to come by. Training delivered by the demonstration project over the past two years has had little effect on family centers' operations. Earlier training in assets planning and family strengthening--concept building--had a more visible effect. Some of that effect has worn off with family centers that were originally energized by the new paradigm (i.e., family support/assets management) returning to old service models, especially in response to the maintenance of old paradigm funding/category demands. Hawaii Community Services Council, "Update: The Family Center Project", pp. 1-2.

21. Hawaii Community Services Council, "An Evaluation of the Family Center Demonstration Project, Period of Evaluation: July 1990 - December 1992" (Draft Final Report)(July 23, 1993), p. 2.
22. Hawaii Community Services Council, "The Family Center Information Coordinator Manual" (February 11, 1994), pp. 2-1 to 5-8.

Although family centers are being encouraged to collect and record other data (e.g., journals of daily events), not all of these data need to be submitted to the Director of the FCDP. In some instances the format of a report (e.g., narrative) has been left to family centers to define. Hawaii Community Services Council, "Description of a Model Data Collection System: The Family Center Demonstration Project" (August 30, 1994), pp. 4 and 6.

23. Family centers provide information and referral (I & R) services within their communities to identify and meet unmet needs and connect people with existing resources. Family center I & R services focus on resources that exist within a community, and identify both formal (e.g., state agencies and private, nonprofit helping organizations) and informal (e.g., individuals and families) sources of support within the community. Each month, family centers collect and report data relating to the characteristics of their I & R customers, and the services requested by these customers (according to service areas). This information can be used by family center staff and CLCs to develop a better picture of who family centers serve, and identify changing community needs. Hawaii Community Services Council, "Description of a Model Data Collection System", pp. 4-5.
24. Collaboration/volunteerism universe mapping is an experimental reporting format that was developed to record some of the indirect community building activities that occur at family centers.

Family center staff begin the development of their collaboration universe by identifying all the organizations, groups, and individuals who regularly volunteer or collaborate with the center. Beginning with the family center in the middle of the map, each of the center's collaborators are placed on the map based on the frequency with which they interact with the center. Those collaborators who interact often with the family center are placed closer to the family center; those collaborators who interact less frequently with the family

center are placed further from the family center.

This reporting format is based on the belief that family centers directly (e.g., by offering their own activities) and indirectly (e.g., by participating in someone else's activities) catalyze events that build a greater sense of community. Collaboration and volunteerism, therefore, serve as indirect measures of a "sense of community". As each family center builds a collection of these records over a period of time, patterns of collaborative and volunteer activity should emerge. These patterns can be used by family center staff and CLCs to identify "hot" and "cold" spots of activity, and to formulate plans based on this information.

Ibid., p. 5.

25. The primary function of this report is to provide family center staff with a monthly record of activities, participants, volunteer hours, money collected, and estimates of the benefit that each activity provides to the community. The categorization of these activities can help family center staff to improve their planning and marketing efforts. Ibid., p. 4.
26. The tracking of met and unmet needs can help family centers and other public and private agencies to identify existing community needs and resources, develop programs and leverage resources to meet these needs, predict future needs, and determine whether existing programs are meeting these needs. See also information and referral services.
27. Standardized revenue and expense reporting is essential for financial accountability. This reporting format allows for the comparison of revenue and expenses across family centers, the aggregation of family center revenues and expenses, and the identification of multiple funding streams. Hawaii Community Services Council, "Description of a Model Data Collection System", p. 19.

The amount of cash that a community contributes to its family center, when added to the amount of time and resources that the community contributes to the same, serves as an indicator of community support for the center.

28. The amount of time and resources (i.e., noncash support) that a community contributes to its family center, when added to the amount of cash that the community contributes to the same, serves as an indicator of community support for the center. This reporting format itemizes noncash support (e.g., donations of goods and services, volunteer labor, and subsidies) generated by specific activities. Family center staff and CLCs can use these data to improve their planning and marketing activities, identify activities that generate the most noncash support, and identify other sources of noncash support in the community. Ibid.
29. Process maps are graphic step-by-step descriptions of how a particular process works. Maps describing the core activities of family centers are created when new activities are added and updated when existing activities are modified. Family center staff develop process maps of center activities to (1) tell other people (e.g., legislators, funders, and community members) what family centers do, (2) identify leveraged resources, (3) look critically at, and improve, existing and proposed activities, and (4) define the roles of people and organizations involved with an activity. Ibid., pp. 5-6.
30. These are descriptive profiles of the communities served by family centers. The rationale for developing community profiles is that the profiles bring people one step closer to defining outcomes that they wish to see in their communities. If people can begin to describe their present community, they can also begin to describe their desired community. The format of community profiles has been left to family centers to define. Family centers are also being allowed to use descriptive stories, charts and tables, and pictures to describe their communities. Ibid., p. 38.

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31. Although a recommended customer satisfaction survey was developed, the format of the surveys has been left to family centers to define. Ibid.

On close inspection, it appears that the recommended customer satisfaction survey was based on some of the performance standards for family centers. Whether by design or accident, the demonstration project has created a means of verifying the self-evaluations being conducted by the family centers and the independent evaluations to be conducted by disinterested parties.

32. The purpose of market surveys is to help family centers focus their efforts on meeting the wants, needs, and desires of center participants by developing a clearer picture of the people who use, and the people who do not use, their services and activities. Ibid.
33. Hawaii Community Services Council, "The Family Center Information Coordinator Manual", pp. 1-4 to 1-5.
34. Ibid.

These process indicators were organized according to the following performance areas.

Performance area

Indicator or instrument

Resources

Financial and noncash reports, and leveraging

Units of service

Activities, and met and unmet needs

Customer outcome

Customer satisfaction

Staff satisfaction

Continuous improvement using process maps

Efficiency

Market survey, number of customers, and satisfaction per dollar of resources

Ibid., p. 1-3.

The indicators for measuring the outcome "improved sense of community" are collaboration and volunteerism. The instrument for measuring the outcome "enhanced quality of life" is a community profile. The operations manual also describes how the processes and outcomes being measured relate to the purpose of a family center, which is to "facilitate the strengthening of families and communities by enabling them to identify and use their own and other resources to improve the quality of life and sense of community". Ibid.

Overly simplified, community well-being is promoted when groupings of families who provide each other with emotional, personal, instrumental, and informal support;^(8, 9) and who have control over their own lives and democratic participation in the life of their community,⁽¹⁾ work together,^(2, 3, 4, 6) using public, private, and personal resources,^(11, 12, 13) to solve problems and improve the quality of life in their community.^(5, 7, 10) Family centers encourage and facilitate this process by helping families and communities to identify and use their own and other resources. The relationship between some of the indicators and instruments that could

be used to measure community well-being and the theory of family and community strengthening is depicted above using superscripted numbers (e.g., ¹, ⁷, ¹³). The possible indicators and instruments are:

- | | |
|--------------------------------|----------------------------------|
| 1-Sense of empowerment | 7-Shared values |
| 2-Volunteerism | 8-Feelings of belonging |
| 3-Organizational collaboration | 9-Feeling of being needed |
| 4-Resource sharing | 10-Identification with community |
| 5-Satisfaction ratings | 11-Source of resources |
| 6-Organizational memberships | 12-Amount of resources |
| | 13-Resources leveraged |

Ibid., p. 1-4.

35. Ibid.

The family well-being goals and outcomes are:

- (1) Families live in a safe, caring environment;
- (2) Families have emotional and physical support; and
- (3) Families have educational and social resources to control the quality of their own lives.

Ibid.

36. Ibid., p. 1-1.

37. Ibid.

Information coordinators for the Hanalei, KPT, KEY Project, Molokai, and West Hawaii Family Centers were hired by March 1994. The first complete set of standardized monthly reports received by the Director of the FCDP were for April 1994. Consequently, comparative data were only available from the fourth quarter of State fiscal year 1993-1994 (i.e., April - June 1994). Hawaii Community Services Council, "Description of a Model Data Collection System", p. 1.

38. Hawaii Community Services Council, "Family Center Concept Evaluation" (undated), 6 pp. See also Chapter 3, Double Vision, regarding clarification of the demonstration project's expected outcomes.
39. Hawaii Community Services Council, "The Family Center Project Year 4, 1993-94, Status Report" (June 1, 1994), p. 1.
40. There is bound to be some lag between the time when these data are submitted to the Director of the FCDP and the time when these data can be reviewed and interpreted.
41. Hawaii Community Services Council, "Summary of Data Collected: The Family Center Demonstration Project" (September 14, 1994), p. 3.

According to the HCSC, these totals do not represent an unduplicated count of individuals and organizations served. Ibid., p. 4.

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This method of counting is appropriate because family centers, like movie theatres, should expect to serve repeat customers. For example, consider how many times in three months your neighbor's son or daughter saw Star Wars at the theatre, and how many times in three months you went to the theatre to see one movie or another. What should be important to theatre owners and, by analogy, family centers is the number of people who come through the door in three months--not whether they are repeat or one-time customers.

42. Ibid., p. 3.

43. This figure includes such things as the estimated value of volunteer time, professional time, food, meeting space provided for community groups, and class fees that would have to be paid if not for leveraging by the family centers. Ibid., pp. 3-5.

Although there was a \$3,000 difference between "community benefit" and "noncash support" (\$109,000) for the same period, the difference appears to be minor at this time--only 3%. The difference could be due to the inclusion of the value of "meeting space provided for community groups" under community benefit, but not under noncash support.

44. Ibid., p. 23.

Using \$109,000 as the base of comparison, state funding for the five family centers during that quarter was only ten percent more than the approximate dollar value of noncash support.

The exclusion of the stipends from this figure was appropriate given the specialized nature of the work performed by family center information coordinators.

45. See Chapter 296C, Hawaii Revised Statutes, and Hawaii, Department of Education, "School/Community-Based Management Implementation Guidelines" (Revised: April 6, 1991), 9 pp.

46. This part of the Bureau's survey was not targeted specifically at the family centers.

47. Legislative Reference Bureau, "The Family Center Demonstration Project Evaluation: An Interim Report to the 1994 Legislature" (Honolulu: 1993), p. 85.

Responses to the question, "[why is] there a lack of coordination and communication among those [persons] who provide services . . .", in order of their frequency, were:

- (1) Service providers were territorial, competitive, or uncooperative (21 responses);
- (2) Service providers did not have enough time, staff, or resources, and there was too much work (14 responses);
- (3) There was insufficient incentive, effort, or opportunity, and service providers were not aware of one another (13 responses);
- (4) Funding was fragmented, and programs were categorical or fragmented (9 responses); and
- (5) There were problems at the state level that needed to be resolved (9 responses).

48. Ibid., p. 54.

The Bureau suggested that the Legislature require the Department of Human Services (DHS) to formulate policies to initiate a method of managing human services that would (1) diffuse decision making to involve or secure the input of those persons directly affected by the decision to be made at the community level, and (2) encourage community-initiated methods for achieving the human service goals established statewide by the Board of Human Services. In addition, the Bureau suggested that the Legislature require (1) the DHS to establish a common set of human services goals that all communities would be responsible for fulfilling, and (2) other state agencies to waive applicable policies, rules, or procedures when requested to do so by a community unless the agency can justify a denial to the Governor. Ibid., pp. 56-57.

49. If the Legislature is attempting to test the feasibility of decentralizing the State's human services system by shifting more program and personnel resources, and the power to use and manage these resources, to communities, then legislative funding for existing family centers should be increased. If, however, the Legislature is attempting to increase the delivery of direct services to families by supporting the establishment of family centers that obtain their funding by leveraging community resources, then legislative funding for existing family centers should be decreased.
50. If the Legislature is attempting to test the feasibility of decentralizing the State's human services system, then existing family centers should receive funding priority from the Legislature. If, however, the Legislature is attempting to increase the delivery of direct services to families, then new family centers should receive funding priority from the Legislature.
51. If the Legislature wants at least one family center in each of the Department of Education's thirty-eight school complexes by 1997, then legislative funding for new family centers should be increased. If the Legislature is not willing or able to increase legislative funding for new family centers, then the number of family centers to be established should be reduced or the deadline for establishing these centers should be extended.
52. If the Legislature is attempting to test new approaches that may improve the condition of families, then training and other interventions should receive funding priority from the Legislature. If, however, the Legislature is attempting to produce an immediate gain in program services, then direct services to families should receive funding priority from the Legislature.
53. Suppose you want to test the theory that rubella (i.e., German measles) produces birth defects (e.g., cataracts and other eye defects, deafness, heart defects, and mental retardation) among the offspring of women who have been exposed. You recruit a sample of 500 women who have been exposed to rubella. At the end of pregnancy you find that 35 women (7%) gave birth to a live child with a birth defect. Armed with the knowledge that a birth defect is reported in 7% of all live births in the United States, you initially conclude that your theory is faulty. But is it really faulty?

On close inspection, you find that 20 of these women had contracted rubella during the first trimester (i.e., first three months) of pregnancy and that 15 of these women had contracted rubella as young children. Now, is your theory faulty or is your methodology faulty? On closer inspection, you find that your sample included 400 women who had contracted rubella as young children and 100 women who had contracted rubella during the first trimester of pregnancy. Again, does the fault lie with your theory or your methodology? On even closer inspection, you find that 20% of the women who had contracted rubella during the first trimester of pregnancy gave birth to a child with a birth defect and that 4% of the women who had contracted rubella as young children gave birth to a child with a birth defect.

Based on your findings, you finally conclude that your methodology is faulty because it did not initially differentiate between women who had contracted rubella as young children and women who had contracted rubella during the first trimester of pregnancy.

54. Consider the problems that are created when weights and measures are expressed in English and metric terms, or when temperature is expressed in degrees Celsius and degrees Fahrenheit. Without conversion factors, weights, measures, and temperatures expressed in different terms are not easy to compare. The use of unscaled measures (e.g., anecdotes, charts and tables, and pictures) creates similar problems, except there are no conversion factors for comparing Tom Clancy and Danielle Steel.

Chapter 5

SURVEY RESULTS

Introduction

This chapter discusses the results of a survey conducted by the Bureau to determine people's perceptions of what conditions were like in a community before the establishment of the family center, whether or not a family center had a role in bringing about a change in the community, the reasons why a change occurred, and the effects caused by the change. This chapter also discusses the criteria used by the Bureau to interpret and, consequently, impart a sense of importance to these data.

To the extent that they are in fact representative of the population that was surveyed, the results of this survey suggest, on the whole, that people working closely with the family centers believe that the centers have had, and are having, a positive impact on their communities.

Because of the methodology utilized by the Bureau, the absence of a positive finding should not be interpreted to mean that a family center is having little or no impact on its community, or that family centers, on the whole, are having little or no impact on their communities.¹

Numerical Data

Conditions Before the Establishment of the Family Center. Data indicating what the respondents thought conditions were like in a community before the establishment of the family center are included in this report as Table 1.²

Because of the size of the population surveyed (120 people) and the rate of response to the survey (41 percent), the results of this survey should be utilized cautiously.³ The low response rate to the survey does not mean that the results are invalid,⁴ but it increases the chance (i.e., the probability) that the results will not be representative of the population surveyed.

Role of the Family Center. Data indicating whether or not the respondents thought that a family center had a role in bringing about a change in the community (e.g., making it easier to assess the real needs of families) are included in this report as Table 2.⁵ Data

indicating the reasons why a change occurred, and the effects caused by the change, are included in this report as Table 3 and Table 4, respectively.⁶

The Bureau reported the abovementioned findings by individual family centers, rather than the aggregation of all family centers, since one center was substantially overrepresented and two centers were substantially underrepresented in the survey results.⁷ "Findings" suggested by the aggregation of these data are presented in this chapter as analyses.

Again, because of the size of the population surveyed and the rate of response to the survey, the results of this survey should be utilized cautiously.

Analyses

General Findings Part I. The responses to the survey suggest that the respondents, on the whole, believed that:⁸

- (1) Services to families in the affected communities were fragmented before the establishment of the family centers, and that the centers had a role in lessening the fragmentation of these services;
- (2) There was a lack of coordination and communication among those persons who provide services in the affected communities before the establishment of the family centers, and that the centers had a role in increasing coordination and communication among these persons;
- (3) It was difficult for consumers (in general) and families (in particular) to gain access to services and information in the affected communities before the establishment of the family centers, and that the centers had a role in making it easier for consumers and families to gain access;
- (4) It was difficult for service providers in the affected communities to gain access to services and information from each other before the establishment of the family centers, and that the centers had a role in making it easier for these service providers to do both;
- (5) It was difficult to assess the impact and effectiveness of service in the affected communities before the establishment of the family centers. The data, however, were not sufficiently persuasive for the Bureau to determine whether the respondents, on the whole, believed that the centers had a role in making it easier to assess this; and

Table 1

**Summary of Numerical Data by Attribute
(Conditions before the establishment
of the family center)**

	HAN	KEY	KPT	MOL	WH
Question #1 Services to families in the community were fragmented <u>before</u> the establishment of the family center.	Y	Y	Y	Y	Y
Question #2 There was a lack of coordination and communication among those persons who provide services in the community <u>before</u> the establishment of the family center.	Y	Y	Y	Y	Y
Question #3 It was difficult for consumers (in general) and families (in particular) to gain access to services and information in the community <u>before</u> the establishment of the family center.	Y	?	Y	?	Y
Question #4 It was difficult for service providers in the community to gain access to services and information from each other <u>before</u> the establishment of the family center.	Y	?	Y	Y	?
Question #5 It was difficult for service providers in the community and sources of funding to gain access to services and information from each other <u>before</u> the establishment of the family center.	Y	?	N	?	?
Question #6 It was difficult to assess the impact and effectiveness of service in the community <u>before</u> the establishment of the family center.	Y	?	Y	?	Y

	HAN	KEY	KPT	MOL	WH
--	-----	-----	-----	-----	----

Question #7

It was difficult to assess the real needs of families in the community before the establishment of the family center.

Y	Y	Y	?	Y
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Question #8

There was leverage funding, and there were innovative multiple funding streams, in the community before the establishment of the family center.

?	?	?	?	?
---	---	---	---	---

Y = Yes

N = No

? = Inconclusive

HAN = Hanalei Family Center

KEY = Kualoa-Heeia Ecumenical Youth Family Center

KPT = Kuhio Park Terrace Family Center

MOL = Molokai Family Center

WH = West Hawaii Family Center

Table 2

**Summary of Numerical Data by Attribute
(Role of the family center)**

	HAN	KEY	KPT	MOL	WH
Question #1 The family center had a role in lessening the fragmentation of services to families in the community.	Y	Y	Y	Y	Y
Question #2 The family center had a role in increasing coordination and communication among those persons who provide services in the community.	Y	Y	?	Y	Y
Question #3 The family center had a role in making it easier for consumers and families to access services and information in the community.	Y	Y	Y	Y	Y
Question #4 The family center had a role in making it easier for service providers in the community to gain access to services and information from each other.	Y	Y	Y	Y	Y
Question #5 The family center had a role in making it easier for service providers in the community and sources of funding to gain access to services and information from each other.	Y	Y	-	Y	?
Question #6 The family center had a role in making it easier to assess the impact and effectiveness of service in the community.	Y	Y	?	?	?
Question #7 The family center had a role in making it easier to assess the real needs of families in the community.	Y	Y	Y	Y	Y

HAN KEY KPT MOL WH

Question #8

The family center had a role in increasing the amount of leverage funding and the number of innovative multiple funding streams in the community.

Y

?

Y

Y = Yes

N = No

? = Inconclusive

- = Not applicable because the respondents did not perceive a change after the establishment of the family center

HAN = Hanalei Family Center

KEY = Kualoa-Heeia Ecumenical Youth Family Center

KPT = Kuhio Park Terrace Family Center

MOL = Molokai Family Center

WH = West Hawaii Family Center

Table 3

Summary of Reasons Why Change Occurred

Question #1

Services to families in the community have become less fragmented since the establishment of the family center because:

HAN

- The family center helps make services or information physically accessible (5).
- The family center helps people to talk about their concerns and knows where to refer them for services or information (3).

KEY

- The family center knows where to refer people for services or information (3).

KPT

- The family center helps coordinate services (2).

MOL

- The family center helps agencies to meet or work together (3).
- The family center helps make services or information physically accessible (3).
- The family center knows where to refer people for services or information (2).

WH

- The family center helps make services or information physically accessible (12).
- The family center knows where to refer people for services or information (4).

Question #2

Coordination and communication among those persons who provide services in the community has increased since the establishment of the family center because:

HAN

- The family center helps foster communication, collaboration, or cooperation among agencies (3).
- The family center helps make services or information physically accessible (3).

KEY

- The family center helps foster networking, cooperation, and collaboration among agencies (4).

KPT

Inconclusive**

MOL

- The family center, through the Molokai Interagency Network, helps foster networking among agencies (5).

WH

- The family center helps foster communication, collaboration, or cooperation among agencies (8).

Question #3

It has become easier for consumers and families to access services and information in the community since the establishment of the family center because:

HAN

- The family center helps make services or information physically accessible (4).

KEY

- The family center helps make services or information physically accessible (2).

KPT

Inconclusive ***

MOL

- The family center knows where to refer people for services or information (3).

WH

- The family center helps make services or information physically accessible (10).

- The family center helps provide information on services (4).

Question #4

It has become easier for service providers in the community to gain access to services and information from each other since the establishment of the family center because:

HAN

- The family center helps bring agencies and information about services together (5).

KEY

- The family center helps agencies to change the way they do business (2).

KPT

Inconclusive ***

MOL

- The family center, through the Molokai Interagency Network, helps foster networking among agencies (3).

WH

- The family center helps foster collaboration, cooperation, or networking among agencies (7).

Question #5

It has become easier for service providers in the community and sources of funding to gain access to services and information from each other since the establishment of the family center because:

HAN

- The family center helps agencies to work together (3).

■ The family center helps make services or information physically accessible (2).

KEY

Inconclusive ***

KPT

Inconclusive **

MOL

■ The family center helps provide information to other agencies (5).

WH

Inconclusive **

Question #6

It has become easier to assess the impact and effectiveness of service in the community since the establishment of the family center because:

HAN

■ The family center helps people to talk to one another about services in, or for the community (5).

KEY

■ The family center helps improve the methods of assessment (3).

KPT

Inconclusive **

MOL

Inconclusive **

WH

Inconclusive **

Question #7

It has become easier to assess the real needs of families in the community since the establishment of the family center because:

HAN

■ The family center helps families to talk about their needs (2).

KEY

Inconclusive ***

KPT

■ The family center helps agencies work with the community (2).

MOL

■ The family center helps agencies to understand or address the needs of the community (4).

WH

■ The family center helps improve the methods of assessment (8).

■The family center helps agencies to work with one another (2).

Question #8

The amount of leverage funding and the number of innovative multiple funding streams in the community have increased since the establishment of the family center because:

HAN
Inconclusive***

KEY
Inconclusive*

KPT
■The family center is changing the way that services are usually funded (3).

MOL
Inconclusive*

WH
Inconclusive*

HAN = Hanalei Family Center

KEY = Kualoa-Heeia Ecumenical Youth Family Center

KPT = Kuhio Park Terrace Family Center

MOL = Molokai Family Center

WH = West Hawaii Family Center

Inconclusive* - No responses, no data

Inconclusive** - These responses are not included in this table because the numerical data do not meet the minimum criteria for making a conclusive statement about the role of the family center

Inconclusive*** - These responses are grouped under "Other", and are not included in this table

0 Indicates the number of responses grouped under that summary statement

Table 4

Summary of Effects Caused by a Change

Question #1

Services to families in the community have become less fragmented since the establishment of the family center and:

HAN

■ Families are developing a sense of community (5).

■ Agencies are changing the way they do business (5).

KEY

■ Families are developing a sense of community (2).

■ Agencies are changing the way they do business (3).

KPT

Inconclusive ***

■ Agencies are changing the way they do business (1).

MOL

■ Families are becoming problem solvers (3).

■ Agencies are changing the way they do business (7).

WH

■ Families are getting better at accessing services or information (3).

■ Agencies are changing the way they do business (8).

Question #2

Coordination and communication among those persons who provide services in the community has increased since the establishment of the family center and:

HAN

Inconclusive ***

■ Agencies are changing the way they do business (4).

KEY

Inconclusive ***

■ Agencies are changing the way they do business (2).

KPT

Inconclusive **

MOL

■ Families are developing a sense of community (3).

- Agencies are changing the way they do business (7).

WH

- Families are developing a sense of community (4).

- Agencies are changing the way they do business (8).

Question #3

It has become easier for consumers and families to access services and information in the community since the establishment of the family center and:

HAN

- Families are developing a sense of community (3).

- Agencies are changing the way they do business (5).

KEY

- Families are getting better at accessing services or information (2).

- Agencies are changing the way they do business (1).

KPT

Inconclusive ***

MOL

- Families are getting better at accessing services or information (3).

- Agencies are changing the way they do business (2).

WH

- It is less frustrating for families to access services or information (2).

- Agencies are changing the way they do business (6).

Question #4

It has become easier for service providers in the community to gain access to services and information from each other since the establishment of the family center and:

HAN

- Families are more satisfied with agencies (3).

- Agencies are changing the way they do business (4).

KEY

- Families are getting better at accessing services or information (2).

- Agencies are changing the way they do business (1).

KPT

- Agencies are changing the way they do business (2).

MOL
Inconclusive ***

■ Agencies are changing the way they do business (5).

WH
Inconclusive ***

■ Agencies are changing the way they do business (4).

Question #5

It has become easier for service providers in the community and sources of funding to gain access to services and information from each other since the establishment of the family center and:

HAN
Inconclusive ***

■ Agencies are changing the way they do business (4).

KEY
Inconclusive *

KPT
Inconclusive **

MOL
Inconclusive ***

■ Agencies are changing the way they do business (4).

WH
Inconclusive **

Question #6

It has become easier to assess the impact and effectiveness of service in the community since the establishment of the family center and:

HAN
■ Families are developing a sense of community (3).

■ Agencies are changing the way they do business (3).

KEY
■ Agencies are changing the way they do business (1).

KPT
Inconclusive **

MOL
Inconclusive **

WH
Inconclusive**

Question #7

It has become easier to assess the real needs of families in the community since the establishment of the family center and:

HAN
■ Families are developing a sense of community (4).

KEY
Inconclusive***

KPT
Inconclusive***

■ Agencies are changing the way they do business (2).

MOL
■ Families feel more comfortable talking about their needs (2).

■ Families are becoming more health conscious (2).

■ Agencies are changing the way they do business (1).

WH
Inconclusive***

■ Agencies are changing the way they do business (7).

Question #8

The amount of leverage funding and the number of innovative multiple funding streams in the community have increased since the establishment of the family center and:

HAN
■ Families are developing a sense of community (2).

■ Agencies are changing the way they do business (1).

KEY
Inconclusive*

KPT
Inconclusive***

■ Agencies are changing the way they do business (2).

MOL
Inconclusive*

WH
Inconclusive*

HAN = Hanalei Family Center
KEY = Kualoa-Heeia Ecumenical Youth Family Center
KPT = Kuhio Park Terrace Family Center
MOL = Molokai Family Center
WH = West Hawaii Family Center

Inconclusive* - No responses, no data

Inconclusive** - These responses are not included in this table because the numerical data do not meet the minimum criteria for making a conclusive statement about the role of the family center

Inconclusive*** - These responses are grouped under "Other", and are not included in this table

0 Indicates the number of responses grouped under that summary statement

- (6) It was difficult to assess the real needs of families in the affected communities before the establishment of the family centers, and that the centers had a role in making it easier to make this assessment.

The data were not sufficiently persuasive for the Bureau to determine whether the respondents, on the whole, believed that it was difficult for service providers in the affected communities and sources of funding to gain access to services and information from each other before the establishment of the family centers. The data, however, suggest that the respondents believed that the centers had a role in making it easier.

The data were not sufficiently persuasive for the Bureau to determine whether the respondents, on the whole, believed that leverage funding and innovative multiple funding streams existed in the affected communities before the establishment of the family centers, and whether the centers had a role in increasing the amount of leverage funding and the number of innovative multiple funding streams.

General Findings Part II. The responses to the survey suggest that the respondents, on the whole, believed that:⁹

- (1) Services to families in the affected communities have become less fragmented since the establishment of the family centers because the centers help make services or information physically accessible, and know where to refer people for services or information;
- (2) Coordination and communication among those persons who provide services in the affected communities has increased since the establishment of the family centers because the centers help foster communication, collaboration, or cooperation among agencies;
- (3) It has become easier for consumers and families to access services and information in the affected communities since the establishment of the family centers because the centers help make services or information physically accessible; and
- (4) It has become easier for service providers in the affected communities to gain access to services and information from each other since the establishment of the family centers because the centers help foster networking among agencies.

The data also suggest beliefs that some agencies (i.e., human services providers) are changing--for the better--the way they do business because of the abovementioned changes (e.g., increased coordination and communication among those persons who provide services). The data further suggest beliefs that some families are beginning to help themselves and

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other families because services to families have become less fragmented, and that it has become easier for consumers and families to access services and information.

The data were not sufficiently persuasive for the Bureau to determine why the respondents, on the whole, believed that:

- (1) It has become easier for service providers in the affected communities and sources of funding to gain access to services and information from each other since the establishment of the family centers;
- (2) It has become easier to assess the impact and effectiveness of service in the affected communities since the establishment of the family centers;
- (3) It has become easier to assess the real needs of families in the affected communities since the establishment of the family centers; and
- (4) The amount of leverage funding and the number of innovative multiple funding streams in the affected communities have increased since the establishment of the family centers.

The data, however, suggest beliefs that some agencies are changing--for the better--the way they do business because it has become easier to assess the real needs of families.

Processes Versus Outcomes. Although they were asked to describe the effect that a change had on families in the community, many of the respondents described the effect that the change had on agencies. One possible explanation for this occurrence is that the respondents think in terms of processes (e.g., the number of people attending parenting classes) rather than outcomes (e.g., the incidence of child abuse or neglect among repeat offenders), and believe that what is good for them (e.g., more money to conduct parenting classes) is also good for families (e.g., more opportunity to attend parenting classes).

Although it could be argued that the respondents were unable to describe the effect that a change had on families in the community because in fact the change had no effect on these families:

- (1) The Bureau neither saw nor collected data indicating the respondents were unable to describe the effect that a change had on families in the community because the change had no effect on these families; and

- (2) Such an argument would run counter to the data collected previously by both the Bureau and Community Resources, Incorporated.¹⁰

Agencies Are Changing the Way They Do Business. As previously discussed, the data suggest beliefs that some agencies are changing the way they do business because of changes helped along by the family centers. Presumably, these changes are taking place because the family centers are helping agencies to rethink the way that human services should be provided.

Although the Bureau did not set out intentionally to determine people's perceptions about the effect that a change had on agencies, this effect is still an important finding. If some agencies are changing--for the better--the way they do business because of changes helped along by the family centers, then a general agreement among agencies about the way that human services should be provided may not be far behind. Such an agreement could eventually provide the theoretical basis for organizing human services agencies and funding human services programs in the future.

While it could be argued that the family centers should not become overly involved in producing a generally accepted theory for organizing human services agencies and funding human services programs in the future--this activity being the dominion of state government--there is no denying that the changes helped along by the family centers are the stuff that theories are made of.

No Change. According to the data, respondents working closely with the Kuhio Park Terrace (KPT) Family Center did not perceive a change in the ease with which service providers and sources of funding were able to gain access to services and information from each other. One possible explanation for this finding is that service providers and sources of funding enjoyed relatively free access to services and information from each other before the establishment of the family center, because of the efforts of Parents and Children Together (PACT)--the lead agency for the KPT Family Center. As its acronym implies, PACT is a consortium of eleven different agencies--including service providers and sources of funding. This explanation is consistent with respondents' belief that it was not difficult for service providers in the community and sources of funding to gain access to services and information from each other before the establishment of the KPT Family Center.

The Importance of Negative Comments.¹¹ One respondent stated that it has become harder for service providers in the community and sources of funding to gain access to services and information from each other since the establishment of the center "[b]ecause the family center takes everything for their own agencies and keeps [information] from being disseminated". The respondent also stated that "[t]he family center is only concerned [with] their funding, not families". The same respondent also stated that the amount of leverage funding and the number of innovative multiple funding streams in the community have

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decreased since the establishment of the center because "[t]hey keep everything for their umbrella agency".

The abovementioned comments suggest that family centers could foster the establishment of small, exclusive groups of service providers. It is, however, unclear to the Bureau whether the establishment of these groups would be inherently "good" or "bad" insofar as the purpose of the demonstration project is concerned. If these groups are comprised of service providers who share a common vision for the State's human services system, then the exclusion of certain providers from the group could be a case of self-imposed exile rather than intentional isolation. If, on the other hand, these groups are comprised of service providers who are interested in increasing their access to community resources and government contracts by isolating and eliminating their competition, then the Governor's Family Center Advisory Committee should investigate these practices and determine whether or not they run contrary to the purpose of the demonstration project.

A Question of Clients. As previously mentioned, the data were not sufficiently persuasive for the Bureau to determine whether the respondents, on the whole, believed that leverage funding and innovative multiple funding streams existed in the affected communities before the establishment of the family centers, and whether the centers had a role in increasing the amount of leverage funding and the number of innovative multiple funding streams. One possible explanation for these occurrences is that agencies are hesitant to share information about their own funding mechanisms, and to ask other agencies for information about their funding mechanisms.

This "don't ask, don't tell" approach may have evolved among human services agencies to preserve the peace and protect the status quo. Such a "rule", if it existed, might have made it less easy for one agency to "steal" another agency's clientele and, consequently, prevented the escalation of divisive interagency "turf wars". As discussed in the Bureau's 1993 report to the Legislature, people responding to a survey believed that there was a lack of coordination and communication among those persons who provided services before the establishment of the demonstration project because "[s]ervice providers [were] territorial, competitive, or uncooperative".¹²

If human services agencies are going to be territorial, competitive, or uncooperative about something, that "something" might as well be their clientele; after all, an agency without a clientele will soon be an agency without funding. For those agencies that are willing to share information about their funding mechanisms and, consequently, clientele, there is safety in working with agencies that share a common vision for the State's human services system. Agencies that do not share this vision are likely to be perceived as potential threats and may be treated as outsiders.

Suggestions

If some service providers are banding together to increase their access to community resources and government contracts by isolating and eliminating their competition, then the Governor's Family Center Advisory Committee should investigate these practices and determine whether or not they run contrary to the purpose of the demonstration project.

Summary

It would be unrealistic to hope that the types and kinds of changes being envisioned by the Family Center Demonstration Project could be won "painlessly" and without "bloodshed" in every case. Some agencies may have philosophies, agendas, and allegiances that are incompatible with these types and kinds of changes, and may be unwilling to "surrender" them without a fight--if at all. The process of change may be divisive, injurious, and the literal death of some agencies, but may also be uniting, healing, and the source of rejuvenation for others. While there is a price to be paid for the types and kinds of changes being envisioned by the demonstration project, will the Legislature accept the demise of some agencies as the price that must be paid so that other agencies may embrace these changes, or will the Legislature intervene on behalf of those agencies that have managed to alienate themselves from other agencies, their clientele and their communities?

Endnotes

1. Factors such as the design of the survey (including the nature of the questions asked by the Bureau), the characteristics of the population that was surveyed and that responded to the survey, the rate of response to the survey, and the criteria that were used to organize and interpret the survey data, would make it difficult to defend a finding of "no effect" based only on the absence of a positive finding. The limitations imposed by the methodology were deemed to be acceptable in light of the resource and time constraints under which this study had to be conducted.
2. The Bureau concluded that the respondents believed that a condition existed in the community before the establishment of the family center if the number of people who thought that the condition existed in the community before the establishment of the center was both:
 - (1) Greater than the number of people who did not think this was so; and
 - (2) The sum of:
 - (A) The number of people who did not know if the condition existed in the community before the establishment of the family center; and
 - (B) The number of people who did not respond to the item.

In numerical terms this meant that the number of "yes" responses to item (A) in a question (e.g., question #7) had to be both:

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- (1) Greater than the number of "no" responses to item (A); and
- (2) Greater than the number of "do not know" responses and nonresponses to item (A).

Using question #7 and data on the Hanalei Family Center as an example, the Bureau concluded that the respondents believed that it was difficult to assess the real needs of families in the community before the establishment of the Hanalei Family Center because four people thought that it was difficult, and four was greater than both:

- (1) The number of people who thought that it was not difficult to assess the real needs of families in the community before the establishment of the center (i.e., one); and
- (2) The sum of:
 - (A) The number of people who did not know if it was difficult to assess the real needs of families in the community before the establishment of the center (i.e., one); and
 - (B) The number of people who did not respond to the item about assessing the real needs of families before the establishment of the center (i.e., zero).

Using question #5 and data on the Kuhio Park Terrace (KPT) Family Center as an example, the Bureau concluded that the respondents believed that it was not difficult for service providers in the community and sources of funding to gain access to services and information from each other before the establishment of the KPT Family Center because two people thought that it was not difficult, and two was greater than both:

- (1) The number of people who thought that it was difficult for service providers in the community and sources of funding to gain access to services and information from each other before the establishment of the center (i.e., one); and
- (2) The sum of:
 - (A) The number of people who did not know (i.e., zero); and
 - (B) The number of people who did not respond (i.e., zero).

Using question #7 and data on the Molokai Family Center as an example, the Bureau felt that the data were not sufficiently persuasive to determine whether the respondents believed that it was difficult to assess the real needs of families in the community before the establishment of the Molokai Family Center because five people thought that it was difficult, and five was not greater than both:

- (1) The number of people who thought that it was not difficult to assess the real needs of families in the community before the establishment of the center (i.e., five); and
- (2) The sum of:
 - (A) The number of people who did not know (i.e., five); and
 - (B) The number of people who did not respond (i.e., zero).

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION

A summary of these numerical data are included in this report as Appendix G. The raw numerical data are included in this report as Appendix J. Descriptions of item (A) for each of the eight questions in the Bureau's survey can be found in either Appendix B or Appendix J.

The Bureau's criteria for concluding what the respondents believed conditions were like in the community before the establishment of the family center were developed to meet the information requirements of the study, and to accommodate the intrinsic limitations of the study's methodology. The criteria were not intended to be a test of statistical significance; rather, they were intended to be a test of importance. The Bureau utilized the abovementioned criteria in order to produce the most conservative results reasonably possible since not all results were equally important, and the duties of an evaluator include the identification of important results. By way of analogy, it is important to distinguish between results that are "statistically significant" and results that are "important".

3. See Appendix H regarding the rate of response to the Bureau's survey.
4. Community Resources Incorporated reported a forty-three percent rate of response to its center participant questionnaires. Community Resources Incorporated, "Preliminary Research to Evaluate Family Center Project Sites: 3. Center Participant Questionnaires" (Honolulu: May 1994), p. 2.
5. The Bureau concluded that the respondents believed that a family center had a role in bringing about a change if the number of people who thought that the center had a role in bringing about the change was both:

(1) Greater than the sum of:

(A) The number of people who did not know about conditions in the community after the establishment of the center; and

(B) The number of people who did not respond to the item;

and

(2) Greater than one-half the difference between:

(A) The number of people who responded to the item; and

(B) The number of people who did not know;

which would constitute a majority of the people who expressed an opinion (e.g., "more fragmented", "no change", or "less fragmented") about conditions in the community after the establishment of the center. For the purposes of this report, the Bureau did not consider "do not know" responses and nonresponses to be expressions of "opinion".

In numerical terms this meant that the number of "yes" responses to item (C) in a question (e.g., question #7) had to be both:

(1) Greater than the sum of the number of "do not know" responses and nonresponses to item (B); and

(2) Greater than one-half the difference between the number of responses to item (B) and the number of "do not know" responses to item (B).

SURVEY RESULTS

Using question #7 and data on the Hanalei Family Center as an example, the Bureau concluded that the respondents believed that the Hanalei Family Center had a role in making it easier to assess the real needs of families because five people thought that the center had a role in bringing about this change, and five was both:

- (1) Greater than the sum of:
 - (A) The number of people who did not know about conditions in the community after the establishment of the center (zero); and
 - (B) The number of people who did not respond to the item (zero);and
- (2) Greater than one-half the difference between:
 - (A) The number of people who responded to the item (five); and
 - (B) The number of people who did not know about conditions in the community after the establishment of the center (zero);which was 2.5.

Using question #8 and data on the West Hawaii Family Center as an example, the Bureau concluded that the respondents believed that there was no change in the amount of leverage funding and the number of innovative multiple funding streams in the community after the establishment of the West Hawaii Family Center because two people thought that there was no change, and two was both:

- (1) Greater than the sum of:
 - (A) The number of people who did not know about conditions in the community after the establishment of the center (one); and
 - (B) The number of people who did not respond to the item (zero);and
- (2) Greater than one-half the difference between:
 - (A) The number of people who responded to the item (four); and
 - (B) The number of people who did not know about conditions in the community after the establishment of the center (one);which was 1.5.

Using question #6 and data on the West Hawaii Family Center as an example, the Bureau felt that the data were not sufficiently persuasive to determine whether the respondents believed that the West Hawaii Family Center had a role in making it easier to assess the impact and effectiveness of service because three people

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION

thought that the center had a role in bringing about this change, and three was less than:

- (1) The sum of:
 - (A) The number of people who did not know about conditions in the community after the establishment of the center (four); and
 - (B) The number of people who did not respond to the item (zero);and
- (2) One-half the difference between:
 - (A) The number of people who responded to the item (twelve); and
 - (B) The number of people who did not know about conditions in the community after the establishment of the center (i.e., four);which was four.

A summary of these numerical data are included in this report as Appendix I. The raw numerical data are included in this report as Appendix J. Descriptions of items (A), (B), and (C) for each of the eight questions in the Bureau's survey can be found in either Appendix B or Appendix J.

The Bureau's criteria for concluding whether or not the respondents believed that a family center had a role in bringing about a change were developed to meet the information requirements of the study, and to accommodate the intrinsic limitations of the study's methodology. The criteria were not intended to be a test of statistical significance; rather, they were intended to be a test of importance. The Bureau utilized the abovementioned criteria in order to produce the most conservative results possible since not all results were equally important, and the duties of an evaluator include the identification of important results.

Although it could be argued that more conservative results would have been produced by requiring the number of "yes" responses to item (C) to be greater than the sum of the number of "do not know" responses and nonresponses to items (A) and (B), rather than only item (B), the Bureau notes that each instrument was designed to exclude the responses of persons who, among other things, did not know about conditions in the community before the establishment of the family center. As previously discussed in Chapter 2, Methodology, it was the Bureau's intention to study the responses of persons who knew about conditions in the community before and after the establishment of the family center.

6. See Chapter 2, Methodology, regarding the categorization and reporting of responses to open-ended survey questions.
7. See Appendix H regarding response to the Bureau's survey.
8. The Bureau concluded that a condition existed "on the whole" if it had previously concluded that the respondents believed that the condition existed in three communities, and no individual finding directly contradicted the conclusion. In numerical terms this meant that there had to be not less than three "yes" findings and not more than two "inconclusive" findings; a single "no" finding would have been sufficient to contradict the conclusion. For the purposes of this study, an "inconclusive" finding was not deemed to directly contradict the conclusion.

SURVEY RESULTS

Using question #3 and data on the five family centers as an example, the Bureau concluded that the respondents, on the whole, believed that it was difficult for consumers (in general) and families (in particular) to gain access to services and information in the affected communities before the establishment of the family centers because there were three "yes" findings, two "inconclusive" findings, and zero "no" findings.

Using question #5 and data on the five family centers as an example, the Bureau felt that the data were not sufficiently persuasive to determine whether the respondents, on the whole, believed that it was difficult for service providers in the affected communities and sources of funding to gain access to services and information from each other before the establishment of the family centers because there was one "yes" finding and one "no" finding.

Using question #8 and data on the five family centers as an example, the Bureau felt that the data were not sufficiently persuasive to determine whether the respondents, on the whole, believed that leverage funding and innovative multiple funding streams existed in the affected communities before the establishment of the family centers because there were five "inconclusive" findings.

The Bureau concluded that the respondents, on the whole, believed that the family centers had a role in bringing about a change if it had previously determined that the respondents thought that three or more of the centers had a role in bringing about the change, and no individual finding directly contradicted the conclusion. For the purpose of this study, "not applicable" findings were treated like "inconclusive" findings; a "not applicable" finding was not deemed to directly contradict the conclusion.

9. The Bureau concluded that the respondents, on the whole, believed that a change occurred for a particular reason if it had previously determined that the respondents thought that the reason or a closely related reason was responsible for the change occurring at three or more of the centers.

Using question #1 and data on the five family centers as an example, the Bureau concluded that the respondents, on the whole, believed that services to families in the affected communities have become less fragmented since the establishment of the family centers because the centers help make services or information physically accessible, and know where to refer people for services or information. Helping to make services or information physically accessible had been mentioned three times by the respondents as the reason for this change. Knowing where to refer people for services or information had been mentioned four times by the respondents as the reason for this change.

The Bureau concluded that the respondents, on the whole, believed that a change had an effect if it had previously determined that the respondents thought that the effect or a closely related effect resulted from the occurrence of the change at three or more of the centers.

10. Legislative Reference Bureau, "The Family Center Demonstration Project Evaluation: An Interim Report to the 1994 Legislature" (Honolulu: 1993), 218 pp.

Community Resources, Incorporated, "Preliminary Research to Evaluate Family Center Project Sites: 2. Community Surveys" (Honolulu: April 1994), 55. p.

Community Resources, Incorporated, "Preliminary Research to Evaluate Family Center Project Sites: 3. Center Participant Questionnaires" (Honolulu: May 1994), 75. p.

11. The substance of negative comments seem to be more important than the number (i.e., count) of negative comments since people who live and work in small communities may be less willing to speak badly about one

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another than people who live and work in large communities, and human services providers in Hawaii live and work in small, island communities. In addition, it seems easier for people to praise a mediocre program than to criticize a bad program since everyone will be asked to assume the role of evaluator and evaluatee at one time or another.

12. Legislative Reference Bureau, "The Family Center Demonstration Project Evaluation: An Interim Report to the 1994 Legislature", p. 85.

Chapter 6

FINDINGS AND SUGGESTIONS

This chapter highlights those findings and suggestions that are likely to be of greatest interest to legislators. It does not restate other findings and suggestions mentioned in individual chapters.

Findings

To the extent that they are in fact representative of the population that was surveyed, the results of the Bureau's survey suggest, on the whole, that people working closely with the family centers believe that the centers have had, and are having, a positive impact on their communities. These results are consistent with the findings reported by Community Resources, Incorporated--the independent evaluator that conducted management audits of the Molokai and West Hawaii Family Centers, and administered community surveys and center participant questionnaires for the Family Center Demonstration Project.

Although the Bureau received a comment that suggests that family centers could foster the establishment of small, exclusive groups of service providers, it is unclear whether the establishment of these groups would be inherently "good" or "bad" insofar as the purpose of the demonstration project is concerned. The Governor's Family Center Advisory Committee should investigate this matter and determine whether or not any of the activities of these groups run contrary to the purpose of the demonstration project. Weighing the implications of this comment against the results of the Bureau's survey, the findings reported by Community Resources Incorporated, and the purpose of the demonstration project, corrective action by the Legislature does not appear to be necessary or desirable at this time.

Distinct improvements in the demonstration project have been made since the Bureau's preliminary evaluation report (1993). The demonstration project has (1) corrected problems with the collection, reporting, and analyzing of project data, (2) appropriated resources to help improve the quality and quantity of project information, (3) developed indicators and instruments for assessing processes and outcomes, and (4) described the theory of family and community strengthening and the rationale for using the aforementioned indicators and instruments to measure project processes and outcomes. In other words, the demonstration project has developed a means for testing its theory of family and community strengthening.

There appears to be little to gain from discontinuing the demonstration project before this theory can be properly tested--unless the Legislature is no longer interested in the results of the project, whatever they may be. Projects such as these cannot simply be "mothballed",

i.e., inactivated and stored away for a period of time, for example, until the State's fiscal climate improves and more moneys are available. With the demonstration project having come this far and having put the appropriate mechanisms into place, the Legislature should see the project through to its logical conclusion unless the Legislature is no longer interested in the results of the project.

The Department of Human Services will be asking the Legislature to authorize the expenditure of approximately \$3,550,943 (\$2,711,804 - federal, \$839,139 - state) over a period of five fiscal years, beginning in state fiscal year 1994-1995, to (1) develop a continuum of coordinated and integrated, culturally relevant, family-focused services for children and families, and (2) remove categorical barriers and consolidate the currently fragmented service delivery system. The department refers to this program, which is being funded through Title IV-B, Subpart 2 (Family Preservation and Support Services), of the Social Security Act, simply as "Title IV-B".

Suggestions

The Legislature should continue the demonstration project until June 30, 1997, to allow the collection, reporting, and analyzing of not less than two complete years (twenty-four months) of data using the abovementioned indicators and instruments. The demonstration project should not be extended beyond June 30, 1997, however, unless the Legislature clarifies the purpose, specifically the expected outcomes, of the demonstration project; develops a "vision" for the future of the State's human services system; and describes the role of the project in realizing this vision. Extending the demonstration project beyond 1997 without clarifying, developing, and describing these components would not serve the interests of the Legislature.

The Legislature, through the House and Senate committees having jurisdiction over human services, should hire a skilled, knowledgeable, and able facilitator to help it develop this vision, describe the types and kinds of programs that are needed to realize this vision, develop plans for testing new programs and measuring their results, develop procedures for turning test results into systems change, and develop procedures for monitoring systems change and measuring their effects on the condition of families. This vision should be sufficiently detailed to require, for example, that noticeable information on available services be made accessible to disabled people, illiterate people, homeless people, and people who do not have telephones.

The Legislature should:

- (1) Review Title IV-B, Subpart 2, of the Social Security Act, the underlying purpose of which, once again, is to assist states in (A) developing a continuum of

coordinated and integrated, culturally relevant, family-focused services for children and families, and (B) removing categorical barriers and consolidating the currently fragmented service delivery system;

- (2) Describe its desires and intentions concerning the relationship between the Title IV-B program and the demonstration project; and
- (3) Describe the respective roles of the Title IV-B program and the demonstration project in realizing the Legislature's vision for the future of the State's human services system.

The House and Senate committees having jurisdiction over human services should direct the Department of Human Services and the Governor's Family Center Advisory Committee to jointly develop a plan for coordinating or merging Title IV-B and the demonstration project using a consensus-building approach, and then conduct oversight hearings to simultaneously review the Title IV-B program, the demonstration project, and the plan. The Legislature could either adopt the plan as drafted, adopt it in modified form, or develop its own plan. Whether the Title IV-B program and the demonstration project should be coordinated or merged is a policy decision for the Legislature and, consequently, beyond the scope of this study. A decision to merge the two programs would not be risk-free, and could result in the eventual abandonment of one or both programs. The outcome, whatever that may be, should be driven by the Legislature's vision for the future of the State's human services system.

If the Title IV-B program and the Family Center Demonstration Project are instructed to merge into a combined program, the Legislature should clearly describe its desires and intentions concerning the creation of this combined program to ensure that the program's activities are driven by the Legislature's vision for the future of the State's human services system. General descriptions of situation, mission, execution, service and support, command, and communication should be provided by the Legislature for the combined program, with increasingly detailed descriptions of the same being provided by the Executive and the head of the program.

As visualized here:

"Situation" includes background information about the mission that the Legislature, the Executive, and the head of the combined program need to know.

"Mission" means the outcomes that will be achieved by the combined program.

"Execution" means how the combined program will accomplish its mission.

"Service and support" includes support functions that may help the combined program accomplish its mission.

"Command" means who will exercise control over the mission through every link in the chain of command from the Governor to the head of the combined program.

"Communication" means how the combined program will report results to the Governor and the Legislature.

The Legislature should clarify the purpose, specifically the expected outcomes, of the demonstration project; develop a vision for the future of the State's human services system; and describe the role of the project in realizing this vision before requesting or directing any further external evaluations of the demonstration project. As the demonstration project passes out of its planning and implementation phases, the complexity of subsequent evaluations will require a much greater level of technical expertise. Accordingly, the Legislature should appropriate funds to hire an agency such as the Pacific Regional Education Laboratory or the Social Science Research Institute of the University of Hawaii, to conduct the evaluation. The greatest difficulty faced by the Bureau in conducting this evaluation was that the purpose of the demonstration project was never clear with respect to how it was supposed to fit into the larger picture of the State's human services system. These issues must be resolved in order for future evaluations to provide the Legislature with the information it really needs.

Biannual status reports prepared separately by both the Governor's Family Center Advisory Committee and the Department of Human Services, and oversight hearings conducted by the House and Senate committees having jurisdiction over human services during and after the 1995 regular session, could provide the Legislature with a mixture of general and specific information about the implementation of the demonstration project. The nature of status reports and oversight hearings are relatively fluid (as compared to evaluations), and can be tailored to fit the unique informational needs of the Legislature at the time.

The purpose of conducting these evaluations--not to be confused with the purpose of these evaluations--was, and still is, unclear to the Bureau. External evaluations will not add to lawmakers' understanding of the demonstration project and its public policy implications until the Legislature clarifies the purpose of the demonstration project, develops a vision for the future of the State's human services system, and describes the role of the project in realizing this vision.

Appendix A

**Act 329, Session Laws of Hawaii 1990,
as amended by
Act 188, Session Laws of Hawaii 1992, and
Act 356, Session Laws of Hawaii 1993**

SECTION 1. The legislature finds that families and family structures have changed dramatically in Hawaii, and many families are suffering because of the stresses and strains of economic demands.

Hawaii has the nation's highest proportion of women in the labor force and future projections show that by the year 2020, two-thirds of those entering the labor force will be women, of which eighty-four per cent will be of child-bearing age. Additionally, nearly 29,000 single-parent households in Hawaii are headed by females, with approximately twenty-eight per cent of these below the poverty line.

The legislature finds that many of these families are at high risk of becoming fragmented and dysfunctional, and a substantial number will continue to be trapped in a cycle of poverty unless existing support systems designed to intervene and assist them in times of need are vastly improved.

Under our present system of services to families, families are required to be in trouble or dysfunctional before they can become eligible to receive services and assistance. Furthermore, once families do become eligible to receive services, they too frequently are treated with little understanding and compassion and all too often are placed in uncomfortable settings at stressful times where they are required to fill out complex forms with little assistance.

The legislature also finds that the relationship between families and their neighborhoods is an interactive process. Family members are profoundly affected by the quality of life in their neighborhoods. By the same token, the quality of life in neighborhoods is affected by the values and input of the families living there.

The legislature further finds that in order to reach out to families and successfully assist them, support services should be coordinated and provided in a community-based setting. These community-based centers should be responsive to and involved with the communities in which they are located to the extent that the communities feel a strong sense of ownership of and identification with the centers. In addition, the overall atmosphere of the facility, as well as the attitude of the staff, should project compassion, understanding, friendliness, and patience.

The purpose of this Act is to establish the family center demonstration project, with family centers to demonstrate the effectiveness of the community-based family center concept and to test different models of service delivery.

SECTION 2. In accordance with Section 9 of Article VII of the Constitution of the State of Hawaii and sections 37-91 and 37-93, Hawaii Revised Statutes, the legislature has determined that the appropriations contained in this Act will cause the state general fund expenditure ceiling for fiscal year 1990-1991 to be exceeded by \$550,000, or 0.022 per cent. The reasons for exceeding the general fund expenditure ceiling are that the appropriations made in this Act are necessary to serve the public interest and to meet the need provided for by this Act.

SECTION 3. (a) Effective July 1, 1990, to June 30, 1995, there is established a five-year demonstration project, known as the family center demonstration project, to be conducted by the department of human services. Under this project, the department shall be responsible for the planning, implementation, and establishment of family centers.

For the purpose of this Act, "family" means the family as an enduring personal support system with the functions of nurturing, caring for, and educating children, youths, adults, and the elderly.

(b) There is established the family center council for the purpose of planning and implementing the establishment and development of the family center demonstration project. The council shall be appointed by the governor and consist of representatives from the public and private sectors of the community.

The council's duties shall include but not be limited to the development of a plan to make the family center demonstration project permanent. This plan shall focus on implementation of a permanent family center project in 1995 and shall, at minimum, address and make recommendations on the following:

- (1) The continuance of the family center project;
- (2) The development of an administrative structure promoting family center concepts;
- (3) The development of a funding structure promoting collaboration and integration between agencies, both public and private, and with the different sectors of the community;
- (4) The incorporation of training components and community action;
- (5) The provision of technical assistance to communities, agencies, and interested community members relating to the development of family centers;
- (6) The development of an evaluation and assessment component which includes, but is not limited to, the review, assessment, and development of project methodology and process, and the evaluation of project results and accomplishments;
- (7) The development of a process by which family centers are allocated resources;
- (8) The development of a process by which family center sites are selected; and
- (9) The preparation of a projected budget for the expenditures required to continue or to expand the family center project.

(c) The purpose of the family center demonstration project shall be to coordinate the provision of core services to families at community-based centers to develop each community's capacity to identify and resolve its problems. Each center shall be responsive to its community and involve its participants as equal partners in program development and execution. Accordingly, each center shall be advised by a community liaison committee which shall be composed of community members.

Each family center shall offer an array of services tailored to the specific needs of its constituents. Services shall be developed pursuant to family support principles which direct that services must:

- (1) Be offered at convenient times in accessible locations;
- (2) Build on strengths, rather than search for deficits;
- (3) Involve participants and the community in planning and implementation;
- (4) Show respect for participants;
- (5) Serve the best interests of children;
- (6) Strengthen families;
- (7) Be presented in coordination with other agencies and services in the community; and
- (8) Focus on community strengthening and development.

No single service shall overshadow the others, and services shall be provided in a coordinated manner. Because some services will be provided directly by the centers and other services will be provided by other agencies, the centers, with input from parent constituents, shall develop a service plan, using a systems management approach, for the provision of services. The staff of each center shall be responsible for ensuring that all components of the service plan are carried out. This may require interventions on the part of the staff, including but not limited to:

- (1) Accompanying parents to appointments with other agencies;
- (2) Advocating on behalf of parents;
- (3) Reminding parents of appointments with other agencies; and
- (4) Providing short-term counseling to parents concerning referrals for services.

Each family center shall consider the following services, activities, and components when developing its core services:

- (1) Enhancement of parenting skills, including community- or neighborhood-wide events and activities which promote family relationships in a positive and enjoyable manner;
- (2) Infant and child stimulation activities to maximize child growth and development;
- (3) Outreach services targeted at community organizations, families, youth, and others to ensure community awareness, acceptance, and participation;
- (4) Health care, family planning, counseling, and other services to avoid unwanted pregnancies;
- (5) Assessment and treatment planning for developmental problems of the parent or the child;

- (6) Temporary developmental child care for the offspring of parents receiving services on-site;
 - (7) Peer support activities, including recreational and social activities;
 - (8) Educational services, such as post-high school classes and instruction to those attempting to earn general equivalency diplomas; and
 - (9) Job preparation and skill development services to assist young parents in preparing for, securing, and maintaining employment.
- (d) After conferring with the family center council, the director of human services may:
- (1) Enter into agreements with the federal government, state departments and agencies, and the counties;
 - (2) Enter into assistance agreements with private persons, groups, institutions, or corporations;
 - (3) Purchase services required or appropriate under this Act from any private persons, groups, institutions, or corporations;
 - (4) Allocate and expend any resources available for the purposes of this Act; and
 - (5) Do all things necessary to accomplish the purposes and provisions of this Act.
- (e) An evaluation component shall be required for the family centers, that shall include, but not be limited to, the following areas:
- (1) Descriptive data on client status;
 - (2) Program utilization data;
 - (3) Profiles of participants;
 - (4) Intervention plans;
 - (5) Participant and community satisfaction ratings;
 - (6) Information pertaining to the lessons learned from operating under family center concepts; and
 - (7) Information pertaining to whether the family center project has changed the human services system, why each change occurred, and, if applicable, why expected changes did not occur.

The department of human services may utilize a portion of the funds available to conduct evaluations of the family centers.

(f) A training and technical assistance component shall be required for the family centers, that shall include, but not be limited to, the following:

- (1) Conducting training sessions for family center directors, staff, and liaison committee members to promote strengthening families within the community;
- (2) Conducting community development sessions for local communities;
- (3) Conducting community forums to describe the asset model and philosophy of family centers to private businesses, government agencies, and nonprofit agencies;
- (4) Providing technical assistance to community groups relating to the development of community capacity to address community problems through family centers;
- (5) Providing technical assistance to applicants for family centers in addressing collaboration with existing services within the community; and
- (6) Conducting periodic sessions with family center directors to address on-going networking requirements and to share solutions in addressing community problems.

The department of human services may utilize a portion of the funds available to conduct training sessions and provide technical assistance in developing and promoting family centers.

SECTION 4. The legislative reference bureau, in consultation with the department of human services shall monitor and evaluate the demonstration project and shall submit a preliminary evaluation report on its findings to the legislature at least twenty days prior to the convening of the regular session of 1994, and a final evaluation report on its findings to the legislature at least twenty days prior to the convening of the regular session of 1995. Preliminary and final evaluation reports shall include but not be limited to:

- (1) A descriptive summary of the operation of the family centers, including the services provided and a copy of the service plan developed by the centers; the number of recipients of services at the centers; the allocation of funds; staffing information; and the role and responsibility of the community family center liaison committees;
- (2) An assessment of the impact of the centers upon the communities served;

- (3) The composition and role of the family centers;
- (4) Recommendations regarding the continuance of the family center demonstration project and plans for the implementation of other project sites;
- (5) Recommendations regarding the process by which family centers are allocated resources;
- (6) A projected budget for the expenditures required to continue or to expand the demonstration project; and
- (7) Proposals for legislation necessary to facilitate the continuation or expansion of the demonstration project.

SECTION 5. There is appropriated out of the general revenues of the State of Hawaii the sum of \$350,000 or so much thereof as may be necessary for fiscal year 1990-1991, for the establishment of a family support center demonstration site, including the hiring of necessary staff.

The sum appropriated shall be expended by the department of human services for the purposes of this Act.

SECTION 7. There is appropriated out of the general revenues of the State of Hawaii the sum of \$200,000, or so much thereof as may be necessary for fiscal year 1990-1991, for the establishment of two family literacy programs, including the hiring of necessary staff.

The sum appropriated shall be expended by the office of children and youth for the purposes of this Act.

SECTION 8. This Act shall take effect upon its approval; provided that sections 5 and 7 shall take effect on July 1, 1990; provided further that sections 1, 3, and 4 shall be repealed on July 1, 1995.

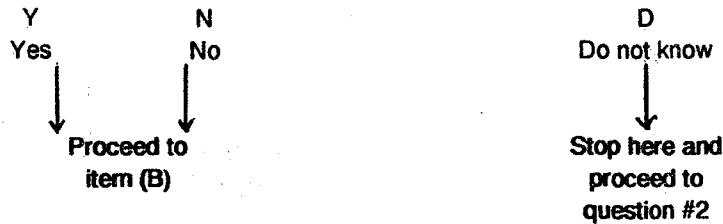
(Approved July 1, 1993.)

Appendix B

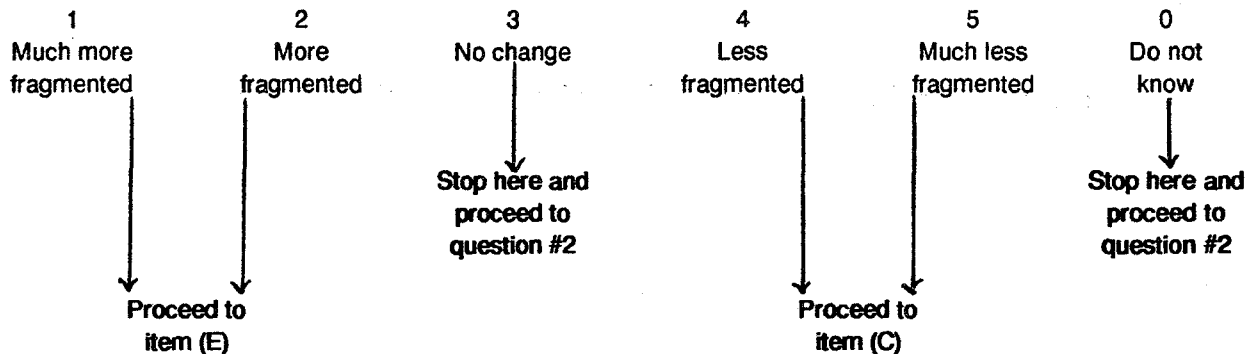
QUESTION #1

INSTRUCTIONS: Answer item (A) then follow the arrows and instructions for items (B), (C), (D), (E), and (F), and question #2.

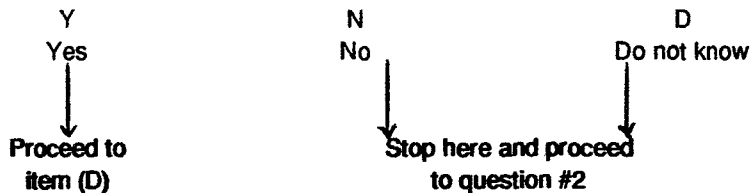
- (A) Were services to families in your community fragmented before the establishment of the family center? (Circle only one response.)



- (B) What change, if any, did you notice about services to families in your community after the establishment of the family center? (Circle only one response.)



- (C) Do you think the family center had a role in bringing about this change? (Circle only one response.)

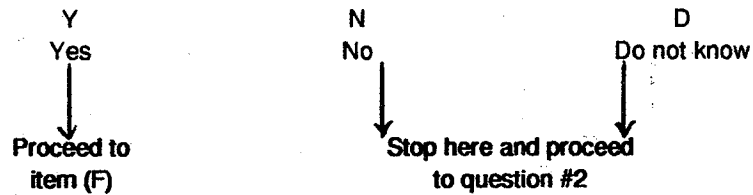


- (D) Briefly describe the main reason why services to families in your community have become less fragmented since the establishment of the family center.

Briefly describe the main effect that this change had on families in your community.

Stop here and
proceed to
question #2

(E) Do you think the family center had a role in bringing about this change? (Circle only one response.)



(F) Briefly describe the main reason why services to families in your community have become more fragmented since the establishment of the family center.

Briefly describe the main effect that this change had on families in your community.

Proceed to
question #2

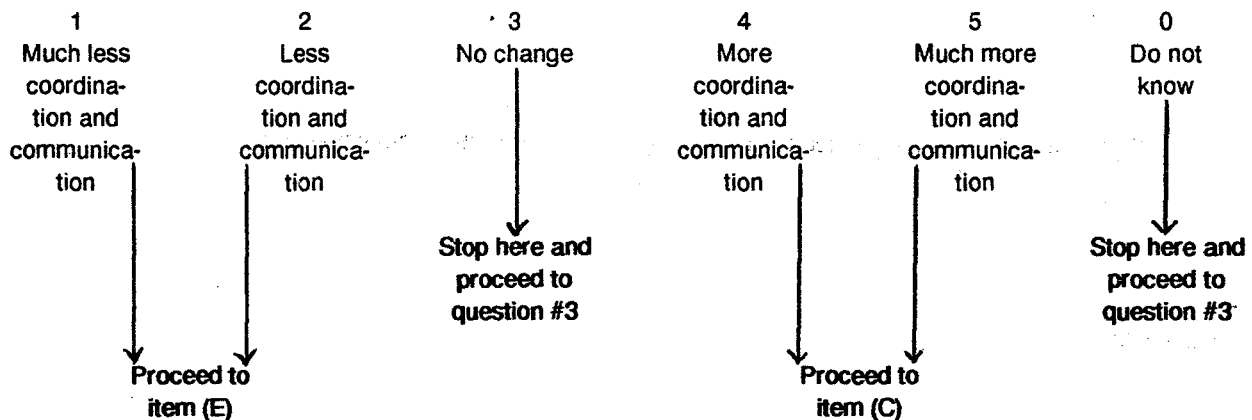
QUESTION #2

INSTRUCTIONS: Answer item (A) then follow the arrows and instructions for items (B), (C), (D), (E), and (F), and question #3.

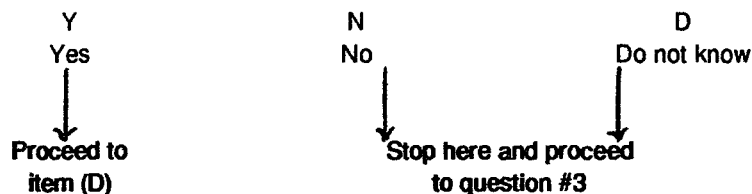
- (A) Was there a lack of coordination and communication among those persons who provide services in your community before the establishment of the family center? (Circle only one response.)



- (B) What change, if any, did you notice about coordination and communication among those persons who provide services in your community after the establishment of the family center? (Circle only one response.)



- (C) Do you think the family center had a role in bringing about this change? (Circle only one response.)

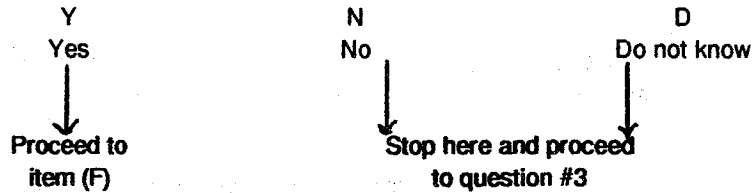


- (D) Briefly describe the main reason why coordination and communication among those persons who provide services in your community has increased since the establishment of the family center.

Briefly describe the main effect that this change had on families in your community.

Stop here and
proceed to
question #3

(E) Do you think the family center had a role in bringing about this change? (Circle only one response.)



(F) Briefly describe the main reason why coordination and communication among those persons who provide services in your community has decreased since the establishment of the family center.

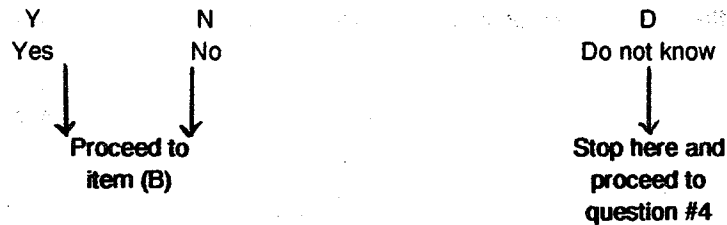
Briefly describe the main effect that this change had on families in your community.

Proceed to
question #3

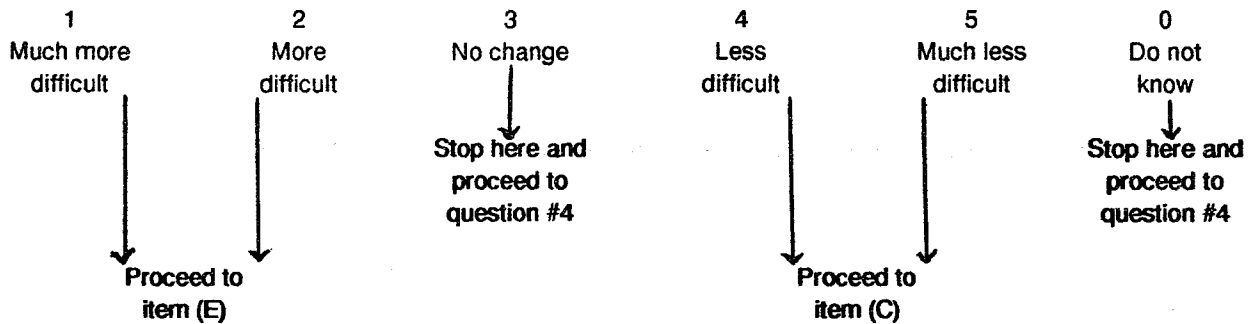
QUESTION #3

INSTRUCTIONS: Answer item (A) then follow the arrows and instructions for items (B), (C), (D), (E), and (F), and question #4.

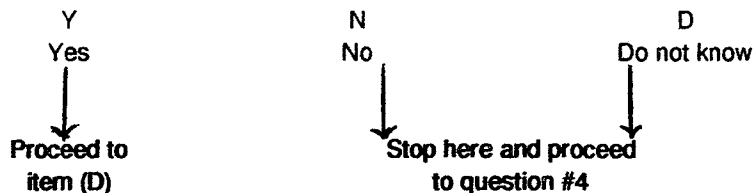
- (A) Was it difficult for consumers (in general) and families (in particular) to gain access to services and information in your community before the establishment of the family center? (Circle only one response.)



- (B) What change, if any, did you notice about consumers' and families' access to services and information in your community after the establishment of the family center? (Circle only one response.)



- (C) Do you think the family center had a role in bringing about this change? (Circle only one response.)

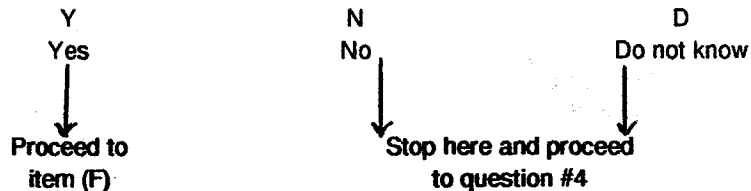


- (D) Briefly describe the main reason why it has become easier for consumers and families to access services and information in your community since the establishment of the family center.

Briefly describe the main effect that this change had on families in your community.

Stop here and
proceed to
question #4

(E) Do you think the family center had a role in bringing about this change? (Circle only one response.)



(F) Briefly describe the main reason why it has become harder for consumers and families to access services and information in your community since the establishment of the family center.

Briefly describe the main effect that this change had on families in your community.

Proceed to
question #4

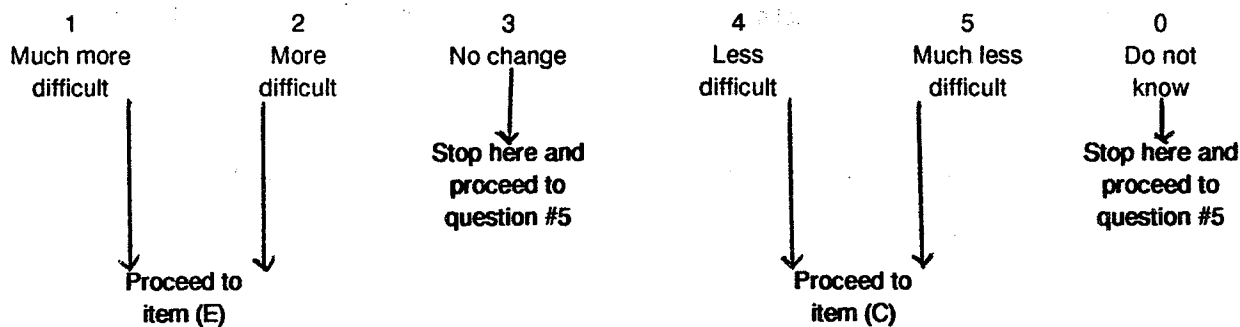
QUESTION #4

INSTRUCTIONS: Answer item (A) then follow the arrows and instructions for items (B), (C), (D), (E), and (F), and question #5.

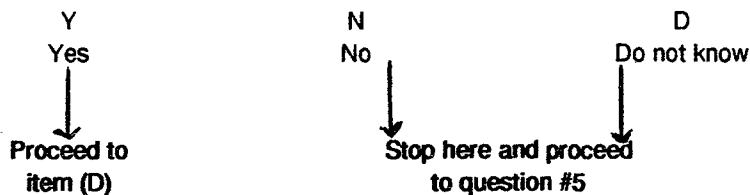
- (A) Was it difficult for service providers in your community to gain access to services and information from each other before the establishment of the family center? (Circle only one response.)



- (B) What change, if any, did you notice about service providers in your community gaining access to services and information from each other after the establishment of the family center? (Circle only one response.)



- (C) Do you think the family center had a role in bringing about this change? (Circle only one response.)

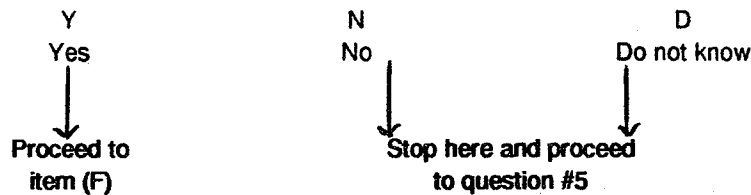


- (D) Briefly describe the main reason why it has become easier for service providers in your community to gain access to services and information from each other since the establishment of the family center.

Briefly describe the main effect that this change had on families in your community.

Stop here and
proceed to
question #5

(E) Do you think the family center had a role in bringing about this change? (Circle only one response.)



(F) Briefly describe the main reason why it has become harder for service providers in your community to gain access to services and information from each other since the establishment of the family center.

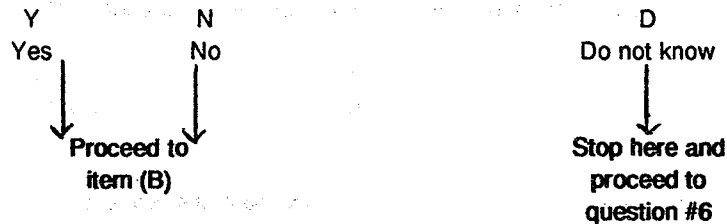
Briefly describe the main effect that this change had on families in your community.

Proceed to
question #5

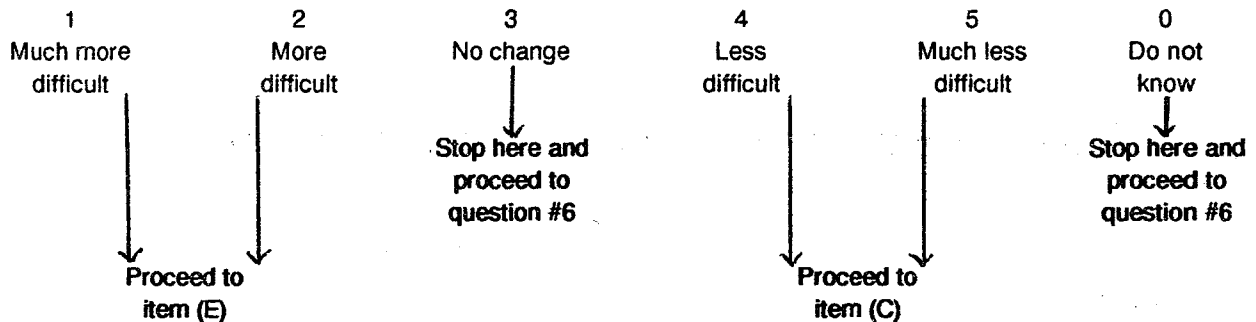
QUESTION #5

INSTRUCTIONS: Answer item (A) then follow the arrows and instructions for items (B), (C), (D), (E), and (F), and question #6.

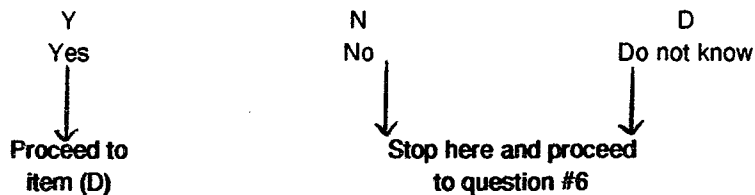
- (A) Was it difficult for service providers in your community and sources of funding to gain access to services and information from each other before the establishment of the family center? (Circle only one response.)



- (B) What change, if any, did you notice about service providers in your community and funding sources gaining access to services and information from each other after the establishment of the family center? (Circle only one response.)



- (C) Do you think the family center had a role in bringing about this change? (Circle only one response.)

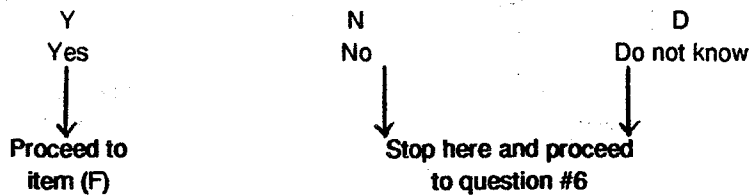


- (D) Briefly describe the main reason why it has become easier for service providers in your community and sources of funding to gain access to services and information from each other since the establishment of the family center.

Briefly describe the main effect that this change had on families in your community.

**Stop here and
proceed to
question #6**

(E) Do you think the family center had a role in bringing about this change? (Circle only one response.)



(F) Briefly describe the main reason why it has become harder for service providers in your community and sources of funding to gain access to services and information from each other since the establishment of the family center.

Briefly describe the main effect that this change had on families in your community.

**Proceed to
question #6**

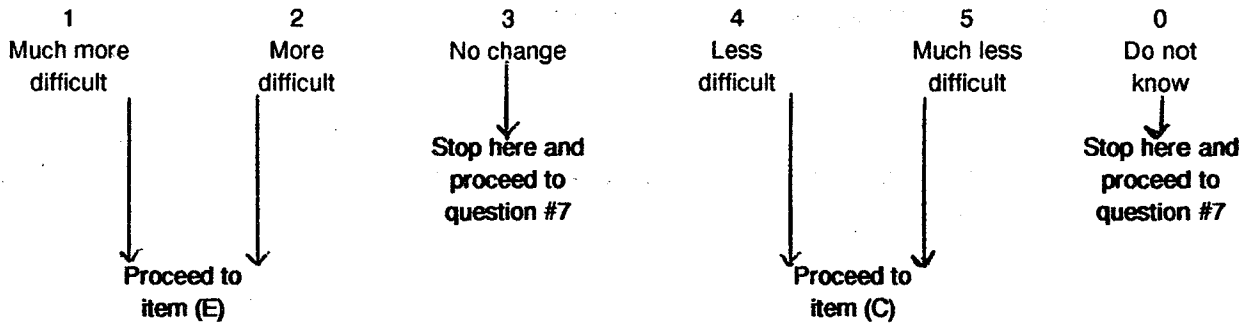
QUESTION #6

INSTRUCTIONS: Answer item (A) then follow the arrows and instructions for items (B), (C), (D), (E), and (F), and question #7.

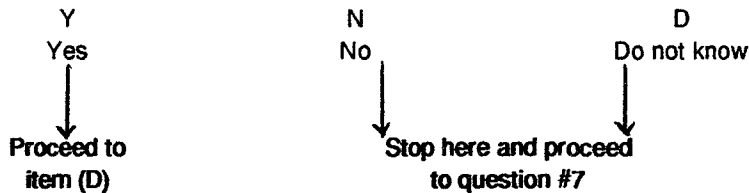
- (A) Was it difficult to assess the impact and effectiveness of service in your community before the establishment of the family center? (Circle only one response.)



- (B) What change, if any, did you notice about assessing the impact and effectiveness of service in your community after the establishment of the family center? (Circle only one response.)



- (C) Do you think the family center had a role in bringing about this change? (Circle only one response.)

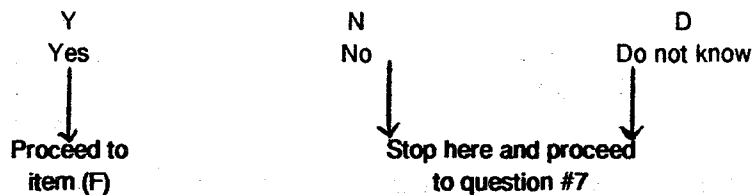


- (D) Briefly describe the main reason why it has become easier to assess the impact and effectiveness of service in your community since the establishment of the family center.

Briefly describe the main effect that this change had on families in your community.

Stop here and
proceed to
question #7

(E) Do you think the family center had a role in bringing about this change? (Circle only one response.)



(F) Briefly describe the main reason why it has become harder to assess the impact and effectiveness of service in your community since the establishment of the family center.

Briefly describe the main effect that this change had on families in your community.

Proceed to
question #7

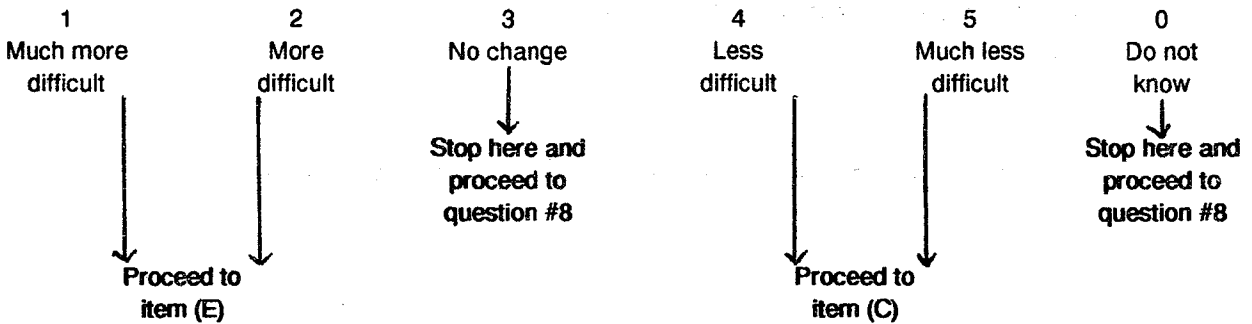
QUESTION #7

INSTRUCTIONS: Answer item (A) then follow the arrows and instructions for items (B), (C), (D), (E), and (F), and question #8.

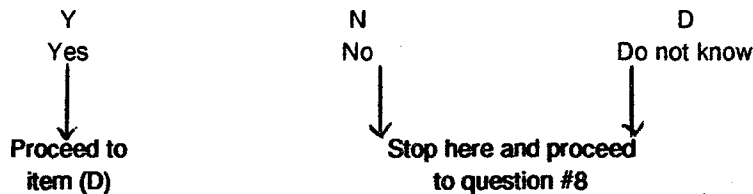
- (A) Was it difficult to assess the real needs of families in your community before the establishment of the family center? (Circle only one response.)



- (B) What change, if any, did you notice about assessing the real needs of families in your community after the establishment of the family center? (Circle only one response.)



- (C) Do you think the family center had a role in bringing about this change? (Circle only one response.)

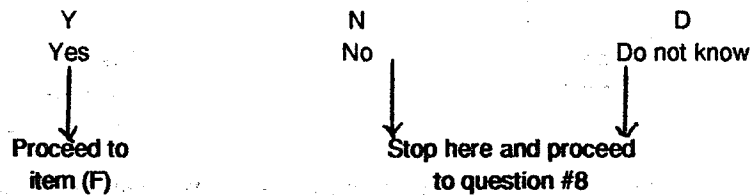


- (D) Briefly describe the main reason why it has become easier to assess the real needs of families in your community since the establishment of the family center.

Briefly describe the main effect that this change had on families in your community.

Stop here and
proceed to
question #8

(E) Do you think the family center had a role in bringing about this change? (Circle only one response.)



(F) Briefly describe the main reason why it has become harder to assess the real needs of families in your community since the establishment of the family center:

Briefly describe the main effect that this change had on families in your community.

Proceed to
question #8

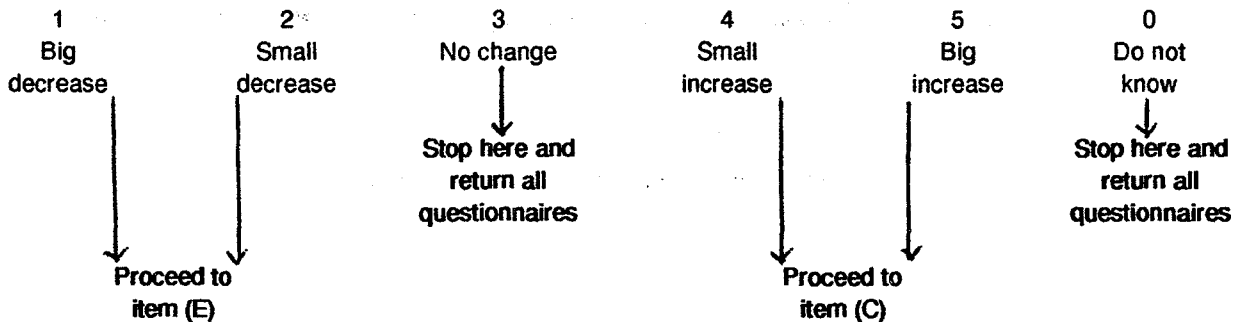
QUESTION #8

INSTRUCTIONS: Answer item (A) then follow the arrows and instructions for items (B), (C), (D), (E), and (F).

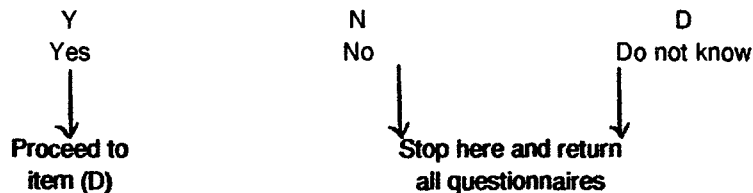
- (A) Was there leverage funding, and were there innovative multiple funding streams, in your community before the establishment of the family center? (Circle only one response.)



- (B) What change, if any, did you notice about the amount of leverage funding and the number of innovative multiple funding streams in your community after the establishment of the family center? (Circle only one response.)



- (C) Do you think the family center had a role in bringing about this change? (Circle only one response.)

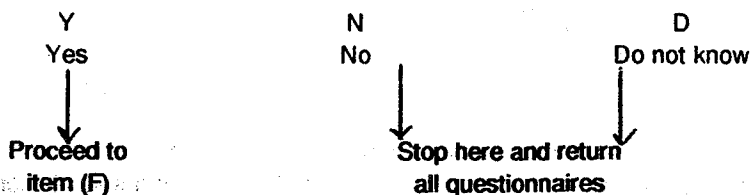


- (D) Briefly describe the main reason why the amount of leverage funding and the number of innovative multiple funding streams in your community have increased since the establishment of the family center.

Briefly describe the main effect that this change had on families in your community.

**Stop here
and return all
questionnaires**

(E) Do you think the family center had a role in bringing about this change? (Circle only one response.)



(F) Briefly describe the main reason why the amount of leverage funding and the number of innovative multiple funding streams in your community have decreased since the establishment of the family center.

Briefly describe the main effect that this change had on families in your community.

**Stop here
and return all
questionnaires**

Appendix C

KAU	-	Hanalei Family Center, Kauai
KEY	-	Kualoa-Heeia Ecumenical Youth Project Family Center
KPT	-	Kuhio Park Terrace Family Center
MOL	-	Molokai Family Center
WH	-	West Hawaii Family Center

Sharon Tomas (KAU1)
Department of Health
Community Mental Health Center

Stan Hill (KAU2)
Department of Human Services
Child Welfare Services

Marilyn Wong (KAU3)
United Way of Kauai

Karen Lovatto (KAU4)
Hanalei Community Association

Stacy Sproat (KAU5)
Waipa Project

Petra Lopez (KAU6)
Kauai Economic Opportunity

Sharon Prater (KAU7)
Hale Kē Anuenue

Nani Larson (KAU8)
ASK 2000

Nick Beck (KAU9)
Hanalei Elementary School

Mary-Jane Files Anaya (KAU10)
Kauai Non Profit Resource Center

Peter Beemer (KAU11)
Counselor
Hanalei, HI

John Isobe (KAU12)
Princeville Corporation

Gladys Inada (KEY1)
Ahuimanu Elementary School

Linda Kamiyama (KEY2)
Waiahole Elementary School

Bob Ginlack (KEY3)
Castle High School

Harry Fujinaka (KEY4)
Windward School for Adults

Alan Mark (KEY5)
Kilohana United Methodist Church

Jean Tsuha (KEY6)
Kahalu'u Elementary School

Cynthia Chun (KEY7)
King Intermediate School

Jean Izu (KEY8)
Hauula Elementary School

Judy Pulido (KEY9)
Department of Human Resources
Work Hawaii Job Training Program

Kwang Cho (KEY10)
Kahalu'u United Methodist Church

Mary Ellen Ulii (KEY11)
Ko'olauloa Community Council

Judy Sakai (KEY12)
Hale Kipa Inc.

Tucker Dacey (KEY13)
Legal Aid Society of Hawaii

Irene Fujiwara (KEY14)
Honolulu Community Action Program

Nanea Sai (KEY15)
Alu Like Inc.

Larry Fontanilla (KEY16)
Honolulu Police Department

Danny Clark (KEY17)
Kamehameha Schools Bishop Estate

Wayne Matsuo (KEY18)
Office of Youth Services

Alfred Kutara (KEY19)
The Hawaii Foodbank

Amy Luersen (KEY20)
Kahalu'u Neighborhood Board #29

John Spencer (KEY21)
Lanakila Rehab Center

Sam Cox (KEY22)
Hawaii Youth Services Network

David Del Rosario (KEY23)
Honolulu Police Department
Juvenile Crime Prevention

Bob Fiske (KEY24)
United Methodist Church

Gladys Thomas (KPT1)
Ke Ola Mamo & Ehana Like Kakou

Gene Alivio (KPT2)
Susannah Wesley

Lynn Wilson (KPT3)
KPT Access to Health

Poni Wolfe (KPT4)
Kalihi Honolulu Community
Action Program

Frances Fox (KPT5)
Lanakila Rehabilitation Services

Lily Ochoco (KPT6)
Lanakila Health Center

Dennis Dobies (KPT7)
Linapuni School

Lui Faleafine (KPT8)
Chaney Brooks Property Management

Sherman Chang (KPT9)
Honolulu Police Department

Glenn Oshiro (KPT10)
Police Activities League

Sinuka Kesi (KPT11)
KPT Residents Association

Iulai Pei (KPT12)
Kuhio Homes Residents Association

Enele Alalamua (KPT13)
Family Service Center Preschool

Barbara Kalipi (MOL1)
Queen Liliuokalani Children's Center

Becky Takashima (MOL2)
Imua Rehab

Vanessa Henderson (MOL3)
Maui Youth and Family

Pat Kikukawa (MOL4)
Kidney Dialysis Project

Penny Martin (MOL5)
Maui AIDS Foundation

Rusty Panui (MOL6)
Molokai READS

Lyn Bonk (MOL7)
Hale Hookupaa

Janice Kalanihuia (MOL8)
Family Planning Project

Laura Kealaiki (MOL9)
Families as Allies

Tod Robertson (MOL10)
Parents Anonymous

Joe Childs (MOL11)
Alternatives to Violence

Rachel Kamakana (MOL12)
Alu Like Inc.

Steve Butters (MOL13)
Friendly Isle Christian Fellowship

Lynette Schaefer (MOL14)
Grace Episcopal Church

Betty Jean Labrenz (MOL15)
The 700 Club

Betty Jean Ocampo (MOL16)
Hale Hoomalu

Gene Santiago (MOL17)
Kualapuu Community Action Council

Irene Kaahanui (MOL18)
Maui Economic Opportunity

Claud Sutcliffe (MOL19)
Mediation Center of Molokai

Karen Kahalewai (MOL20)
Molokai Community Service Council

Carol Freeman (MOL21)
Molokai General Hospital
Women's Health Center

Judy Mikami (MOL22)
Department of Health
School Health Services

Ken Gonzales (MOL23)
Department of Health
Public Health Nursing

Sheila Awai (MOL24)
Department of Health
Child and Adolescent Mental Health

Mary Matsukawa (MOL25)
Department of Health
Developmental Disabilities Council

Gen Iinuma (MOL26)
Department of Health
Health Promotion and Education

Margaret Blount (MOL27)
Department of Health
Adolescent Day Treatment Program

Glenn Izawa (MOL28)
Department of Health
Mental Health Services

Jenny Ashitomi (MOL29)
Department of Human Services
JOBS

Dan Goodwin (MOL30)
Department of Human Services
Social Services

Donna Haytko-Paoa (MOL31)
Maui Community College
Kaunakakai Center

Marian Horita (MOL32)
Kualapuu School

Yvonne Friel (MOL33)
Kaunakakai School
Parent Community Networking Cer

Bill Rhyne (MOL34)
Molokai High and Intermediate Sch

Lynette Sagario (MOL35)
Kamehameha Schools/Bishop Esti

Alberta Napoleon-Lucas (MOL36)
Department of Labor and
Industrial Relations
Employment Service

Merle Martin (WH1)
Center for Independent Living
West Hawaii

Barbara Bush (WH2)
Hawaii Island United Way

Mary Jo Westmoreland (WH3)
Child Protection Team of
West Hawaii

Beverly Grogan (WH4)
Mental Health Association of Haw

Richard Jones (WH5)
Child and Family Service

Kathleen McRae (WH6)
Protection & Advocacy Agency
of Hawaii

Kathy Nagai (WH7)
Family Court, Third Circuit Court
Program Services

Sherry Money (WH8)
Family Crises Shelter

Don Lupien (WH9)
Big Island Substance Abuse Council

Jack Shuster (WH10)
Department of Health
Community Mental Health Services

Sheila Hollowell (WH11)
Big Island Crises & Help Line

Jalane Christian-Stoker (WH12)
West Hawaii Options for Living

Carrie Covington (WH13)
Department of Health
Public Health Nursing

Ilese Levitt (WH14)
ASK 2000

Cindy Lawrie (WH15)
University of the Nations

Gail Souza-Save (WH16)
Queen Liliuokalani Children's Center

Janet Lang (WH17)
Services for Seniors

Sarah Addlesberger (WH18)
Castle Medical Center

Nancy Moser (WH19)
Hawaii Island YWCA

Jessie Rosenbloom (WH20)
Department of Human Services
Social Services

Dwight Ballard (WH21)
The Institute for Family Enrichment

Cheryl Taupu (WH22)
West Hawaii Aids Foundation

Tantalayo Saenz (WH23)
Big Island Substance Abuse Council

Dana Eudaley (WH24)
Department of Health
State Planning Council for Developmental
Disabilities

Councilman Robert Rosehill (WH25)
County of Hawaii
County Council

Eve Alani Morgan (WH26)
Alternatives to Violence

Cy Weisner (WH27)
Vet Center

Mike Foster (WH28)
Network Inc.

Carol Ikeda (WH29)
University of Hawaii
Cooperative Extension Service

Kim Falco (WH30)
Department of Human Services
JOBS Unit

Debbie Wiley (WH31)
Department of Health
Public Health Nursing

Ken Keating (WH32)
Kona Interim Home

Captain Nancy Davis (WH33)
Salvation Army

Wes Margheim (WH34)
Care-a-Van

Nance Sharp (WH35)
West Hawaii Mediation Service

Appendix D

FAMILY PRESERVATION AND FAMILY SUPPORT SERVICES STATE APPLICATION FOR FISCAL YEAR 1994 FUNDS

June 27, 1994

1. Name of State Agency: Department of Human Services
2. Indicate the estimated amount of funds the State will use for planning, including the development of the five year State plan.

\$ 194,386

3. (a) Describe the proposed planning activities envisioned by the State for the development of the State Plan, including active involvement of community-based organizations, parents, consumers, Indian Tribes, community representatives and others.

Introduction

As a beginning step, the State has organized a IV-B Family Preservation/Family Support Planning Team to guide the development of the application for Federal funds under Title IV-B, subpart 2. This group is composed of almost 54 members and includes representatives from the: Department of Human Services; Department of Health; Office of Youth Services; Department of Education; Office of Children and Youth; University of Hawaii; Governor's Office; Office of State Planning; Hawaii Housing Authority; Hawaii Community Foundation; Office of Community Services; Family Centers under the Hawaii Community Services Council; Department of Budget and Finance; Department of Personnel Services; Department of Accounting and General Services; Office of Hawaiian Affairs; the Judiciary, Department of the Attorney General; Hawaii Youth Services Network; Health and Human services Alliance Providers, Oahu; Oahu Literacy Coalition; State Child Welfare Council; Hawaii Association of Community-Based Employment Development; Hawaii State Child Abuse and Neglect Coalition; Aloha United Way; Parents from the Parent Community Network Committee (PCNC); as well as several additional community coalitions.

This Planning Team was formed to begin the

collaborative process early. The planning Team operates, for purposes of the preparation of this application on a consensus decision-making model. This approach encourages presentation of multiple points of view on how planning should be done in relation to this application, and the larger task of planning larger system changes relating to the delivery of Family Preservation/Family Support Services.

Goals of the Planning Phase of Grant

The over-riding goals of this planning phase are to pull together a plan that looks at a system of services which reflects the needs of communities, construct a State Plan, and to facilitate an integrated continuum of services that meets the needs and builds the strengths of Hawaii's families in the Family Preservation and Family Support area.

Description of Proposed Planning Approach

The planning approach envisioned under this application is one that is designed to have collaborative involvement at both the grass roots level in the community as well as at the state-wide level. The premise behind this planning approach is that communities need to be actively involved in planning for their communities. Further, that the community itself is the best judge of community needs and priorities.

Basic Principles of Family Preservation and Family Support

The State of Hawaii supports the concept that Family Support Services are primarily community-based preventive activities designed to alleviate stress and to promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children; enable families to use other resources and opportunities available in the community; and create supportive networks to enhance child-rearing abilities of parents and help compensate for the increased social isolation and vulnerability of families.

Further, that the State recognizes Family Preservation Services as services designed to help families alleviate crises that might lead to out-of-home placement of children; maintain the safety of children in their own homes; support families preparing to reunify or adopt; and assist families in obtaining

services and other supports necessary to address their multiple needs in a culturally sensitive manner.

These basic principles emanate from a belief that innovation often comes from the community and that close partnerships between government and the community can result in better overall services for families and children in Hawaii. Such an environment also creates the opportunity for social experiment and the chance to forge alliances that will result in systemic changes in the ways that services are developed, implemented, and administered.

Description of Proposed Planning Model

The planning model being proposed is one that proposes to build state-wide capacity for planning larger systemic changes, in addition to planning the utilization and spending of funds under Title IV-B, subpart 2. This planning model is divided into two basic levels of collaboration. The first is the grass-roots level which the State of Hawaii sees divided into regions. The second is a state-wide group who would take on larger responsibilities of making decisions related to larger state-wide kinds of issues.

Regions. The regional designations, or the grass roots planning effort, is an attempt to establish planning capacity at the community level so that planning can be bottom-up rather than top-down. These regions are proposed to be largely individual islands within the Hawaiian chain. Specifically, regions are proposed for: Oahu (to be split into multiple regions), Maui, Molokai, Lanai, East Hawaii, West Hawaii and Kauai. By designating these regions for purposes of planning, we accomplish several minimum concerns. First, that planning efforts within the regions will be looked at with relatively similar community values based on population make-up and regional values. Second, that there needs to be a local entity where planning capacity can be identified or developed that can make decisions on community priorities within the region. Finally, that problems presented by non-contiguous land-masses will be avoided which might introduce disproportionate costs to the planning process.

One major assumption in the designation of the regional areas is that this is an initial step in going outside the traditional paradigm. Through designation of the regions, the process of establishing and ensuring community involvement has begun.

It is the expectation that Regional Planning Committees will be established for each designated region. To bring certainty to the process of setting up the committees we propose to use existing state-wide administrative structures and proposed staffing (including proposed grant staff from MCH) to be used as a method of convening the groups. Also, given the large number of regions, it may be necessary to seek the assistance of private groups to assist in the convening process. We emphasize the role of convening because we expect that each Regional Planning Committee will designate or elect their own chairperson who will take a leadership role on behalf of the communities within the region. The regions and the proposed conveners are listed below:

<u>Region</u>	<u>Convener</u>
Oahu (all regions)	Staff Hired Under IV-B, Subpart 2
Maui	Department of Health, Maternal Child Health
Molokai	Department of Health, Public Health Nursing
Lanai	Staff Hired Under IV-B, Subpart 2
East Hawaii	Department of Human Services, Family and Adult Services and Self-Sufficiency and Support Service Divisions
West Hawaii	Department of Health, Maternal Child Health
Kauai	Department of Human Services, Family and Adult Services and Self-Sufficiency and Support Service Divisions

To facilitate the efforts of the conveners, a training of conveners will be conducted through the State-wide Planning Team. This training would emphasize the focus of the Title IV-B, Subpart 2 Grant. Also, this will unify the efforts of the staff between the State-wide and Regional efforts.

We would view it as the role of the conveners to plan an organizational meeting for the Regional Planning Committees. Assistance to the conveners would be

provided from the State-wide Planning Team. At the organizational meeting it would be important to clarify the purpose and the objectives of the planning process for Family Preservation and Family Support Services. Also, an effort would need to be made to work with the committee to decide who they would like to select from among their membership to chair the committee.

Once the Regional Planning Committee is organized then efforts could be organized to do self-assessment of existing services as well as service improvement efforts. Realistically, the Regional Planning Committee becomes the key entity for community planning.

Initiating Regional Planning Committees. The process of initiating the Regional Planning Committee is viewed as key to the success of the overall planning effort. Many communities already have existing collaborative structures that operate very effectively. Also, because many of the regional areas are relatively small many of the same community members end up being on the same committees. To avoid putting additional, unnecessary infrastructural pressure on the regions, the conveners will be asked to identify existing structures within the community and bring their key representatives together as the first attempt at forming a core for the Regional Planning Group.

Once a core has been established, to ensure that there is broad community involvement, a set of membership guidelines is proposed to ensure community wide-participation. These guidelines call for representatives from the following areas of the community at a minimum:

1. Local Government to include State and County Agencies.
2. Private non-profit providers and coalitions.
3. Parent participation through PCNC at the schools and other community coalitions that represent parent groups.
4. Client parents who are receiving IV-B related services, including foster parents, welfare recipients, and persons receiving family support services.

5. Community Groups, including churches and civic groups.
6. Youths, as well as seniors.
7. Private Business representatives.
8. Labor Representatives.
9. A member of the Hawaiian Community.

It is expected that these Regional Planning Committees will have about 15 members that will work together at the local level.

Regional Planning Group Responsibilities. One of the first actions of the regional planning group will be to designate the number of communities within their region. It is the design of this planning model that the Regional Planning Groups would be in the best position to decide community boundaries for purposes of planning. Such community designation will bring focus to the community and establish known geographical boundaries that will assist in planning for larger systemic kinds of change. Other responsibilities of the Regional Planning Committee will be to work with representatives of the State-wide Planning Team to examine services that already exist within the designated communities in the region, as well as to identify service gaps that can be looked at for service re-direction, improvement, and expansion.

Ultimately, we view it as the responsibility of the Regional Planning Committee to set priorities for services within their regions. Such priorities will serve as recommended change and funding guidelines to the State-wide Planning Team. These priorities will need to be shaped by adherence to standards that are developed by the Statewide Planning Team. This will include the Statewide Planning Team attempting to ensure that the Regional Planning Committees have a full understanding of the tasks that lie ahead in the planning process. Also, it is hoped that the Regional Planning Committee will become empowered to the point that local realignments of service become evident to the committees and that system change may occur from a variety of different levels and vantage points within the State.

Finally, we see it as a Regional Planning Group responsibility to build capacity at the local level to be facilitative in the evolution and development of

additional services for family preservation and family support. As part of the capacity building process, the Statewide Planning Team will make efforts to have private funding sources visit each region so that each region will have an opportunity to explore multiple sources of assistance.

State-wide Planning Team Role and Responsibility. The other key level of planning that needs to occur is from the state-wide perspective. This group is looked at as the key group to review the progress of state-wide planning efforts and will be looked upon to instill within each of the regions that they should be accountable to the provisions of Family Preservation and Family Support principles as espoused in Federal Law. Additional responsibilities include reviewing the issues of inclusiveness of participation in the planning process, reviewing priorities established at the Regional Planning Committee level, and making decisions with regard to resource allocation relating to spending of Title IV-B, Subpart 2 funds.

Additional role and function of the State-wide Planning Team would be to provide technical assistance and support to the Regional Planning Committees. Such assistance would be designed to build planning capacity at the community level to facilitate bottom-up planning.

Composition of the State-wide Planning Team. The State-wide Planning Team, in order to function effectively, will need to be composed of a finite number of representatives that can function together effectively in a group. Under the current application process, the number of representatives has not been limited. This is to facilitate broad thinking and to draw from a diverse a group as possible. Such a group would be unmanageable on a week-to-week or month-to-month basis.

Therefore, it is recommended that the State-wide Planning Team be composed of agencies and individuals that are committed to improvement in the Family Preservation and Family Support Area, but who do not have an interest in receiving funds directly as part of the Title IV-B, subpart 2 process. Such agencies would include the following:

- Department of Human Services, Family Preservation
- Department of Human Services Family Support

- Department of Health, Maternal Child Health
- Department of Health, Public Health Nursing
- Department of Health, Mental Health
- Department of Education
- Department of Labor
- Department of Business and Economic Development
- Department of the Attorney General
- Judiciary
- University of Hawaii
- Office of Children and Youth
- Office of Hawaiian Affairs
- Office of Youth Services
- Governor's Office
- Office of State Planning
- Hawaii Community Foundation
- Aloha United Way
- 2 PCNC Parents
- 2 Public Welfare Parents
- 2 Representatives from Family Advocacy Groups
- 1 Member from each Regional Planning Committee

While the State-wide Planning Team includes one member from each of the Regional Planning Committees, the only restriction on the designation of any member is that they cannot have a direct interest in receiving funds under the IV-B process. Since the Planning Team wants to be as inclusive as possible, methods of inclusion will be explored to see if there is a way to maximize input from private agencies and others with interests, without compromising the integrity of the process. To include individuals on the State-wide Planning Team who

have an interest in receiving funds would give such an individual an unfair advantage in the bid process and require disqualification. It should be noted here that although we will provide some restrictions on participation on the State-wide Planning Team, there is no such restriction at the Regional Planning Committee level.

Despite the proposed reduction in the composition of the State-wide Planning Team noted above, there is also a plan to meet quarterly with anyone at the state-wide level who has an interest, to update them on the progress of the IV-B Planning effort. This could include, not only those persons who do not participate from State-wide entities but private providers as well.

PROGRAM OBJECTIVES

Specific program objectives are not specified for each region here to allow each community to develop and identify the objectives in Family Preservation and Family Support that they consider the most appropriate. However, to offer guidance, sample objectives specified by the Hawaii Department of Human Services are included for reference in Attachment 2.

3. (b) Describe how the State will coordinate the provision of services with representatives of Federal and federally assisted programs to develop a more comprehensive and integrated service delivery system.

To develop more coordinated planning among programs that assist families in the Family Preservation and Family Support areas, a sub-committee will be established within the state-wide planning team to collect copies of the existing state plans that cut across this service area. Also, an attempt will be made to determine if a clearinghouse capability is feasible, relating to collaborative efforts on-going in the state. These plans will include the following identified State Plans:

- Title IV-B, Subpart 1
- Title IV-A Plan (including Emergency Assistance)
- Family Violence Prevention services Grant

- Child Abuse and Neglect Basic state Grant
- Community-Based Child Abuse and Prevention State Grant
- Children's Justice Act state Grant
- Title IV-E Independent Living Program
- Title IV-E Federal Payments for Foster Care and Adoption Assistance
- Title IV-A/F Supportive Service Plan
- Title IV-F JOBS State Plan
- Title V Maternal Child Health State Plan
- Home Visiting for At-Risk Families (HVAF) Initiative
- Child Care and Development Block Grant State Plan
- Title XIX Medicaid State Plan
- Title XX Social Services Block Grant State Plan
- Individuals With Disabilities Education Act Plan
- Children's Trust Fund
- Alcohol and Drug Abuse Block Grant
- Mental Health Block Grant
- Other State Plans as identified

The purpose of this sub-committee will be to review and document the services that are being provided in whole or in part with Federal funds. This review will consist of determining the overall consistency of services provided with identified community services that exist, as well as those that are part of the plan for future development.

Making the Title IV-B planning process consistent with other Federal planning efforts is one way of bringing about major re-alignments of service and ultimately

systemic change. Not focusing on these other planning efforts would run the risk of additional fragmentation within the service delivery system.

In addition to the review of State plans, formal linkages will be established with military in Hawaii, as well as other Federal/Federally funded agencies that provide services in the Family Preservation and Family Support areas. Many times, military families are in need of services that are offered in the community. Discussions will be held with Federal authorities, as well as federally funded programs not covered in prior descriptions to assure maximum coordination and collaboration.

Joint Planning. In addition to proposed efforts described above, the State will engage in Joint Planning with the Federal Regional Office. We see the process of on-going discussion around the planning for broad Family Preservation and Family Support Services as one that will benefit the state in terms of what is going on at the regional level, as well as having the opportunity to receive guidance from Washington through the region.

To assure that there is the same level of commitment at the Federal Regional Office level as there is among the agencies at the State level, we propose that the Federal Regional Office form committees that serve each State or region with representatives of the same Federal service areas that are identified in the grant application. For example, since the Title IV-B grant is coordinated under the Children's Bureau we recommend that Head Start have a representative along with Title IV-A, Title IV_A/F, Title IV-F, Title IV-D, Title IV-E, Title V, Title II, and Title XIX at a minimum. Without this kind of collaboration at the Federal level, there is a good chance that Federal guidance will be at cross-purposes with what the State is trying to do generally in the delivery of Family Preservation and Family Support.

This Federal Regional Office Committee would have on-going discussions with representatives of the States in terms of collaboration and discuss service provision and alignment. We see this as a major way of keeping all of the parties up-to-date between the State and Federal Regional Office level.

- 3.(c) List planned contacts and describe outreach activities to ensure that interested parties in the State have an

opportunity for active involvement in the planning process.

As described above in section 3(a), there is a plan to convene Regional Planning Committees at the local level. As the designated conveners identify the existing collaborative structures within their communities, we will provide written information and at least one brochure, outlining the importance of collaborative planning in the Family Preservation and Family Support areas.

In addition, there will be a training of conveners, as identified in section 3(a) above to thoroughly familiarize staff with the purpose and goal of the Title IV-B Planning process. Beyond this training, knowledgeable individuals from the State-wide Planning Team, as well as state staff will be employed as consultants will be sent to meet with each Regional Planning Committee (within available time and resources) to assist the conveners in orienting the Regional Planning Committee membership.

A third way of ensuring involvement is by setting forth minimum required membership guidelines for the Regional Planning Committee. These membership guidelines are set forth in section 3(a) above, and are designed to ensure broad minimum representation requirements at the local level.

A fourth way of ensuring public access to the planning process will be to hold public hearings in each of the Regions. These hearings will be held in each of the communities designated by the Regional Planning Committee. The method of conducting the public hearings will be proposed by the State-wide Planning Team and implemented in conjunction with the Regional Planning Committee. The format for the public hearing will be to announce the hearing in local newspapers and Public Service Announcements on local radio stations. The advertisements will be culturally sensitive and the PSA's will be provided in other languages common to Hawaii (e.g. Filipino, Samoan, Vietnamese) as well as English. In addition, letters will be sent to community agencies and civic organizations. Finally, sending a notice with the AFDC check will be explored as a method of reaching welfare families.

- 3.(d) Describe how the State will inform appropriate parties about this new legislation and the planning, consultation, and coordination provisions.

The process of informing appropriate parties has already begun in Hawaii. When we formed the existing group to assist in the development of the grant application we invited a number of state-wide principals to the table to begin discussions on collaborative planning. In addition, we invited a number of private and public agencies to attend the conference held in San Francisco so that there could be broad participation in the Federal Regional Planning Conference.

Beyond these efforts, we plan to continue a State-wide Planning Team that will consist of a broad cross-section of agencies and individuals. There also will be Regional Planning Committees which have a minimum required membership as specified in Section 3(a). Finally, there is a plan to hold public hearing to make sure that the public has every opportunity to participate in the planning effort.

4. Describe how the State will assess State and local needs or describe a recently conducted prior planning process which assessed community needs.

Needs assessment for each region will be conducted primarily at the community level. The needs assessment will be worked out with the Regional Planning Committee for each of the communities in their region that have been identified. This will be done within the context of available resources available for planning under the grant. To facilitate planning, each region will be given copies of all available data on prior needs assessment for their region. These data documents will include studies conducted by private and public agencies.

Methods of needs assessment by region will vary. One option would be to have members from the Regional Planning Committee volunteer part of their time to assist in the public hearing process where needs would be identified by members of the community. Another option might be to hire a staff person part-time to assist the Regional Planning Committee in conducting needs assessment within the community. Another option would be to hire a consultant to conduct a study of community needs by region, by community.

Until the Regional Planning Committees are formed, exactly which method of community needs assessment that will be most appropriate is unknown. One concern in Hawaii is the small amount of planning money and the nature of the challenge faced in the planning process. It is already clear that there will have to be at least one staff person hired to assist in the planning process for the Title IV-B, Subpart 2 grant. Also, in collaborating with the Department of Health, Maternal Child Health Branch it has already been noted that the \$50,000 that is available to add to the planning money is insufficient to cover the cost of a full time health professional in that area. Thus, it may be necessary to use some of the IV-B, Subpart 2 money to supplement that area of planning. This would then leave the residual balance of approximately \$80,000 to accomplish the remainder of the planning effort. It was agreed by the Planning Team that this money would be used to fund a consistent form of support for each regional area. Given this scenario, it is unknown exactly how complete the community needs assessment effort can be within these constraints.

The exact method of needs assessment may vary by region depending on the types of studies that have been performed recently and are available in print. The activity of collecting all available research studies, surveys, and evaluations is another method that will be used by staff of the State-wide Planning Team. This information will be accumulated and shared at both the state-wide and regional levels.

5. Describe how information on the nature and scope of existing family preservation and family support programs in the State will be collected.

Existing information on the nature and scope of Family Preservation and Family Support Programs will be collected first by looking at research studies and surveys that have been conducted by public and private agencies, as well as foundations within Hawaii. In addition, resource manuals will be collected for each regional area within the State to see what has been documented on such programs for their geographical area.

Beyond looking at existing studies and so forth, an effort will be made to dovetail the documentation of existing programs with the look at community needs by regional. The method of conducting the survey be the same, either using part-time staff, volunteers, or consultant services. This

survey approach will include meeting with organizations in the community to have them tell us what services are available and to document the information on services identified.

Listed below are examples of services that exist in Family Preservation and Family Support. A far more complete documentation will occur through the Family Preservation and Family Support planning process.

A. Department of Human Services

Child Welfare Services

The Child Welfare Services Program assists families with children who are harmed or at-risk of harm. The program offers: 1) child protection through investigation of reports of abuse and neglect, as well as immediate crisis intervention and emergency response to assure the safety of approximately 5,000 children a year; 2) assistance to parents in maintaining the integrity of and preserving the family as well as reuniting them with children who have had to be placed outside the home; 3) arranging for permanent out-of-home care for children who cannot return home. These services are provided through both in-house child welfare service staff and contracted service providers who provide: case management services; treatment and counseling to support and enhance parents' abilities to provide a safe family home to prevent placement of the child or to reunite children safely with their families; services to assure permanent families through adoption or guardianship/permanent custody; as well as services to youth to prepare them for independent living.

Families Together Initiative (FTI)

FTI is a statewide collaborative effort in family preservation involving ten state agencies and seven human service providers. The statewide public-private partnership offers standardized intensive home-based services to families in crisis and at-risk of having children in out of home placement or attempting to reunite children in out of home placement with their families. FTI provides families with a variety of services, counseling and referrals to programs in their community in order to assist families in obtaining skills and maximizing their opportunities to maintain their children safely in their own home. Referrals are made by the Department of Human Services, Department of Health, Office of Youth Services, and the Family Court via a single point of access, the Interagency Coordination Team (ICT).

Office of Youth Services

The Office of Youth Services (OYS) provides a continuum of services for at-risk youth and their families. Through purchase of services contracts, the OYS administers a number of family support and preservation services: 1) community based prevention programs provide recreation, skill development, parent training and family/community wide activities; 2) Youth Service Centers provide a school-based site where children, youth and families gain access to supportive services; 3) outreach programs reach out to youth and their families in their communities to encourage constructive behavior and strengthen the relationship between the youth and their families; and 4) tracking and monitoring services provide alternatives to secure confinement through individual supervision and case management. Similar outreach and support programs are provided for youth released from the Hawaii Youth Correctional Facility to support their return back to their families and communities.

JOBS Program

The goal of the JOBS Program is to assist AFDC recipients to achieve both personal and financial Self-Sufficiency. The number of families actively served in the program is in excess of 3,000. The program assures child care, self-development programming, peer support groups, and motivational training for all AFDC recipients that are mandated to participate in the JOBS Program. In addition, the JOBS Program addresses long term personal counseling and health prevention and treatment issues.

The objectives of the JOBS Program are as follows: (1) Prepare AFDC adult for financial self-sufficiency by offering education and training to assist families to find self-sufficient employment opportunities; (2) Provide health services to AFDC families through nursing services incorporated into assessment and provide nursing outreach services to the AFDC home; (3) Provide comprehensive support services for families which includes child care and transportation, as well as all forms of counseling and therapy (whether psycho-social or psychological), substance abuse treatment, parenting, self-esteem building, and so forth; (4) Provide positive motivation of the AFDC participant so that families want to strive for self-sufficiency; (5) Provide comprehensive Case Management Services to ensure that JOBS participants have all their program needs fully addressed; and (6) Ensure maximum coordination among the existing resources within the community so that services are delivered in a cost-effective manner.

Child Care/Early Childhood Services Program (Office of Child Care and Development)

For the Child Care/Early Childhood Services Program (CCSP), a seamless system of child care that emphasizes stability in child care placement and ease of access by the client is being developed. The child care services program serves a little over 1,500 children per month. To facilitate this program development, DHS has brought together under one Division the following child care programs: JOBS Child Care; Transitional Child Care; At-Risk Child Care; Child Care and Development Block Grant; IV-E Child Care and State funded Social Services Child Care.

The objectives of the child care programs are as follows:

- (1) To make quality child care available at an affordable rate to working parents and parents enrolled in training;
- (2) To provide child care opportunities in adequate quantities to meet the needs of disadvantaged families and to facilitate their self-development;
- (3) To coordinate the child care services available and to minimize disruption in care;
- (4) To facilitate attainment of self-sufficiency;
- and (5) To provide early childhood educational opportunities to children of disadvantaged families.

Early and Periodic Diagnosis and Treatment (EPSDT)

The EPSDT Program is a Medicaid authorized program under Title XIX of the Social Security Act. The Self Sufficiency and Support Services Division (SSSSD) has agreed to perform outreach services under the EPSDT Program to assist families in making linkages with a medical provider to enhance the health and development of the children.

The objectives of the EPSDT Program are as follows: (1) To provide outreach services to all Health Quest families with children age birth to 18 on the benefits of regular physical examinations and screening services for their children; (2) To link families to physician/health care provider services for comprehensive care; (3) To provide follow-up services for children diagnosed to have abnormalities and who fail to follow-up for diagnosis and treatment; and (4) To provide case management services to at-risk families.

B. Health Promotion

Maternal Child Health Branch

The goal of the Maternal and Child Health Branch is to assure that all women of child bearing age, infants and children in Hawai'i achieve and maintain optimal health. The Branch has three main focus: family planning and women's health, perinatal and child health services. Through health

education and promotion, quality assurance, needs assessment and community planning, subsidized health care services, training and technical assistance, monitoring and evaluation activities the Branch seeks to promote services to families which are community-based, family centered, coordinated, and culturally relevant. Services to children and families can be classified in five broad categories.

1. Subsidized Health Care: Family Planning, Women's Health, Prenatal, Pediatric and Primary Care Services are provided statewide through a network of private community centers. Important components of the assurance of health care are standards setting and quality assurance.
2. Support to at-risk families through early identification and home visitation services are provided by the following statewide programs:
 - a. Healthy Start is the State's child abuse prevention program which seeks to identify families at risk during the time of birth of a newborn. Home visitation services are provided to families over a five year period to improve family functioning, facilitate parent-child attachment, promote positive parenting and promote optimal child development. The substance exposed infants are periodically assessed for developmental delays through sub-contracted services with Kapiolani Medical Center.
 - b. Baby S.A.F.E. provides screening for pregnant women to identify substance use, outreach and education, substance abuse counseling and treatment, home visitation and case management. Follow-up with the families continue until six months after the birth of a newborn.
 - c. Perinatal Support Services provides wrap around services such as social work, nutritional, health education and nursing follow-up in conjunction with private medical providers to assure positive pregnancy outcomes. A key component of these teams are the linkage to community resources, especially health insurance.
 - d. Enhanced Community Health Options similar to the perinatal support teams provides wrap around services to at-risk children and there families. Emphasis is placed upon the early childhood development, and includes home visitation as necessary to assure appropriate case management.

3. Advocacy and Health Promotion through such programs as Healthy Mothers Health Babies, MothersCare for Tomorrow's Children, Children's Trust Fund, Family Planning Information Line.
4. Community Planning to promote legislation and the development of resources for services to at-risk families are accomplished through such groups as the Council for Pregnancy and Chemical Dependency, the Childhood Lead Poisoning Prevention Coalition, Primary Care Round Table, and the Keiki Injury Prevention Coalition. The Maternal and Child Health Branch also has island coordinators which facilitates the integration of service provision at the community level and assist in needs assessment.
5. Screening for select at-risk criteria such as lead poisoning through the Childhood Lead Poisoning Prevention Program and developmental/learning delays through the Preschool Developmental Screening Program.

Zero to Three Project

The Hawaii Zero to Three Project was established by the Department of Health to implement Part H of Public Law 102-119, the Individuals with Disability Education Act. The project supports a coordinated system of statewide comprehensive, community-based system, multi-disciplinary early intervention services for infants and toddlers (birth to age three), who have special needs and their families. Children are eligible if they are developmentally delayed, or at risk of delays because of biological or environmental reasons. All eligible children are provided early intervention services that meet their developmental needs, including physical development, cognitive development, language and speech development, psychosocial development, and self-help skills. Families are provided services to support their children's development. All services are provided by qualified professionals and paraprofessionals in conformity with and Individualized Family Support Plan (IFSP).

Public Health Nursing

The Public Health Nursing Branch provides many health prevention services. The focus of care is on the individual/family/community through the nursing process as the core in all settings in the delivery of nursing care. Nursing services are family centered, community based. Primary prevention is the most cost effective public health

measure. Aspects of primary prevention are in the areas of personal health services such as immunizations against vaccine preventable diseases; injury and accident prevention; health behavioral practices such as non-smoking programs; use of seat belt to prevent accident fatalities; and good nutrition to prevent obesity and ensuing complications.

Examples of target areas for Public Health Nursing are as follows: (1) Pregnancy and infant/child/adolescent health; (2) Timely developmental screening for early intervention services to incorporate the development and implementation of the Individualized Family Support Plan (IFSP) for eligible infants and toddlers with special health needs; (3) Women's health issues with particular emphasis on family life education, family planning, use of mammography, breast self-examination; (4) Immunization services to achieve the objective that by 1995, 95% of Hawaii's children by age 2 will have received the basic immunization series.

Public Health Nurses focus on family immunizations to include influenza, pneumococcal vaccines for the elderly and high risk populations; measles, mumps, rubella for the adults, as well as diphtheria-tetanus for all adults; (5) Preventive tuberculosis screening services are provided, as well as contact/source investigation to ensure freedom from tuberculosis. Follow-up of clients with diagnosed tuberculosis to ensure compliance with treatment recommendations are also provided; (6) Health assessment, education, and counseling related to nutrition and dietary changes; (7) Periodic screening and follow-up for blood pressure, hemoglobin, and other tests; and (8) Involvement with community health and social providers, as well as consumers to identify needs of community for joint collaboration to impact on public health issues.

C. Family Centers

The Family Centers Program has broad statutory authority for 4 family centers to be funded around the state as a means of testing approaches that might be used in each community. Current Family Center Services are focused on offering fathering classes, toy and car seat lending, respite care outreach, parenting classes, child care, nurturing programs, selling food at reduced costs, youth drop-in recreational center, alternative learning center, after school enrichment, family literacy program, and extensive information and referral.

D. Head Start

Head Start provides a range of services to economically disadvantaged children and families via a comprehensive, early childhood education program, which includes physical,

dental and, mental health, nutrition and social services. It also provides home-based educational services to families in areas where centers are not available.

E. Child Abuse Prevention

Examples of child abuse prevention programs operating in Hawaii include: DHS Child Welfare Services; Family Builders of Hawaii; Parents Anonymous of Hawaii; Pohai Pono; Services To Families; Hale Lokahi; and the Hana Like Home Visitor Program .

F. Literacy and GED Services

This area includes community-based program which brings undereducated parents together with their three and four year olds in a school setting. Children receive early childhood education while their parents strengthen their skills in reading math and communication. There are also specific parent-child interactive activities and opportunities to observe and practice alternative parenting strategies.

G. Employment and Training Services

Work Hawaii- JTPA Service Delivery Area Entity

Work Hawaii provides education and training services for the disadvantaged adults and youths on Oahu. These services are closely linked to JOBS services and can be coordinated with PFPS efforts.

Department of Labor and Industrial Relations, Employment Service

The DLIR Employment Service is also closely aligned with the JOBS and JTPA Programs. The Employment Service maintains the JOB Bank for the State of Hawaii and has offices around the state. They also operate the JOB Help Store which is employment and training services for limited English speaking individuals.

H. Early Childhood and Development Services

Examples of Early Childhood Education Programs operating in Hawaii include: Preschool Developmental Screening Program; Child and Parent Play Mornings; Parent Line; Keiki O Hawaii; Kamehameha Schools Pre-Kindergarten Education Program (PREP); Malama Na Keiki; and the Preschool Open Doors Project.

I. Parenting and Other Nurturing Services

Families for REAL (Resources for Early Access to Learning)

Families for REAL is another collaborative project of the Department of Health and the Department of Education which provides parents educational supports and experiences in parenting their infants and young children, birth to age 4.

Parent Education and Nurturing

Nurturing, parent education, and counseling services. The Nurturing program addresses the parents' need for nurturance and reparenting as well as provide concurrent nurturing learning experiences for children.

6. Describe other proposed activities for the development of a five year State plan and implementation of service system reform, including training and technical assistance and assessment of services.

EVALUATION METHODOLOGY

The purpose of this section is to present a general strategy for the evaluation of the Family Preservation and Family Support (FPFS) Programs in Hawaii that recognizes that each program may be serving different populations, may have different means to implement its operation, and may require different measures of assessment.

The evaluation strategy consists of two major components: (a) evaluations of ongoing programs, and (b) process evaluations that focus on implementation strategies at the State and local level.

A. Evaluations of Ongoing Programs

1. Question: What populations are served by each of the programs?

Data: Interviews, archival records, and observations.

Purpose: To develop assessment procedures and data that are sensitive to the efforts of each individual FPFS program.

Method: Each population would be identified by demographic and cultural characteristics, the types of stresses in their daily lives, and

the types of skills and capacities they need to support, guide, and nurture their children. These data would be used to promote voluntary parental participation and ownership in each program, to design each program so that it is socially and culturally relevant to the families served, to link families with other formal and informal community services and support systems that can help meet their needs, and to create a supportive network designed to enhance parent's childrearing capabilities by developing their network with other parents in similar circumstances.

2. Questions: What are the important services in each FPFS program? When do they occur? Who are the people involved in these services? Where do they occur? What is the purpose of each of these services?

Data: Interviews, archival records, and observations.

Purpose: To assess the means by which each FPFS program implements its operation.

Method: Each program service would be identified and analyzed with regard to its compatibility with FPFS Program objectives and its contribution to the achievement of those goals.

3. Questions: What are the types of data that will measure the effects of each FPFS program's operation? What are the criteria of effectiveness for each type of data?

Data: Information obtained from questions 1 and 2 above.

Purpose: To use those measures which will be most sensitive to the possible effects of the operation of each FPFS program.

Method: The information obtained from questions 1 and 2 above would be analyzed to select measures of the effectiveness of FPFS program services. Criteria of effectiveness would be based on FPFS Program objectives and would address parental participation, social and

cultural relevance of the on-site and home visitor services, improvement in parental skills and capacities, provision of a community-based, comprehensive, developmental approach to services, development of a system to link families with community services and support systems, the creation of a supportive parental network, the use of the family assessment component to assist families accessing services.

B. Process Evaluations of Implementation Strategies

1. Question: What was the service delivery system like before the FPFS Program?

Data: Interviews and archival records.

Purpose: Establish a point of comparison.

Method: The data would be used to describe the service delivery system for families before the FPFS Program and to assess the changes made by the FPFS Program with particular emphasis on the coordination of the network of local FPFS programs in collaboration with existing health, mental health, education, employment and training, child welfare and other social service agencies within the State.

2. Questions: How representative was the service task force? Were the service focus groups and community meetings effective in providing information needed to make recommendations for service composition?

Data: Membership on the task force, information provided by the focus groups and community meetings, and interviews with task force members.

Purpose: To assess the effectiveness of the process implementation strategy.

Method: Examination of membership, information provided, and interview data and comparison of the recommendations with FPFS Program objectives.

3. Questions: What are the important activities in the

implementation of the FPFS Program?
When do they occur? Who participates?
Where do they take place? What is the
purpose of each?

Data: Interviews with FPFS Program staff members, observations of FPFS Program activities, and a sample of interviews and observations from families/agencies/organizations in the network of local FPFS programs.

Purpose: To assess whether the families/agencies/organizations are affected by the operation of the FPFS Program.

Method: These data would be used to assess the influence of the FPFS Program on the local programs using indicators such as: a) number of services involving the FPFS Program, b) their frequency of use by the families served, and c) their compatibility with goals of the FPFS Program.

7. Supply State FY 1992 fiscal data on Federally or State funded family support and family preservation services by completing the form on page 9 of this preprint.

See the completed form attached as Attachment 1.

PROPOSED BUDGET

<u>Personnel</u>	<u>Cost</u>	<u>In-Kind</u>
1- Planner IV SR-22 \$ 2,821 mo. Fringe	\$ 33,852 \$ 10,003	
1- Public Health Nurse IV	\$ 15,000	
4- Branch Administrators (SSSSD)	\$ 0	\$ 8,000
4- Branch Administrators (FASD)	\$ 0	\$10,000
1- Public Health Nurse (DOH)	\$ 0	\$ 2,500
2- Maternal Child Health (DOH)	\$ 0	\$70,000
	\$ 58,855	\$90,500

Other Current Operating Expenses

Supplies	\$ 1,500	\$ 0
Telephone	\$ 1,000	\$ 0
Printing	\$ 10,000	\$ 0
Travel		
Inter-Island Air Fare	\$ 10,000	\$ 0
Per Diem	\$ 12,000	\$ 0
Ground Transportation	\$ 8,000	\$ 0
Lease Rent	\$ 0	\$15,000
Mileage Expense	\$ 4,000	\$ 0
Consultant/Technical Assistance	\$ 80,281	\$ 0
	\$126,781	\$15,000

Equipment

Modular Work-station	\$ 5,000	\$ 0
Chair	\$ 250	\$ 0
Computer and Printer	\$ 3,500	\$ 0
	\$ 8,750	\$ 0

Motor Vehicles

Not Applicable	\$ 0	\$ 0
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Total Budget	\$194,386	\$105,500
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BUDGET JUSTIFICATION

Personnel

- The first position listed is a Planner IV position which will be the principle position hired under the grant. The salary costs listed (\$33,852 + 10,000 fringe) are current as of June of 1994. This cost will increase by about 4% on July 1, 1994. These costs will all be born by the grant.
- The second position listed is a Public Health Nurse IV. The proposal under this grant is to cost share \$15,000 of the nurse salary. The remainder of the cost will be born by the HVAC grant currently under application by the Maternal and Child Health Branch of the Department of Health. If the HVAC grant is not funded, then these resources will be shifted to the consultant line in Other Current Operating Expenses. The HVAC Grant totals \$50,000.
- The third set of positions relate to the Self-Sufficiency and Support Services Branch Administrators. These four positions will devote about 5% of their combined salaries to the grant (i.e. 5% of \$160,000). The \$8,000 listed is all to be an in-kind contribution to the grant.
- The fourth set of positions listed are the Branch Administrators for the Family and Adult Services Division. These four positions will devote about 5% of their combined salaries to the grant (i.e. 5% of \$200,000). The \$10,000 listed is all to be an in-kind contribution to the grant.
- The fifth position line refers to the proposed Public Health Nursing contribution to the grant. This nursing position is expected to devote about 5% of its time to the convening and coordination of Molokai. Total staff effort valued at \$2,500. This will be an in-kind contribution to the grant.
- The last set of positions listed includes the proposed HVAC contribution to the IV-B effort of \$50,000 plus an additional position to help facilitate activities on Maui and West Hawaii valued at \$20,000 annually. All \$70,000 of these resources are to be in-kind contributions to the grant.

Other Current Operating Expenses

- Supplies: Calculated at \$125 per month for the 12 month period. This will defer supply expenses of the planning processes. Total cost is \$1,500.
- Telephone: Calculated at installation fee of \$ 300 and monthly cost of just under \$60 per month. Total estimated

cost is \$1,000.

- Printing: Calculated at a cost of just over \$800 per month. Total cost is \$10,000.
- Travel: Calculated as follows:

● Air (100 trips x \$100=)	\$10,000
● Per Diem (150 Days x \$80)	\$12,000
● Ground Trans. (100 rentals at \$80)	<u>\$ 8,000</u>
Total	\$30,000
- Lease Rent: Calculated at 500 Square Feet x \$2.50 per square foot x 12 months. Total cost is \$15,000. This will be an in-kind contribution.
- Mileage Expense: Calculated at about 900 miles per month at \$.37 per mile for 12 months. Total cost is \$4,000. This will defer some travel expenses of staff in convening the Regional Planning Groups.
- Consultant/Technical Assistance: This category represents the remainder of the grant aside from the furniture requirements specified below. Total value \$80,281. These funds will be used to assist the planning process in each of the Regional Planning areas. A consistent method of assistance will be utilized. Exact method to be determined by the State-wide Planning Team.

Equipment

- All equipment to be used for the Planner IV cited above. Costs are from the State bid list for equipment purchase. Total value is \$8,750.

Summary

Total value of grant expenses is \$194,386. In- Kind contribution total \$105,500. Total project resources equal \$299,886.

ATTACHMENT I
ESTIMATED EXPENDITURES
State Fiscal Year 1992 and 1993
FAMILY PRESERVATION AND FAMILY SUPPORT SERVICES
Fiscal Data (in thousands) to meet the Supplantation Prohibition

Funding Source	Family Preservation Services				Family Support Services			
	STATE		FEDERAL		STATE		FEDERAL	
	SFY92	SFY93	SFY92	SFY93	SFY92	SFY93	SFY92	SFY93
Title IV-B	168	168	505	505				
Title IV-A								
Title XX			5,825	5,825			1,187	1,185
Other:								
Child Abuse and Neglect Grant			82	-0-				
Community Prevention (Challenge) Grant							64	262
Children's Justice Act Grant-Child Abuse Prevention and Treatment			72	80				
Children's Justice Act Grant-Crisis Nursery							150	150
Children's Justice Act Grant-Respite Services							150	-0-
Family Violence Prevention and Services Grant			60	160				
Federal Center for Substance Abuse Prevention/Model Projects for Pregnant and Post-partum Women and Infants - Baby SAFE			266	260				
Mental Health Services Block Grant - Homebuilders Homebased Crisis Services			95	78				

ESTIMATED EXPENDITURES
State Fiscal Year 1992 and 1993
FAMILY PRESERVATION AND FAMILY SUPPORT SERVICES
Fiscal Data (in thousands) to meet the Supplantation Prohibition

Funding Source	Family Preservation Services				Family Support Services			
	STATE		FEDERAL		STATE		FEDERAL	
	SFY92	SFY93	SFY92	SFY93	SFY92	SFY93	SFY92	SFY93
Other:								
Title IV-E			74	1,226				
State Funds-Child Welfare Services	17,888	16,069						
Transitional Child Care					51	50	51	51
Child Care Improvement Grant					5	-0-	46	-0-
At Risk Child Care						1,132		1,236
State Funds-Child Care					2,498	1,306		
State Funds-DOE Parent Community Networking Centers					2,335	2,465		
State Funds-Children's Mental Health/Flex Funds					94	104		

ESTIMATED EXPENDITURES
State Fiscal Year 1992 and 1993
FAMILY PRESERVATION AND FAMILY SUPPORT SERVICES
Fiscal Data (in thousands) to meet the Supplantation Prohibition

Funding Source	Family Preservation Services				Family Support Services			
	STATE		FEDERAL		STATE		FEDERAL	
	SFY92	SFY93	SFY92	SFY93	SFY92	SFY93	SFY92	SFY93
Other:								
Drug and Gang Prevention Grant							88	-0-
State Funds - Family Reunif/Outreach/Tracking (Youth Corrections Exits)	600	570						
State Funds - Troubled Youth					421	422		
State Funds - Youth Service Centers					450	353		
State Funds - Youth Gang Prevention					383	284		
State Funds-Crisis Nursery					190	174		
State Funds-Healthy Start					6,000	7,000		
State Funds-Baby SAFE	600	600						
State Funds-Baby Huis					29	15		
State Funds-Families for REAL					243	243		
State Funds-Mobile Family Interactive Units for Homeless					219	139		

ESTIMATED EXPENDITURES
State Fiscal Year 1992 and 1993
FAMILY PRESERVATION AND FAMILY SUPPORT SERVICES
Fiscal Data (in thousands) to meet the Supplantation Prohibition

Funding Source	Family Preservation Services				Family Support Services			
	STATE		FEDERAL		STATE		FEDERAL	
	SFY92	SFY93	SFY92	SFY93	SFY92	SFY93	SFY92	SFY93
Other:								
State Funds-Children's Mental Health, Family Peace Center/Children Witness to Violence					100	78		
State Funds-Parent Line					142	121		
State Funds-Nurturing Program					79	79		
State Funds-Anger Program					75	-0-		
State Funds-Children's Mental Health/Respite					150	168		
State Funds- Children's Mental Health/Homebuilders Homebased Crisis Services	490	490						
State Funds-Children's Mental Health/Crisis Intervention/Respite	38	38						
State Funds-Children's Mental Health/Crisis Intervention/Maui	108	108						

ATTACHMENT 2

RECOMMENDED PROGRAM OBJECTIVES

These objectives are suggested by the Department of Human Services to guide planning efforts at the regional level. The Family Preservation and Family Support Program for the State of Hawaii is aimed at providing comprehensive services to families, from a holistic point of view. These services are intended to encompass a broad range of services needed to assist families to be strong. Such services are indispensable to proper family functioning and offer families the prospect of improved quality of life and in many cases the hope of being self-sufficient.

Program objectives specified under this application are as follows:

- To enable abused and neglected children and those at risk of abuse/neglect to live in a safe and secure family home by helping families maintain and enhance the integrity of the family unit.
- To reunite children in out of home care with family by assisting parents to provide appropriate care in a safe family home.
- To provide safe and appropriate out of home care and ensure permanent families for children unable to remain in their own homes.
- To prepare and support youth in out of home care in successfully achieving independence and self-sufficiency.
- To develop and provide educational and support services provided to assist parents in acquiring parenting, nurturing, and other skills designed to empower parents in dealing with their children and the world around them.
- To promote voluntary parental participation so that parents do not have to identify themselves as being "problematic or dysfunctional" to receive services.
- To assess the early developmental needs of children for the provision of needed early intervention services.
- To provide health preventive services such as immunizations, early prenatal care, early intervention services, dental care injury prevention, and other health education services.
- To provide culturally and socially relevant services to families;
- To enhance services to pregnant women and families of newborns to reduce stress, enhance family functioning promote child development, and minimize the incidence of abuse and neglect within a multi-cultural environment.
- To provide community referral services in the areas of health care, mental health, employability development, education, and job training.
- To make child care and early childhood education programming available, as well as intervention programs in the areas of: nutrition education; life management skills training; peer counseling and crisis intervention; substance abuse counseling and treatment referral; and referral for primary health and mental health services.
- To make Family Preservation and Family Support Services available through convenient, easily accessible centers, within defined geographic communities, without regard to race, sex, ethnicity, or income criteria.
- To create a supportive network for parents to enhance their child-rearing capabilities and to compensate for th isolation and vulnerability of many families by bringing them into contact with parents in similar circumstanc

Appendix E

Comments on the Department of Human Services' Title IV-B Grant Application

The following are the Bureau's comments on the Department of Human Services' Title IV-B grant application. These comments are not a criticism of the grant application and should be used by the Legislature and the department only to improve the Title IV-B planning process and build a meaningful bridge between the demonstration project and Title IV-B.

- (1) Should the Legislature appropriate funds to evaluate Title IV-B programs (i.e., state programs funded under Title IV-B)? Without evaluations of these programs, the Legislature and the Department of Human Services (DHS) will not know how well certain activities are being carried out and if the condition of families is getting better or worse.¹
- (2) Should the State's evaluation of Title IV-B programs include product (summative) evaluations, in addition to process (formative) evaluations?²
- (3) Should the establishment of a bottom-up, community-based, grassroots decision making process, and the provision or coordination of services to families be viewed as possible means for improving the condition of families or the outcome (end-result) of Title IV-B?³
- (4) The reason for singling out the Hawaiian community for special treatment (i.e., representation on regional planning committees) should be explained, and the term "Hawaiian community" should be defined. The United States has not recognized the existence of a sovereign Hawaiian nation, there is no one prosovereignty group that appears to represent the views of all Hawaiian people, and Title IV-B uses a bottom-up, community-based, grassroots decision making process that includes all ethnic groups. Representation based on ethnicity does not appear to be practical at this time, and does not appear to support bottom-up, community-based, grassroots decision making.
- (5) The role of the Legislature in Title IV-B needs to be recognized and clearly defined with the help of the Legislature since all state and federal funds for state programs must be appropriated by, and all new state programs and program changes must be approved by, the Legislature.⁴ Title IV-B needs to make the Legislature and the DHS partners in the planning and testing of new approaches that may improve the condition of families. Neither the Legislature nor the DHS should feel that it must defend the status quo because it was left out of either activity.
- (6) The Self-Sufficiency and Support Services Division (SSSSD) may need time to earn people's trust. People must trust the SSSSD before they will collaborate or cooperate with it, or participate in its programs.⁵ It takes time to earn people's trust because trust is earned when opportunity meets preparation.
- (7) Should the Title IV-B planning process be broad enough to include, at least in theory, grants, subsidies, purchases of service, and personnel services in the operating cost category? Title IV-B funds make up a small part of the State's total human services budget, which is appropriated through the grants,

subsidies, and purchases of service law (Chapter 42D, Hawaii Revised Statutes), and the General and Supplemental Appropriations Acts. The exclusion of grants, subsidies, purchases of service, and personnel services from the planning process could limit the future use of those lessons learned under Title IV-B.⁶

- (8) Should state agencies be nonvoting members of the statewide planning team? If community priorities established by the regional planning committees do not agree with the program priorities of state agencies on the statewide planning team, will the state agencies change their program priorities to agree with the community priorities or vote not to fund the community priorities?⁷ Allowing state agencies to decide whether or not activities to carry out community-established priorities should be funded does not appear to support bottom-up, community-based, grassroots decision making.
- (9) Should conflict of interest restrictions be applied, if at all, at the lowest level in the decision making process (i.e., the regional planning committees)? Conflicts of interest that enter the decision making process through the regional planning committees may reach the statewide planning team at some later time.⁸ The statewide planning team will have to decide whether or not to accept funding recommendations submitted by certain regional planning committees if these conflicts occur. This may not be viewed by some regional planning committees as supporting bottom-up, community-based, grassroots decision making.
- (10) Should the purpose of joint planning with the federal regional office be to allow the U.S. Department of Health and Human Services to receive guidance on family preservation and family support services from the State?⁹ It may be hard for the State to change the way that services to families are being delivered unless the federal government funds these services in a manner that supports the State's decision making process. Services are usually delivered according to the way they are funded.
- (11) The SSSSD may have to visit people where they live, speak their language, or adopt their customs in order to assess their needs.¹⁰ Not all people receive the newspaper or have a radio, can read or write, are willing and able to attend a public hearing or community meeting, or will discuss their needs in public with strangers. The SSSSD must, however, earn peoples trust before they will confide in the staff.
- (12) The SSSSD may have to help people identify their needs. If people do not know what they need, the SSSSD cannot assess their needs. The SSSSD must, however, earn peoples trust before they will confide in the staff.

Endnotes

1. According to the Administrator of the Self-Sufficiency and Support Services Division (SSSSD):

- (1) There will be no funded evaluation of Title IV-B programs unless the U.S. Department of Health and Human Services includes Hawaii in its evaluation or allows the State to use federal funds to conduct its own evaluation; and
- (2) An evaluation of the Title IV-B planning process (i.e., a process evaluation) would be conducted with donated time and money.

Interview with Garry Kemp, Administrator, Self-Sufficiency and Support Services Division, Department of Human Services, August 2, 1994.

2. Product evaluations would be conducted to provide information on which outcomes are being achieved and whether the strategies, procedures, or methods being used to achieve these outcomes should be discontinued, changed, or continued in their present form. Process evaluations would be conducted to provide information on certain strategies, procedures, or methods as they are being carried out so that areas needing improvement can be identified.
3. In other words, should the end-result of Title IV-B be the testing of new approaches that may improve the condition of families, or the establishment of a decision making process and the provision of services to families?
4. See section 37-66, Hawaii Revised Statutes.

Even if product evaluations clearly showed that certain approaches greatly improved the condition of families, the appropriation of funds and the approval of new programs and program changes to expand these approaches would still be a legislative policy decision.

5. Although there is no reason to believe that people will distrust the SSSSD, the fact that the SSSSD is part of the government could make it difficult for staff to earn peoples trust in a timely manner.

Trust is one of the resources that the demonstration project could bring to the Title IV-B planning process.

6. Because it is designed to work directly with state and federal sources of funding for services to families, Title IV-B could change the way that services to families are funded and delivered. Some of these changes could improve the condition of families.
7. Title IV-B uses a bottom-up, community-based, grassroots decision making process that makes state agencies accountable to communities for carrying out community-established priorities.
8. Title IV-B uses a bottom-up, community-based, grassroots decision making process that begins with the regional planning committees.
9. In other words, should the U.S. Department of Health and Human Services be part of the bottom-up, community-based, grassroots decision making process?
10. The SSSSD may also have to visit beach parks where homeless people are known to reside, use interpreters, or seek the assistance of a chief or headsman.

Appendix F

TFC PROJECT 1996/97 OPERATING BUDGET

	Prof Admin
Salaries	
Director, full-time	46000
Specialist, full-time	34000
Clerical, full-time	22000
Medical Plan	6800
Retirement	12240
FICA	7803
Unemployment	1581
Workers Comp	1530
Temp Disability	714
Consultants	35000
Office Supplies	2800
Telephone/fax	5200
Postage	3500
Office Rent	22000
Parking (Monthly)	2000
Equip /Main	250
Computer Support	2500
Copying/Printing	800
Publications	300
General Liability Insuranc	350
Mileage/Parking	1200
Travel Expenses	
mainland	2500
Airfare	
mainland	2000
local-Council Mtgs	24000
Meetings	
Space rental	400
Food & Beverage	1500
Registrations	1500
Advertising/PR	200
Organizational Dues	200
Profess Development	800
Administrative Fees	40000
	281668

Sub total from pg 3 902500

TOTAL \$1,184,168.

Family Center Project Transition 1996/97 - 97/98

The vision of Family Center Project, 2000 is an association of established family centers which share resources and activities such as training, operating fund development, systems improvement, community education, and political representation, etc. The association is staffed to monitor standards, provide technical assistance, incubate new centers to managerial and programmatic cost effectiveness, recruit/coordinate/distribute operating funds, evaluate centers, and advise funders on family center funding strategies.

The following performance objectives will move the Project to that status:

5 existing centers are granted operating funds based on compliance with performance standards and meeting of performance objectives.

2 emerging centers, currently under the Project's budget are newly granted operating monies for a two year period.

3 new centers are incubated.

All centers, particularly incubated centers are provided technical assistance to meet managerial excellence and performance standards.

Emerging centers are coached in community capacity development and planning.

Interagency relationships and collaborations at the state level are facilitated.

Final evaluations are completed of 5 currently esixting centers/communities to show long term results and compared to evaluations of two currently emerging centers (a five year period).

ACTIVITY	ADMIN HRS	PROF HRS	STAFF HRS	CENTERS	PROG COST
INCUBATE					
Screen	60		20	N/N/N	2000
Monitor	120		360	HH/WK/KA/N/N/N	6000
Technical Assistance					
Mgmt coaching	300			WK/N/N/N	4000
Accntng systems	100			WK/N/N/N	6000
Info systems			400	WK/KA/N/N/N	
Computerization			160	WK/KA/N/N/N	4500
CLC Developmnt	20	240		N/N/N	3000
Facilitate Community Visions	30	60		N/N/N	2400
Data Compilation			150	ALL	
Data Analysis and use			140	ALL	
Training					
Community Development	60				
Systems mapping		20	30	ALL	8000
Organizing		20	30	ALL	8000
Collaboration		10	30	WK/N/N/N	2000
Managing outcomes		30	30	ALL	5000
Celebrating community		30	30	N/N/N	3000
Assets planning		50	30	WK/KA/N/N/N	5000
Resource banking		50	30	ALL	5000
Planning			30		
Community eco-based dev	60	30		WH/KA/HH/N/N/N	3000
Resource dev	240		240	ALL	5000
Family Strengthening T-T-T					
Parenting	10	50	20	HH/WK/N/N/N	5000
Magic of conflict	20	40	20	ALL	4000
Dependent care	20	40	20	ALL	4000
Lifestyles mgmt	20	40	20	ALL	4000

N = New Center

KA = Ka'u

WK = West Kauai

HH = Hanalei

ALL = Existing Centers
1994/95

ACTIVITY	ADMIN HRS	PROF HRS	STAFF HRS	CENTERS	PROG COST
MASTER CONTRACTING					
Ensure compli with stat req	60		150	ALL	
Grant making	50		180		
KPT					100000
W. Hawaii					100000
KEY					50000
Molokai					50000
Hanalei					100000
Ka'u					100000
W. Kauai					100000
New center developmt	30		60	N/N/N	150000
Project eval	100	80	480		
Impact of project				ALL	45000
Mgmt eval				WK/KA	2500
ADVOCACY					
Publish standards & guides	40		120		3000
Disseminate	40		120		1500
Community outreach	120		120	one prsntrn/mo	1800
Coach new initiatives	80		40		1800
FACILITATE SYSTEM CHANGE					
Develop interagency relationships	110		100		
Implement collaborations					
Training	80	80	20		
Tech assistance	120		20		
Community Dev	100		40		3000
Conferences	100		100		5000
SUBTOTAL	2090	870	3340		902500

Appendix G

Summary of Selected Numerical Data (Conditions before the establishment of the family center)

		Yes	No	Do not know + No response
Question #1				
Services to families in the community were fragmented before the establishment of the family center.	HAN	6	0	0
	KEY	4	0	2
	KPT	3	0	0
	MOL	11	0	4
	<u>WH</u>	<u>16</u>	<u>0</u>	<u>3</u>
		40	0	9
Question #2				
There was a lack of coordination and communication among those persons who provide services in the community before the establishment of the family center.	HAN	6	0	0
	KEY	4	0	2
	KPT	3	0	0
	MOL	12	0	3
	<u>WH</u>	<u>13</u>	<u>1</u>	<u>5</u>
		38	1	10
Question #3				
It was difficult for consumers (in general) and families (in particular) to gain access to services and information in the community before the establishment of the family center.	HAN	6	0	0
	KEY	3	0	3
	KPT	3	0	0
	MOL	6	2	7
	<u>WH</u>	<u>13</u>	<u>1</u>	<u>5</u>
		31	3	15
Question #4				
It was difficult for service providers in the community to gain access to services and information from each other before the establishment of the family center.	HAN	5	0	1
	KEY	1	1	4
	KPT	3	0	0
	MOL	7	2	6
	<u>WH</u>	<u>7</u>	<u>5</u>	<u>7</u>
		23	8	18
Question #5				
It was difficult for service providers in the community and sources of funding to gain access to services and information from each other before the establishment of the family center.	HAN	5	0	1
	KEY	2	0	4
	KPT	1	2	0
	MOL	7	1	7
	<u>WH</u>	<u>7</u>	<u>2</u>	<u>10</u>
		22	5	22

		Yes	No	Do not know + No response
Question #6				
It was difficult to assess the impact and effectiveness of service in the community <u>before</u> the establishment of the family center.	HAN	4	1	1
	KEY	2	1	3
	KPT	2	0	1
	MOL	5	2	8
	<u>WH</u>	<u>10</u>	<u>2</u>	<u>7</u>
		23	6	20

Question #7				
It was difficult to assess the real needs of families in the community <u>before</u> the establishment of the family center.	HAN	4	1	1
	KEY	3	1	2
	KPT	3	0	0
	MOL	5	5	5
	<u>WH</u>	<u>11</u>	<u>4</u>	<u>4</u>
		26	11	12

Question #8				
There was leverage funding, and there were innovative multiple funding streams, in the community <u>before</u> the establishment of the family center.	HAN	0	3	3
	KEY	0	0	6
	KPT	1	1	1
	MOL	0	2	13
	<u>WH</u>	<u>3</u>	<u>1</u>	<u>15</u>
		4	7	38

HAN = Hanalei Family Center
 KEY = Kualoa-Heeia Ecumenical Youth Family Center
 KPT = Kuhio Park Terrace Family Center
 MOL = Molokai Family Center
 WH = West Hawaii Family Center

Appendix H

Response to the Survey

Overall response $(49^*/120)(100) = 41\%$

Observed response by family center

	Questionnaires mailed	Questionnaires returned
HAN	12 (10%)	6
KEY	24 (20%)	6
KPT	13 (11%)	3
MOL	36 (30%)	15
WH	<u>35 (29%)</u>	<u>19</u>
	120 (100%)	49

Expected response by family center based on a population size of 49 people

	Questionnaires expected**
HAN	5
KEY	10
KPT	5
MOL	15
WH	<u>14</u>
	49

Response by family center, observed versus expected, based on a population size of 49 people

	Observed	Expected	Representation***
HAN	6	5	Over
KEY	6	10	Under
KPT	3	5	Under
MOL	15	15	Proportionate
WH	<u>19</u>	<u>14</u>	Over
	49	49	

* Does not include surveys returned to the Bureau unanswered.

** Conversion factor = $49/120 = 0.4083333333$

*** Based on the difference between observed and expected frequencies

HAN = Hanalei Family Center
 KEY = Kualoa-Heeia Ecumenical Youth Family Center
 KPT = Kuhio Park Terrace Family Center
 MOL = Molokai Family Center
 WH = West Hawaii Family Center

Appendix I

Summary of Selected Numerical Data (Role of the family center)

		Yes *	Do not know + No response **
Question #1			
The family center had a role in lessening the fragmentation of services to families in the community.	HAN	6/ 6	0
	KEY	4/ 4	0
	KPT	2/ 3	0
	MOL	9/11	0
	<u>WH</u>	<u>9/12</u>	<u>4</u>
		30/36	4
Question #2			
The family center had a role in increasing coordination and communication among those persons who provide services in the community.	HAN	6/ 6	0
	KEY	4/ 4	0
	KPT	1/ 3	0
	MOL	10/12	0
	<u>WH</u>	<u>7/13</u>	<u>1</u>
		28/38	1
Question #3			
The family center had a role in making it easier for consumers and families to access services and information in the community.	HAN	6/ 6	0
	KEY	3/ 3	0
	KPT	2/ 3	0
	MOL	6/ 8	0
	<u>WH</u>	<u>10/11</u>	<u>3</u>
		27/31	3
Question #4			
The family center had a role in making it easier for service providers in the community to gain access to services and information from each other.	HAN	5/ 5	0
	KEY	2/ 2	0
	KPT	2/ 3	0
	MOL	6/ 8	1
	<u>WH</u>	<u>6/11</u>	<u>1</u>
		21/29	2
Question #5			
The family center had a role in making it easier for service providers in the community and sources of funding to gain access to services and information from each other.	HAN	4/ 4	1
	KEY	2/ 2	0
	KPT	0/ 3	0
	MOL	4/ 7	1
	<u>WH</u>	<u>3/ 6</u>	<u>3</u>
		13/22	5

		Yes*	Do not know + No response**
Question #6			
The family center had a role in making it easier to assess the impact and effectiveness of service in the community.	HAN	5/ 5	0
	KEY	3/ 3	0
	KPT	1/ 2	0
	MOL	3/ 6	1
	<u>WH</u>	<u>3/ 8</u>	<u>4</u>
		15/24	5

Question #7			
The family center had a role in making it easier to assess the real needs of families in the community.	HAN	5/ 5	0
	KEY	3/ 3	1
	KPT	3/ 3	0
	MOL	7/10	0
	<u>WH</u>	<u>6/11</u>	<u>4</u>
		24/32	5

Question #8			
The family center had a role in increasing the amount of leverage funding and the number of innovative multiple funding streams in the community.	HAN	2/2	1
	KEY	0/0	0
	KPT	2/2	0
	MOL	0/2	0
	<u>WH</u>	<u>0/3</u>	<u>1</u>
		4/9	2

* Number of "yes" responses to item (C)/number of responses to item (B) minus number of "do not know" responses to item (B)

** Number of "do not know" responses and nonresponses to item (B)

HAN = Hanalei Family Center
 KEY = Kualoa-Heeia Ecumenical Youth Family Center
 KPT = Kuhio Park Terrace Family Center
 MOL = Molokai Family Center
 WH = West Hawaii Family Center

Appendix J

QUESTION #1

HAN = Hanalei Family Center
 KEY = Kualoa-Heeia Ecumenical Youth Family Center
 KPT = Kuhio Park Terrace Family Center
 MOL = Molokai Family Center
 WH = West Hawaii Family Center

(A) Were services to families in your community fragmented before the establishment of the family center?

	Y Yes	N No	D Do not know/ No response
HAN	6	0	0
KEY	4	0	2
KPT	3	0	0
MOL	11	0	4
WH	16	0	2/1

(B) What change, if any, did you notice about services to families in your community after the establishment of the family center?

	1 Much more fragmented	2 More fragmented	3 No change	4 Less fragmented	5 Much less fragmented	0 Do not know
HAN	0	0	0	4	2	0
KEY	0	0	0	2	2	0
KPT	0	0	1	0	2	0
MOL	0	0	2	8	1	0
WH	0	1	1	9	1	4

(C) Do you think the family center had a role in bringing about this change?

	Y Yes	N No	D Do not know
HAN	6	0	0
KEY	4	0	0
KPT	2	0	0
MOL	9	0	0
WH	9	0	1

(D) Briefly describe the main reason why services to families in your community have become less fragmented since the establishment of the family center.

HAN

■ THE FAMILY CENTER HELPS MAKE SERVICES OR INFORMATION PHYSICALLY ACCESSIBLE (5)
 "One centralized place to gain help".
 "Central meeting place".

"Single access to services".

"Local (north shore) access to services".

"The families were contacted by people in our [community] and explained the services".

■ THE FAMILY CENTER HELPS PEOPLE TO TALK ABOUT THEIR CONCERNS AND KNOWS WHERE TO REFER THEM FOR SERVICES OR INFORMATION (3)

"The family center assists people in accessing their concerns and identifying resources to address their problems".

"They get to hear concerns and are able to [link] persons with the right agencies".

"Awareness and information of what services are available".

■ OTHER (3)

". . . [C]ommunity center is able to advocate for their community".

"Coordinated projects promote shared experiences - Learning".

"Due to services provided".

KEY

■ THE FAMILY CENTER KNOWS WHERE TO REFER PEOPLE FOR SERVICES OR INFORMATION (3)

"Establishment of the information and referral program which assisted in coordinating services".

"Provided an agency to which the community could go to for . . . referral".

"Information and referral component at family center has helped many families by referring to other community resources . . .".

■ OTHER (3)

". . . [F]ollowup by center staff".

"More agency networking with others, less competition when people work together".

"Provided an agency to which the community could go to for services . . .".

KPT

■ THE FAMILY CENTER HELPS COORDINATE SERVICES (2)

"The Family Center acts as a clearing house for social/community services".

"Coordination of services".

MOL

■ THE FAMILY CENTER HELPS AGENCIES TO MEET OR WORK TOGETHER (3)

"More emphasis on case management meetings by all service providers in the community, including family center".

"Establishing interagency meetings . . .".

"Establishing interagency . . . partnerships".

■ THE FAMILY CENTER HELPS MAKE SERVICES OR INFORMATION PHYSICALLY ACCESSIBLE (3)

"Because a number of services are "housed" in the same location--right downtown".

"Central location . . .".

". . . [A]ccess to information".

■ THE FAMILY CENTER KNOWS WHERE TO REFER PEOPLE FOR SERVICES OR INFORMATION (2)

"Family Center provides services in the area of health referral . . .".

"Better referral services".

■ OTHER (5)

"Claire and Laverne".

"Families receive more personal attention from workers who are from the local community".

"Family Center provides services in the area of . . . special assistance, and emergencies such as food, clothing etc."

"Support to family members have given training[,] education . . . to improve family relationships".

"Support to family members have given . . . respite to improve family relationships".

WH

■THE FAMILY CENTER HELPS MAKE SERVICES OR INFORMATION PHYSICALLY ACCESSIBLE (12)

"Families (and individuals) are able to find information on services available in the community from one stop".

"[Family Center] has provided a central point for information . . .".

"[Family Center] has provided a central point for . . . intelligent referral".

"It is a one stop call rather than a run around".

"The Kailua[-Kona] community now has a central location for information . . .".

"The Kailua[-Kona] community now has a central location for . . . education . . .".

"The Kailua[-Kona] community now has a central location for . . . referrals".

"The center is able to provide one place where people can go to get [information] on a variety of problems".

"Families have a 'place' to go to . . . for help . . .".

"Families have a 'place' to go to . . . for . . . information".

"Families have a 'place' to . . . call for help . . .".

"Families have a 'place' to . . . call for . . . information".

■THE FAMILY CENTER KNOWS WHERE TO REFER PEOPLE FOR SERVICES OR INFORMATION (4)

"Awareness of the services that are available for families in the community".

"Staff at center are knowledgeable about a variety of services offered by many agencies and are able to make appropriate referrals . . .".

"Staff are knowledgeable in assessing needs and [making] appropriate referrals".

". . . [R]eferrals".

■OTHER (4)

"They . . . utilize community resources for referrals".

"Provider communication . . .".

"I see the Family Center providing much needed prevention services".

"Staff at center are . . . able to make appropriate referrals while also encouraging agencies to develop positive relationships".

Briefly describe the main effect that this change had on families in your community.

HAN

■FAMILIES ARE DEVELOPING A SENSE OF COMMUNITY (5)

"Provided a rallying [point] . . .".

"Helps in . . . community working to assist families".

"Families are not feeling forgotten or lost".

"Partnerships".

"Sharing".

■OTHER (3)

"Families are happy to have a one stop system where they can resolve their needs".

"More utilization of appropriate services".

"Provided a . . . place to turn for help".

■AGENCIES ARE CHANGING THE WAY THEY DO BUSINESS (5)

"Families now having agencies come to them".

"Because there is a space for them, Lihue based agencies are sending representatives to offer services in the local community".

"[Kupunas] received services and [community] help [without] losing face".

"Earlier processing, screening provide more appropriate referral to comprehensive range of services".

"Helps in coordinating services . . .".

KEY

■FAMILIES ARE DEVELOPING A SENSE OF COMMUNITY (2)

"Increased closer sense of community and belonging".

"More feeling supported by 'community'".

■AGENCIES ARE CHANGING THE WAY THEY DO BUSINESS (3)

"Families received help directly . . .".

"Families received help . . . through staff advocacy efforts if required".

"Allowed one-stop service - if agency was unable to provide the direct service, they could let the person know who else could provide the service, and even make initial contact, if requested".

KPT

■OTHER (1)

"Improve the knowledge of residents to outside agency support".

■AGENCIES ARE CHANGING THE WAY THEY DO BUSINESS (1)

"Families are able to receive more comprehensive help with various, interconnected problems".

MOL

■FAMILIES ARE BECOMING PROBLEM SOLVERS (3)

"More hopeful of solving problems".

"They are aware of more options . . .".

"Sense of belonging, caring and understanding [versus] client overload, improved self esteem".

■OTHER (2)

"Change has improved quality of life as services are available on island".

"Better understanding of service provision . . .".

■AGENCIES ARE CHANGING THE WAY THEY DO BUSINESS (7)

"Very beneficial, e.g., more services better coordinated".

". . . [F]ollow up is provided".

". . . [L]ess duplication of services . . .".

". . . [M]ore collaboration between service providers".

"Availability is greater . . .".

". . . [E]asy access".

"Individualized plans made for each family".

WH

■FAMILIES ARE GETTING BETTER AT ACCESSING SERVICES OR INFORMATION (3)

"Families are less frustrated by avoiding phone calls . . .".

"Families are less frustrated by . . . visits to agencies".

"Families are better able to access the proper help needed".

■OTHER (4)

"Less crisis management for families".

"Increased awareness of services offered and user friendly referrals to those services have ... allowed families to grow ... as a family unit".

"Increased awareness of services offered and user friendly referrals to those services have ... allowed families to grow ... as individuals ...".

"Families are receiving assistance ...".

■ AGENCIES ARE CHANGING THE WAY THEY DO BUSINESS (8)

"More of a 'one-stop' process for families in need of an array of services".

"... [P]rograms have been coordinated".

"More educational programs have been provided".

"'Plugging' services in for families in the community".

"Referral service".

"Easier access to assistance ...".

"Easier access to ... information".

"Makes it easier to ask for help".

(E) Do you think the family center had a role in bringing about this change?

	Y Yes	N No	D Do not know
HAN	0	0	0
KEY	0	0	0
KPT	0	0	0
MOL	0	0	0
WH	0	1	0

(F) Briefly describe the main reason why services to families in your community have become more fragmented since the establishment of the family center.

HAN
KEY
KPT
MOL
WH

Briefly describe the main effect that this change had on families in your community.

HAN
KEY
KPT
MOL
WH

QUESTION #2

HAN = Hanalei Family Center
KEY = Kualoa-Heeia Ecumenical Youth Family Center
KPT = Kuhio Park Terrace Family Center
MOL = Molokai Family Center
WH = West Hawaii Family Center

(A) Was there a lack of coordination and communication among those persons who provide services in your community before the establishment of the family center?

	Y Yes	N No	D Do not know/ No response
HAN	6	0	0
KEY	4	0	2
KPT	3	0	0
MOL	12	0	3
WH	13	1	4/1

(B) What change, if any, did you notice about coordination and communication among those persons who provide services in your community after the establishment of the family center?

	1 Much less coordina- tion and communica- tion	2 Less coordina- tion and communica- tion	3 No change	4 More coordina- tion and communica- tion	5 Much more coordina- tion and communica- tion	0 Do not know
HAN	0	0	0	3	3	0
KEY	0	0	0	3	1	0
KPT	0	0	1	1	1	0
MOL	0	1	0	9	2	0
WH	0	1	3	8	1	1

(C) Do you think the family center had a role in bringing about this change?

	Y Yes	N No	D Do not know/ No response
HAN	6	0	0
KEY	4	0	0
KPT	1	0	0/1
MOL	10	0	1
WH	7	0	2

(D) Briefly describe the main reason why coordination and communication among those persons who provide services in your community has increased since the establishment of the family center.

HAN

■THE FAMILY CENTER HELPS FOSTER COMMUNICATION, COLLABORATION, OR COOPERATION AMONG AGENCIES (3)

"Family Center has been willing to open its doors not just to community but agencies as well".

"Strong value for communication and collaboration with service providers is cornerstone of Family Center".

"Pro-active efforts to establish routine communication and collaboration has been present from beginning".

■THE FAMILY CENTER HELPS MAKE SERVICES OR INFORMATION PHYSICALLY ACCESSIBLE (3)

"Service providers have a centralized contact location to help them connect to community".

"Because family center has offered a space for services to be distributed from".

"The families were contacted by people in our [community] and explained the services".

KEY

■THE FAMILY CENTER HELPS FOSTER NETWORKING, COOPERATION, AND COLLABORATION AMONG AGENCIES (4)

"Because of the nature of the Information and Referral program, networking between agencies increased significantly".

"Provided a forum . . . for community organizations to 'hook' up with each other".

"Provided a . . . place for community organizations to 'hook' up with each other".

"Concept encourages collaboration and working together with less competitiveness on turf issues".

■OTHER (1)

"Family Center staff needed to update on other community resources' efforts".

KPT

■THE FAMILY CENTER WORKS WITH OTHER AGENCIES (3)

"The Family Center are coordinators for community services".

"Effective work with [the Hawaii Housing Authority]".

"Effective communication within [Parents and Children Together]".

MOL

■THE FAMILY CENTER, THROUGH THE MOLOKAI INTERAGENCY NETWORK, HELPS FOSTER NETWORKING AMONG AGENCIES (5)

"Establishing the [Inter-]Agency Network - Knowledge of agencies and services, partnerships".

"Claire established the Molokai Inter-Agency Network, which meets quarterly, plus has committees working".

"The Director and staff to the family center have been an integral part of the development and participation in a community wide association which meets at least quarterly to discuss problems with service delivery on Molokai and to generate solutions"

"Quarterly MIN (Molokai Interagency Network) meetings have helped".

"Agencies are meeting together and looking at a total plan for community".

■OTHER (6)

"Someone cares".

"The community were made aware of the services through the local media. Visibility brought clients in for services".

"A central contact or reference point".

"More effective services . . .".

". . . [L]ess confusion . . .".

"... [L]ess ... duplication".

WH

■THE FAMILY CENTER HELPS FOSTER COMMUNICATION, COLLABORATION, OR COOPERATION AMONG AGENCIES (8)

"Mostly due to the Family Center's staff's ability to pull together the appropriate agencies/people to work on specific goals".

"Agencies can call there for referrals to avoid duplication of effort".

"They (staff) realize that collaboration, coordination, and networking are essential".

"More networking at meetings, i.e. [West Hawaii] Health and Human Services Council ...".

"The Family Center, is committed to 'coordinating' needed services in the community, to make it easier for families to seek help".

"... [T]hey encourage cooperation".

"Staff of West Hawaii Support Services anxious to work [with] other providers and provide solid referrals for clients".

"The Center served as a linkage to other service providers".

■OTHER (3)

"The family center staff are warm and caring individuals who use their skills and expertise in ways that build a sense of community ...".

"... [F]liers".

"The staff are committed to helping serve the families".

Briefly describe the main effect that this change had on families in your community.

HAN

■OTHER (3)

"Greater utilization of services".

"Time savings to access appropriate services ...".

"Community experiences helping families to help themselves--or when appropriate resources are needed and available".

■AGENCIES ARE CHANGING THE WAY THEY DO BUSINESS (4)

"They have created a one stop destination. Most persons get frustrated with most service agencies because they get [sent] from place to place. At family center its available right here".

"Reduction in duplication of services".

"... [C]lear understanding of services is provided".

"N.S.[North Shore]/Hanalei, Wainiha, Haena people receive attention".

KEY

■OTHER (2)

"Overall, agencies were willing to share information about their services, which enabled the program to give out better information and make better referrals, increasing client's self esteem and attitude".

"Community issues/concerns were better known to community".

■AGENCIES ARE CHANGING THE WAY THEY DO BUSINESS (2)

"Families were able to receive help more efficiently because different agencies were coordinating efforts".

"Very positive--more supportive role model for family communication".

KPT

■OTHER (1)

"More families got involved".

■ **AGENCIES ARE CHANGING THE WAY THEY DO BUSINESS (1)**

"Service providers operate more efficiently".

MOL

■ **FAMILIES ARE DEVELOPING A SENSE OF COMMUNITY (3)**

"Some families volunteer time to help organization . . .".

"Some families volunteer time to . . . support other families".

". . . [I]nvolvement".

■ **OTHER (2)**

"Education . . .".

"Somebody listened".

■ **AGENCIES ARE CHANGING THE WAY THEY DO BUSINESS (7)**

"Increased coordination".

"Families are receiving better services as local providers learn more about each other and the programs that are available for referral".

"The main effect was being able to have services on-island rather than being referred to agencies off-island".

"Very beneficial, e.g., more knowledge of other services and personnel ---> facilitates referrals".

"Facilitated assistance".

"Better services".

"Agencies hold meetings to see what need of families are".

WH

■ **FAMILIES ARE DEVELOPING A SENSE OF COMMUNITY (4)**

"They are not as isolated as they once may have been".

"Families have an open/inviting place to go to for . . . a friendly ear . . .".

"Families have an open/inviting place to go to . . . meet others during classes . . .".

"Positive empowering!"

■ **OTHER (2)**

"Positive feedback from families - Families have felt good about their contacts [with] the Family Center".

"Families have an open/inviting place to go to for information . . .".

■ **AGENCIES ARE CHANGING THE WAY THEY DO BUSINESS (8)**

"Simplifies [number] of people involved".

"Has made services accessible".

"Referral process".

". . . [L]ess crisis response is necessary".

"More services appropriate for families . . .".

". . . [A]ccessibility".

"Services may be facilitated because they have an advocate . . .".

"Services may be facilitated . . . because the family center staff know staff of various service agencies".

(E) Do you think the family center had a role in bringing about this change?

	Y Yes	N No	D Do not know
HAN	0	0	0
KEY	0	0	0
KPT	0	0	0
MOL	0	1	0
WH	0	1	0

(F) Briefly describe the main reason why coordination and communication among those persons who provide services in your community has decreased since the establishment of the family center.

HAN
KEY
KPT
MOL
WH

Briefly describe the main effect that this change had on families in your community.

HAN
KEY
KPT
MOL
WH

QUESTION #3

HAN = Hanalei Family Center
KEY = Kualoa-Heeia Ecumenical Youth Family Center
KPT = Kuhio Park Terrace Family Center
MOL = Molokai Family Center
WH = West Hawaii Family Center

(A) Was it difficult for consumers (in general) and families (in particular) to gain access to services and information in your community before the establishment of the family center?

	Y Yes	N No	D Do not know/ No response
HAN	6	0	0
KEY	3	0	3
KPT	3	0	0
MOL	6	2	7
WH	13	1	4/1

(B) What change, if any, did you notice about consumers' and families' access to services and information in your community after the establishment of the family center?

	1 Much more difficult	2 More difficult	3 No change	4 Less difficult	5 Much less difficult	0 Do not know
HAN	0	0	0	3	3	0
KEY	0	0	0	3	0	0
KPT	0	0	1	1	1	0
MOL	0	0	2	3	3	0
WH	0	0	1	8	2	3

(C) Do you think the family center had a role in bringing about this change?

	Y Yes	N No	D Do not know
HAN	6	0	0
KEY	3	0	0
KPT	2	0	0
MOL	6	0	0
WH	10	0	0

(D) Briefly describe the main reason why it has become easier for consumers and families to access services and information in your community since the establishment of the family center.

HAN

■ **THE FAMILY CENTER HELPS MAKE SERVICES OR INFORMATION PHYSICALLY ACCESSIBLE (4)**

"Now they [have] persons from community agencies coming out to them, and its usually the same person [so] they have a one on one relationship with agencies".

"The families were contacted by people in our [community] and explained the services".

"Because center is located in region and has offered space they have magnetized what have been Lihue only service access".

"Hanalei based".

■OTHER (4)

". . . [T]hey have staff of family center to advocate for them".

"Knowledge from family center staff . . .".

"[C]onsumers and families feel comfortable with the family center staff . . .".

"[C]onsumers and families feel comfortable with . . . style of helping".

KEY

■THE FAMILY CENTER HELPS MAKE SERVICES OR INFORMATION PHYSICALLY ACCESSIBLE (2)

"Provided one-stop access. Families no longer had to call around for help".

"Location of KEY Project in the community".

■OTHER (1)

"More emphasis upon cooperation".

KPT

■OTHER (2)

"Services are centralized".

"Connection to expanding numbers of programs".

MOL

■THE FAMILY CENTER KNOWS WHERE TO REFER PEOPLE FOR SERVICES OR INFORMATION (3)

"The Family Center helps people by telling them what services are available, makes referrals, etc."

"[T]hey can call the office and get quality answers to questions".

"The outreach workers have played major role in informing families of services available".

■OTHER (4)

"No longer referred to off-island agencies for services".

"Personal assessments are done for each individual family".

"The family center has information available for families to pick up in person . . .".

"Family center is in [Kaunakakai] on the main street visible to all".

WH

■THE FAMILY CENTER HELPS MAKE SERVICES OR INFORMATION PHYSICALLY ACCESSIBLE (10)

"The Family Center provides space for many agencies to access clients who may have transportation or other problems".

"[Family Center] has provided a central point for information . . .".

"[Family Center] has provided a central point for . . . intelligent referral".

"Location of the Family Center".

"Center located in Kona Coast Shopping Center . . .".

". . . [O]pen on Saturdays . . .".

". . . [A]ctivities at night".

"Served as a 'clearinghouse'. Access to information at one spot".

"Case workers willing to find ways to overcome transportation crisis in community".

"The center is able to provide one place where people can go to get [information] on a variety of problems".

■THE FAMILY CENTER HELPS PROVIDE INFORMATION ON SERVICES (4)

"Often times families were unsure of services available . . .".
"Advertisement and promotion thru the media to help families know the existence of services available".
"Staff are friendly and positive people who love to share information on services . . .".
"Known as a community resources for families and agencies".

■OTHER (4)

". . . [T]he cultural uneasiness is lessened".
"Individuals/faamilies can walk into the Center and speak to a person face to face".
"Staff are friendly and positive people who love to . . . help anyone who goes to the Center . . .".
"Staff are friendly and positive people who love to . . . help anyone who . . . calls".

Briefly describe the main effect that this change had on families in your community.

HAN

■FAMILIES ARE DEVELOPING A SENSE OF COMMUNITY (3)

"Sense of trust. Much more open".
"A place to turn to for help where trust was established".
"Increase recognition from families and communities to network with others, builds community spirit and supports families".

■OTHER (1)

". . . [E]njoys that family center staff are careful not to duplicate services".

■AGENCIES ARE CHANGING THE WAY THEY DO BUSINESS (5)

"Lihue based service representatives available in user friendly, culturally appropriate emphases [sic] space".
"Increased follow-up support".
"So much of services offered get completed a lot faster".
"A specific place on [north]-shore for our [community]".
"Single point of access".

KEY

■FAMILIES ARE GETTING BETTER AT ACCESSING SERVICES OR INFORMATION (2)

"It . . . helped them save time . . . [versus] calling around blindly . . .".
". . . [I]t made them much more confident . . . not always knowing the correct questions to ask was intimidating".

■OTHER (2)

"Community use of facility . . . by students, families and various organizations".
"Community use of . . . services by students, families and various organizations".

■AGENCIES ARE CHANGING THE WAY THEY DO BUSINESS (1)

"Positive. Faster service for crises".

KPT

■OTHER (2)

"Because services are centralized, more familys are apt to apply for a [range] of services".
"Families have been able to make improvements in their lives".

MOL

■FAMILIES ARE GETTING BETTER AT ACCESSING SERVICES OR INFORMATION (3)

"More informed . . . about accessing available services".

"More . . . confident about accessing available services".

"Families know they can get help if they desire it".

■OTHER (1)

"Families seem to feel safe going to the family center to get help because they do not see it as a government affiliated agency to fear and are therefore not threatened to ask for help. It is seen as a part of the community that can be trusted".

■AGENCIES ARE CHANGING THE WAY THEY DO BUSINESS (2)

"Very beneficial, e.g., help in dealing [with] bureaucracy".

"Main effect is to have an agency that was now providing services whereas no service of this manner exist".

WH

■IT IS LESS FRUSTRATING FOR FAMILIES TO ACCESS SERVICES OR INFORMATION (2)

"[Correct agency <---> correct clients] ---> [less hassle]".

"Less frustrating for families".

■OTHER (4)

". . . [L]ess stress . . .".

". . . [L]ess crisis response".

". . . [A]wareness of services in the community".

"Families are better able to access the appropriate services".

■AGENCIES ARE CHANGING THE WAY THEY DO BUSINESS (6)

"Families have quicker access to appropriate agencies. They don't have to be sent from agency to agency until they find the right one".

"Availability . . . of services in the community".

"More opportunities for positive, enriching activities . . .".

"More opportunities for . . . learning to strengthen families".

"For certain types of services, such as parenting classes, families had direct access to the service at the Family Center located in a major shopping area".

"Families can get to services which are at scattered sites".

(E) Do you think the family center had a role in bringing about this change?

	Y Yes	N No	D Do not know
HAN	0	0	0
KEY	0	0	0
KPT	0	0	0
MOL	0	0	0
WH	0	0	0

- (F) Briefly describe the main reason why it has become harder for consumers and families to access services and information in your community since the establishment of the family center.

HAN
KEY
KPT
MOL
WH

Briefly describe the main effect that this change had on families in your community.

HAN
KEY
KPT
MOL
WH

QUESTION #4

HAN = Hanalei Family Center
KEY = Kualoa-Heeia Ecumenical Youth Family Center
KPT = Kuhio Park Terrace Family Center
MOL = Molokai Family Center
WH = West Hawaii Family Center

- (A) Was it difficult for service providers in your community to gain access to services and information from each other before the establishment of the family center?

	Y Yes	N No	D Do not know
HAN	5	0	1
KEY	1	1	4
KPT	3	0	0
MOL	7	2	6
WH	7	5	7

- (B) What change, if any, did you notice about service providers in your community gaining access to services and information from each other after the establishment of the family center?

	1 Much more difficult	2 More difficult	3 No change	4 Less difficult	5 Much less difficult	0 Do not know/No response
HAN	0	0	0	3	2	0
KEY	0	0	0	0	2	0
KPT	0	0	1	1	1	0
MOL	0	0	1	4	3	1
WH	0	1	4	5	1	0/1

- (C) Do you think the family center had a role in bringing about this change?

	Y Yes	N No	D Do not know
HAN	5	0	0
KEY	2	0	0
KPT	2	0	0
MOL	6	0	1
WH	6	0	0

- (D) Briefly describe the main reason why it has become easier for service providers in your community to gain access to services and information from each other since the establishment of the family center.

HAN

■THE FAMILY CENTER HELPS BRING AGENCIES AND INFORMATION ABOUT SERVICES TOGETHER (5)

"... [T]hey have introduced agencies to each other ...".

"As various agency representatives sit together in same physical space, opportunity to be informed about different agency services is encouraged".

"Family centers offer a centralized place of information . . . to service providers".
"Family centers offer a centralized place of . . . knowledge . . . to service providers".
"Family centers offer a centralized place of . . . awareness to service providers".

■OTHER (2)

"Because family center has always previewed services".
". . . [Because family center] has asked specific request of services".

KEY

■THE FAMILY CENTER HELPS AGENCIES TO CHANGE THE WAY THEY DO BUSINESS (2)

". . . [S]ervices provided on a more consumer oriented basis than 'business' perspective".
"Service providers recognized the value of having a 'one stop' information center".

■OTHER (1)

"Closer for transportation . . .".

KPT

■OTHER (2)

"The Family Center becomes a meeting place or headquarters for [a lot] of the service providers".
"[Parents and Children Together] organized interagency council meetings (with [the Hawaii Housing Authority])".

MOL

■THE FAMILY CENTER, THROUGH THE MOLOKAI INTERAGENCY NETWORK, HELPS FOSTER NETWORKING AMONG AGENCIES (3)

"Monthly and quarterly meetings that bring together all service providers for networking have been effective within the community".
"Molokai Inter-Agency Network set up by Family Center".
"Agencies meet together. They know each other now".

■OTHER (4)

"Family Center workers know how to get a hold of the family i.e. where they 'stay'".
". . . [I]f a resource is unknown, the family center is the place to refer for additional information".
"Shared information".
"[Information] was more accessible as human services became more organized".

WH

■THE FAMILY CENTER HELPS FOSTER COLLABORATION, COOPERATION, OR NETWORKING AMONG AGENCIES (7)

"Mostly due to the Family Center's staff's ability to pull together the appropriate agencies/people to work on specific goals".
"Central resource for all of us".
"I think the staff has served as role models to other professionals in the community in reaching out to other providers".
"The family center staff's willingness to share information . . .".
"The family center staff's willingness to . . . serve as a clearinghouse".
"More collaboration between agencies".
"Agencies meet often and try harder to compliment each others' services".

■OTHER (2)

"Center open for information and referrals . . .".

"... [C]entrally located staff helpful".

Briefly describe the main effect that this change had on families in your community.

HAN

■FAMILIES ARE MORE SATISFIED WITH AGENCIES (3)

"Families are happy".

"Families feel that agencies are finally available to them".

"Less complaints about agencies because they [families] get a better idea of services offered".

■AGENCIES ARE CHANGING THE WAY THEY DO BUSINESS (4)

"Reduce duplication of services".

"Services are more appropriate to community needs...".

"... [M]ore germane agencies can negotiate for collaborative delivery".

"Encourages service providers to work and provide assistance to the community due to the support from the Family Center".

KEY

■FAMILIES ARE GETTING BETTER AT ACCESSING SERVICES OR INFORMATION (2)

"Saved family and agencies time ... as families were armed with information and could then formulate important questions to ask".

"Saved family and agencies ... [frustration], as families were armed with information and could then formulate important questions to ask".

■OTHER (1)

"Closer for transportation...".

■AGENCIES ARE CHANGING THE WAY THEY DO BUSINESS (1)

"... [S]ervices provided on a more consumer oriented basis than 'business' perspective".

KPT

■AGENCIES ARE CHANGING THE WAY THEY DO BUSINESS (2)

"Service providers function more efficiently, greatly enhancing their effectiveness".

"We are more effectively making referrals to families".

MOL

■OTHER (2)

"Education...".

"... [I]nvolvement".

■AGENCIES ARE CHANGING THE WAY THEY DO BUSINESS (5)

"Very beneficial, e.g., we have identified gaps in services, and are looking to fill them".

"Having services available in a centralized location".

"Families are being referred to appropriate programs as they exist on Molokai".

"If there is no program to address the need the family center is tracking the lack of resources and addressing the needs as they [the programs] arise in the community".

"Because agencies know each other, it is advantageous to talk more and work collaboratively".

WH

■OTHER (1)

"... [H]elps alleviate unnecessary stress".

■ AGENCIES ARE CHANGING THE WAY THEY DO BUSINESS (4)

"Families receive series of services rather than just one piece of the need".

"Increased access to appropriate agencies".

"More opportunities, programs for them as unit and individuals".

"While still not ideal, the easier access to services and information means that clients can be served in a more timely manner".

(E) Do you think the family center had a role in bringing about this change?

	Y Yes	N No	D Do not know
HAN	0	0	0
KEY	0	0	0
KPT	0	0	0
MOL	0	0	0
WH	0	1	0

(F) Briefly describe the main reason why it has become harder for service providers in your community to gain access to services and information from each other since the establishment of the family center.

HAN
KEY
KPT
MOL
WH

Briefly describe the main effect that this change had on families in your community.

HAN
KEY
KPT
MOL
WH

QUESTION #5

HAN = Hanalei Family Center
KEY = Kualoa-Heeia Ecumenical Youth Family Center
KPT = Kuhio Park Terrace Family Center
MOL = Molokai Family Center
WH = West Hawaii Family Center

(A) Was it difficult for service providers in your community and sources of funding to gain access to services and information from each other before the establishment of the family center?

	Y Yes	N No	D Do not know/ No response
HAN	5	0	1
KEY	2	0	4
KPT	1	2	0
MOL	7	1	7
WH	7	2	9/1

(B) What change, if any, did you notice about service providers in your community and funding sources gaining access to services and information from each other after the establishment of the family center?

	1 Much more difficult	2 More difficult	3 No change	4 Less difficult	5 Much less difficult	0 Do not know
HAN	0	0	0	3	1	1
KEY	0	0	0	2	0	0
KPT	0	0	2	0	1	0
MOL	0	0	3	3	1	1
WH	1	1	1	3	0	3

(C) Do you think the family center had a role in bringing about this change?

	Y Yes	N No	D Do not know/ No response
HAN	4	0	0
KEY	2	0	0
KPT	0	0	0/1
MOL	4	0	0
WH	3	0	0

(D) Briefly describe the main reason why it has become easier for service providers in your community and sources of funding to gain access to services and information from each other since the establishment of the family center.

HAN

■ THE FAMILY CENTER HELPS AGENCIES TO WORK TOGETHER (3)

"... [T]here is no feeling of territorial rule. What I mean by territorial rule is that the family center is open to everyone, office space is shared. And so there is only services and information to be worried about and it's easy to keep that on agenda. You do your work give your services and you leave".

"With the family center, a network of people established improved communication ...".

"With the family center, a network of people established improved ... assistance".

■ THE FAMILY CENTER HELPS MAKE SERVICES OR INFORMATION PHYSICALLY ACCESSIBLE (2)

"Because it's all at one place".

"Single point of access".

■ OTHER (1)

"Community based, localized understanding of needs".

KEY

■ OTHER (2)

"Simplify referral ... process".

"Simplify ... communication process".

KPT

■ OTHER (2)

"The Family Center levels the playing field for service providers".

"Providers are familiar with other providers of services".

MOL

■ THE FAMILY CENTER HELPS PROVIDE INFORMATION TO OTHER AGENCIES (5)

"... [S]haring of information facilitated by MIN [Molokai Inter-agency Network]".

"The center employees have information available for hand out ...".

"The center employees ... [are] gathering more statistical information ...".

"The center employees ... [are] creating a vehicle for coordinating ... our statistical information".

"The center employees ... [are] creating a vehicle for ... sharing our statistical information".

■ OTHER (4)

"More organized ...".

"More ... publicized".

"Collaboration on projects ...".

"Services were fragmented more frequently before".

WH

■ THE FAMILY CENTER HELPS AGENCIES TO INTERACT WITH ONE ANOTHER (4)

"Family Center - point of contact for interaction between agencies".

"Interaction between providers is comfortable ...".

"Interaction between providers is ... consistent".

"Because of the utilization of referral by the family center".

Briefly describe the main effect that this change had on families in your community.

HAN

■OTHER (1)

"Because agencies are asked to come in and give or offer specific services. They don't feel [threatened] by each other. And they also learn about each other and know each other that they work together. Which provides very quick responses for families, and families are happy with quicker services".

■AGENCIES ARE CHANGING THE WAY THEY DO BUSINESS (4)

"Offered increase . . . access to community members in support of their interests, needs and concerns".

"Offered increase sources of funding support . . . to community members in support of their interests, needs and concerns".

"More appropriate services".

"Greater access to potential providers".

KEY

KPT

■OTHER (1)

"Increase funding from grants/legislative actions".

MOL

■OTHER (1)

"Lot less concerned about seeking help".

■AGENCIES ARE CHANGING THE WAY THEY DO BUSINESS (4)

"A sense of community effort and commitment has been developed. As a collective group we are striving to achieve goals that require cooperation and coordination of our resources as well as identified needs".

"Beneficial, e.g., more grants ---> more service".

"[Sources of] funding . . . were able to give care to families more readily".

". . . [P]roviders were able to give care to families more readily".

WH

■AGENCIES ARE CHANGING THE WAY THEY DO BUSINESS (2)

"More comprehensive services are being accessed".

"Larger menu of services is offered at first point of contact".

(E) Do you think the family center had a role in bringing about this change?

	Y Yes	N No	D Do not know
HAN	0	0	0
KEY	0	0	0
KPT	0	0	0
MOL	0	0	0
WH	1	1	0

- (F) Briefly describe the main reason why it has become harder for service providers in your community and sources of funding to gain access to services and information from each other since the establishment of the family center.

HAN
KEY
KPT
MOL
WH

■OTHER (1)

"Because the family center takes everything for their own agencies and keeps info from being disseminated".

Briefly describe the main effect that this change had on families in your community.

HAN
KEY
KPT
MOL
WH

■OTHER (2)

"The family center is only concerned [with] their funding, not families".

"Their programs are a joke. Such as the 'toy lending library'[--]about 2 shelves of toys. Big deal".

QUESTION #6

HAN = Hanalei Family Center
 KEY = Kualoa-Heeiea Ecumenical Youth Family Center
 KPT = Kuhio Park Terrace Family Center
 MOL = Molokai Family Center
 WH = West Hawaii Family Center

(A) Was it difficult to assess the impact and effectiveness of service in your community before the establishment of the family center?

	Y Yes	N No	D Do not know/ No response
HAN	4	1	1
KEY	2	1	3
KPT	2	0	1
MOL	5	2	8
WH	10	2	6/1

(B) What change, if any, did you notice about assessing the impact and effectiveness of service in your community after the establishment of the family center?

	1 Much more difficult	2 More difficult	3 No change	4 Less difficult	5 Much less difficult	0 Do not know
HAN	0	0	0	4	1	0
KEY	0	0	0	2	1	0
KPT	0	0	1	0	1	0
MOL	0	0	3	2	1	1
WH	0	1	4	2	1	4

(C) Do you think the family center had a role in bringing about this change?

	Y Yes	N No	D Do not know
HAN	5	0	0
KEY	3	0	0
KPT	1	0	0
MOL	3	0	0
WH	3	0	0

(D) Briefly describe the main reason why it has become easier to assess the impact and effectiveness of service in your community since the establishment of the family center.

HAN

■THE FAMILY CENTER HELPS PEOPLE TO TALK TO ONE ANOTHER ABOUT SERVICES IN, OR FOR THE COMMUNITY (5)

"... [T]hey ... comment to others in the community and we see more people".

"Because of family center its easier to know what community feels about our services".

"Have someone local to talk to: as community is understood and represented, more salient [information] is provided".

"Community involvement increased".

". . . [T]hey request more services".

■OTHER (3)

"You can experience the difference in peoples awareness . . .".

"You can experience the difference in peoples . . . connectedness . . .".

"You can experience the difference in peoples . . . community".

KEY

■THE FAMILY CENTER HELPS IMPROVE THE METHODS OF ASSESSMENT (3)

"Tools to measure success were implemented".

"Made task more efficient . . .".

"Made task more . . . collective".

■OTHER (1)

". . . [S]ervices provided on a more consumer oriented basis than 'business' perspective".

KPT

■OTHER (1)

"The Family Center represent a cross section of the community".

MOL

■OTHER (3)

"MIN [Molokai Inter-agency Network], [especially] the committees, e.g., on family counseling".

"Confidentiality".

"Because the Family Support Center does it continually not hit and miss".

WH

■THE FAMILY CENTER HELPS PROVIDE INFORMATION ON COMMUNITY NEEDS OR RESOURCES (2)

"As families/[agencies] [view] family center as point of contact - the community has a resource for gathering info on needs/resources.

"[Family Center's] monthly assessment of services provided, referrals made and unmet needs provides interested agencies data [heretofore] unavailable".

■OTHER (1)

"Service providers more clearly see Big Picture".

Briefly describe the main effect that this change had on families in your community.

HAN

■FAMILIES ARE DEVELOPING A SENSE OF COMMUNITY (3)

"Stronger . . . community -- sense of community continues after Iniki experience".

". . . [S]upportive community . . .".

"They consider you as family and are more open in communicating effects of services on their family".

■OTHER (2)

". . . [I]ts easier to see results".

"It's easier for them to use services . . .".

■ **AGENCIES ARE CHANGING THE WAY THEY DO BUSINESS (3)**

"Greater development . . . [of] assets development to meet community needs".

"Greater . . . reliance on assets development to meet community needs".

"More relevancy to services".

KEY

■ **AGENCIES ARE CHANGING THE WAY THEY DO BUSINESS (1)**

"Allows agencies to see the "gaps" and fill the needs of the community in a more timely and efficient manner".

KPT

■ **AGENCIES ARE CHANGING THE WAY THEY DO BUSINESS (1)**

"Program evaluations are much simpler, which increase program effectiveness".

MOL

■ **OTHER (3)**

"Beneficial, e.g., trying to get services we still need".

"On island services".

"Families began to see that assessments were taken beyond a report. Needs were begun to be met".

WH

■ **OTHER (1)**

"Needs assessment more [apparent]".

■ **AGENCIES ARE CHANGING THE WAY THEY DO BUSINESS (2)**

"Community services can be more [flexible] to meet identified needs/gaps".

"Interested agencies can mold programs to meet unmet needs".

(E) Do you think the family center had a role in bringing about this change?

	Y Yes	N No	D Do not know
HAN	0	0	0
KEY	0	0	0
KPT	0	0	0
MOL	0	0	0
WH	0	1	0

(F) Briefly describe the main reason why it has become harder to assess the impact and effectiveness of service in your community since the establishment of the family center.

HAN
KEY
KPT
MOL
WH

Briefly describe the main effect that this change had on families in your community.

HAN
KEY
KPT
MOL
WH

QUESTION #7

HAN = Hanalei Family Center
 KEY = Kualoa-Heeia Ecumenical Youth Family Center
 KPT = Kuhio Park Terrace Family Center
 MOL = Molokai Family Center
 WH = West Hawaii Family Center

(A) Was it difficult to assess the real needs of families in your community before the establishment of the family center?

	Y Yes	N No	D Do not know/ No response
HAN	4	1	1
KEY	3	1	2
KPT	3	0	0
MOL	5	5	5
WH	11	4	3/1

(B) What change, if any, did you notice about assessing the real needs of families in your community after the establishment of the family center?

	1 Much more difficult	2 More difficult	3 No change	4 Less difficult	5 Much less difficult	0 Do not know/No response
HAN	0	0	0	4	1	0
KEY	0	0	0	2	1	1
KPT	0	0	0	2	1	0
MOL	0	0	3	5	2	0
WH	0	0	4	5	2	3/1

(C) Do you think the family center had a role in bringing about this change?

	Y Yes	N No	D Do not know/NR
HAN	5	0	0
KEY	3	0	0
KPT	3	0	0
MOL	7	0	0
WH	6	0	0/1

(D) Briefly describe the main reason why it has become easier to assess the real needs of families in your community since the establishment of the family center.

HAN

■THE FAMILY CENTER HELPS FAMILIES TO TALK ABOUT THEIR NEEDS (2)

"... [W]hen assessing needs you get a better idea because families are open when they are comfortable".

"Community trusts their own community members. More willingness to express needs to local neighbors with cultural sensitivity/access".

■OTHER (3)

"Because all agencies are in one area so you can work together in being sure no duplications are going on . . .".

"Due to family center, community issues are addressed more continuously . . .".

"Due to family center, community issues are addressed more . . . appropriately".

KEY

■OTHER (5)

"The establishment of tools to measure needs".

"Families are more comfortable coming in to discuss needs".

"Better coordination".

"Easier/customer satisfaction".

"Access [with] transportation/services to/from site".

KPT

■THE FAMILY CENTER HELPS AGENCIES WORK WITH THE COMMUNITY (2)

"Family Center represent a cross section of the community".

"A few residents participate jointly with service providers thus providing [insight]".

■OTHER (1)

"Perhaps the surveys the [Parents and Children Together] implemented".

MOL

■THE FAMILY CENTER HELPS AGENCIES TO UNDERSTAND OR ADDRESS THE NEEDS OF THE COMMUNITY (4)

"Because staff and lay workers are local from the Molokai community, most are [Hawaiian/part Hawaiian]. Individual family needs are recognized in an appropriate cultural perspective".

"They get to know the community and its people".

"Because programs like Healthy Start, Teddy Bear Corner, etc., are meeting real needs of community families".

"Medical professionals are beginning to target needs, i.e., diabetes, obesity, and high blood pressure via Na Puuwai".

■OTHER (3)

"Coordination through MIN [Molokai Inter-agency Network]".

"Friendly service".

"Because the Family Support Center does it continually not hit and miss".

WH

■THE FAMILY CENTER HELPS IMPROVE THE METHODS OF ASSESSMENT (8)

"Easier needs assessment by networking . . .".

"Easier needs assessment by . . . sharing new trends".

"The Advisory Committee provided valuable input on assessing needs of families".

"The center is able to assimilate all requests for assistance which helps pinpoint problem areas and needs".

"They . . . request feedback from families who participate in their programs".

"[Family Center's] monthly assessment and report surfaces many needs".

"As families/[agencies] [view] family center as point of contact - the community has a resource for gathering info on needs/resources".

"Staff are knowledgeable in assessing needs and [making] appropriate referrals".

■THE FAMILY CENTER HELPS AGENCIES TO WORK WITH ONE ANOTHER (2)

"Mostly due to the Family Center's staff's ability to pull together the appropriate agencies/people to work on specific goals".

"Family Center - point of contact for interaction between agencies".

■OTHER (4)

"More resources are offered since they know all of them".

"They approach the family from a 'systems' perspective".

"The nature of the family center invites families to share their concerns".

"It . . . provides easy access to referral services".

Briefly describe the main effect that this change had on families in your community.

HAN

■FAMILIES ARE DEVELOPING A SENSE OF COMMUNITY (4)

"Families more trusting their a part of service delivery system that will meet localized needs".

"Strengthens community involvement".

"[Strengthens] community's awareness . . . - clarifies the needs and issues for this community".

"[Strengthens] community's . . . supports . . .".

■OTHER (1)

"Families are more open to talk about needs and are able to be comfortable knowing who they are working with".

KEY

■OTHER (2)

"More cohesiveness between families and agencies".

". . . [L]ess stressful".

KPT

■OTHER (1)

"The tenant association is growing, hopefully this affects decision making, empowers people to be in more control of their own lives".

■AGENCIES ARE CHANGING THE WAY THEY DO BUSINESS (2)

"Needs are identified quickly and programs can target those needs".

"Being able to create more programs that address families needs".

MOL

■FAMILIES FEEL MORE COMFORTABLE TALKING ABOUT THEIR NEEDS (2)

"Feel [comfortable] with workers".

"They are more at ease [with] locals, and families come into contact [with] local people who are now working for a living".

■FAMILIES ARE BECOMING MORE HEALTH CONSCIOUS (2)

"More awareness of good health".

"Willing to make changes for better health and health of families".

■OTHER (3)

"Beneficial".

"They found someone really cared about what was happening to them".

"Families began to see that assessments were taken beyond a report. Needs were begun to be met".

■AGENCIES ARE CHANGING THE WAY THEY DO BUSINESS (1)

"Better services being provided".

WH

■OTHER (1)

"Hooked up to more services".

■AGENCIES ARE CHANGING THE WAY THEY DO BUSINESS (7)

"Faster assistance".

"Better services . . .".

". . . [M]ore services . . .".

". . . [R]elevant services".

"Hopefully we will be able to nip problems in the bud if we have a focus area and thereby prevent problems in the future".

"Interested agencies can adjust programs to meet needs".

"[Family Center] has acted as a catalyst for bringing various agency together to communicate and collaborate. It may also serve as a vehicle for providing more quality, and efficient access to services by reducing a duplication of services which are now being provided for by several different agency. Resources can be more focused. [Family Center] can also feed information to agencies regarding services".

(E) Do you think the family center had a role in bringing about this change?

	Y Yes	N No	D Do not know
HAN	0	0	0
KEY	0	0	0
KPT	0	0	0
MOL	0	0	0
WH	0	0	0

(F) Briefly describe the main reason why it has become harder to assess the real needs of families in your community since the establishment of the family center.

HAN
KEY
KPT
MOL
WH

Briefly describe the main effect that this change had on families in your community.

HAN
KEY
KPT
MOL
WH

QUESTION #8

HAN = Hanalei Family Center
KEY = Kualoa-Heeia Ecumenical Youth Family Center
KPT = Kuhio Park Terrace Family Center
MOL = Molokai Family Center
WH = West Hawaii Family Center

(A) Was there leverage funding, and were there innovative multiple funding streams, in your community before the establishment of the family center?

	Y Yes	N No	D Do not know
HAN	0	3	3
KEY	0	0	6
KPT	1	1	1
MOL	0	2	13
WH	3	1	14/1

(B) What change, if any, did you notice about the amount of leverage funding and the number of innovative multiple funding streams in your community after the establishment of the family center?

	1 Big decrease	2 Small decrease	3 No change	4 Small increase	5 Big increase	0 Do not know/No response
HAN	0	0	0	0	2	0/1
KEY	0	0	0	0	0	0
KPT	0	0	0	1	1	0
MOL	0	0	2	0	0	0
WH	1	0	2	0	0	1

(C) Do you think the family center had a role in bringing about this change?

	Y Yes	N No	D Do not know
HAN	2	0	0
KEY	0	0	0
KPT	2	0	0
MOL	0	0	0
WH	0	0	0

(D) Briefly describe the main reason why the amount of leverage funding and the number of innovative multiple funding streams in your community have increased since the establishment of the family center.

HAN

■ OTHER (2)

"Commitment to assets mapping of community".

"Significant 'in-kind' contributions provide opportunity to leverage community support for increased funding".

KEY

KPT

■THE FAMILY CENTER IS CHANGING THE WAY THAT SERVICES ARE USUALLY FUNDED (3)

"Family Center brings to the community the resources of the [Legislature] . . .".

"Family Center brings to the community the resources of . . . PACT [Parents and Children Together]".

"Family Center used the family resilience/strength based model to tap into those funding streams, shifting the paradigm for service delivery".

■OTHER (1)

"More individuals available to work on grant applications".

MOL

WH

Briefly describe the main effect that this change had on families in your community.

HAN

■FAMILIES ARE DEVELOPING A SENSE OF COMMUNITY (2)

"Significant community 'ownership' of programs and services".

"Strengthen community reliance on assets of community to meet needs".

■AGENCIES ARE CHANGING THE WAY THEY DO BUSINESS (1)

"More services for less money".

KEY

KPT

■OTHER (1)

"Improved quality of life by increasing funding for social programs".

■AGENCIES ARE CHANGING THE WAY THEY DO BUSINESS (2)

"Increased avenues for families to be assisted".

"Focus is now on building strengths, leadership and away from fixing problems".

MOL

WH

(E) Do you think the family center had a role in bringing about this change?

	Y Yes	N No	D Do not know
HAN	0	0	0
KEY	0	0	0
KPT	0	0	0
MOL	0	0	0
WH	1	0	0

- (F) Briefly describe the main reason why the amount of leverage funding and the number of innovative multiple funding streams in your community have decreased since the establishment of the family center.

HAN
KEY
KPT
MOL
WH

■OTHER (1)

"They keep everything for their umbrella agency".

Briefly describe the main effect that this change had on families in your community.

HAN
KEY
KPT
MOL
WH

Appendix K

Samuel B. K. Chang
Director

Research (808) 587-0666
Revisor (808) 587-0670
Fax (808) 587-0681



LEGISLATIVE REFERENCE BUREAU
State of Hawaii
State Capitol
Honolulu, Hawaii 96813

November 18, 1994

5112A

Ms. Winona Rubin
Director
Department of Human Services
P.O. Box 339
Honolulu, Hawaii 96809

Dear Ms. Rubin:

Enclosed for your review is a confidential and preliminary draft of the final report on the Family Center Demonstration Project prepared by this office at the request of the Legislature. Since the draft is subject to change, we ask that you not circulate it until a final report is released. Please feel free to make any comments, cite any errors, state any objections, or suggest any revisions to this confidential draft. Your comments and suggestions are important to us and revisions will be made if deemed appropriate.

Please mark your comments directly upon the enclosed draft and return it to us by Monday, December 5, 1994. It is not necessary to submit a formal reply.

If you have any questions regarding the draft report, please call Keith Fukumoto at 587-0666.

Sincerely,

A handwritten signature in black ink that reads 'Samuel B. K. Chang'. The signature is written in a cursive, flowing style.
Samuel B. K. Chang
Director

SBKC:jt
Enclosure

cc: Conroy Chow
Garry Kemp



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

P. O. Box 339
Honolulu, Hawaii 96809

November 29, 1994

DEC 6 1994

WINONA E. RUBIN
DIRECTOR

LYNN N. FALLIN
DEPUTY DIRECTOR

LESLIE S. MATSUBARA
DEPUTY DIRECTOR

MEMORANDUM

To: Honorable Samuel B.K. Chang, Director
Legislative Reference Bureau

From: Winona E. Rubin, Director

Subject: Comments on The Family Center Demonstration Project Evaluation: The Final
Report to the 1995 Legislature

We appreciate the opportunity to review this confidential draft of the report to the legislature with regard to the Family Centers. The following are our comments on the report.

The first comment relates to Chapter 3 on page 24 of the report. In the second full paragraph there is a comment that SSSSD may not accept the outcomes of the Family Centers and therefore alter the course of the demonstration. The main comment here is that the amendments to the contract were intended to simply provide clarity as to what the Family Centers planned to do for FY1994-1995. The contract did not contain any outcomes and the scope was vague. Therefore, the request to the Family Centers was simply to specify what they had planned so that we could perform our oversight role as we do with all contracts that are handled through the Division. We have been sensitive to the fact that any request to change Family Center activities might change the intended outcome.

The second comment relates to the next full paragraph on page 24 where there is an analysis of the situation. We would like to go on record as saying that we are waiting for the Legislature to decide if they want the demonstration to continue as it exists or if changes should be made. We believe that this would help everyone involved.

The next comment is related to the third full paragraph on page 24. This paragraph is not clear. If this is an encouragement to clarify the Family Centers role and purpose then we agree. Federal Programs, however, receive their vision from Congress and the Federal agency which writes rules to implement the program. Therefore, it would be counter-productive to encourage the Legislature to specify a role for Title IV-B. This has already been done by Congress.

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The fourth comment relates to the third full paragraph on page 25. The assertion is that the request of the Division to clarify what the Family Centers will do from a policy perspective poses an opportunity for conflict without guidance from the Legislature. The Division is only attempting to have Governor's Family Center Advisory Council (GFCAC) be specific about what they will do under the contract. We are not telling them what they must do, but simply that they must be accountable for the contract funds. We believe that this is our minimal obligation in administering the contract.

The fifth comment relates to the second full paragraph on page 26. This paragraph says that Title IV-B reports to the SSSSD Administrator and the Family Centers report to GFCAC. Title IV-B operates with a multi-agency State-wide Planning Team. This team makes the decisions related to the grant, not the SSSSD Administrator. Therefore this paragraph is inaccurate. All decisions are made as consensus decisions at the State-wide level and communities will make their own decisions with regard to priority. The SSSSD Administrator simply chairs the State-wide Team and has the responsibility for the Department as the Single State Agency for the grant. This paragraph needs to be changed to be accurate.

A second comment on this page is that the author has confused the Family Center effort with Title IV-B grant requirements in terms of presenting them as being on the same scale of activity. The Family Centers may see themselves as change agents, but they have operated as a type of service to the community. The Title IV-B effort on the other hand has a broader system change mandate. Accordingly, the participants include almost every State agency and a broad array of community agencies, churches, labor groups, parents, and so forth. We believe that it only confuses the issue of the Family Centers to spend time trying to compare the functioning and mandates. In fact, the Family Centers Director already participates in the Title IV-B planning as one of the many agencies with a service interest in a broad continuum of services. It would be helpful if this report accurately characterized the two efforts. While the two efforts may have some similarities, they are quite different.

The next comment relates to page 27 in paragraph 3. This report is suggesting that the Legislature specify the relationship that should exist between the Family Centers and Title IV-B. If this is done, it should be with the conscious recognition of the Congressional intent for Title IV-B. Otherwise, there will simply be more confusion.

The next comment relates to Chapter 6, on page 75 where the report makes recommendations on the Family Centers and Title IV-B. We reiterate that the Family Centers are a service strategy and that Title IV-B is an attempt at systems reform. The two should not be confused. Also, since Congress has already determined the direction of IV-B, the only recommendation that the

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legislature could have would be to make them consonant with Title IV-B policy. The larger issue here is the service that the Family Centers supply to the community, not the relationship with Title IV-B.

Finally, comments relating to page 76, paragraph 2 where it is states that "The greatest difficulty faced by the Bureau in conducting the evaluation was that the purpose of the demonstration was never clear in terms of how it was supposed to fit into the larger picture of the State's Human Service System". Based on this statement, it should therefore not be difficult to understand that this confusion has troubled many people. This report, however, adds to the confusion by trying to tie the Family Centers into Title IV-B and suggesting that they are essentially the same. This would be unfair to any service provider, in this case the Family Centers. By basing so many recommendations on this "relationship" it gets away from the central issue in terms of what the Family Center Demonstration should be demonstrating. Whether it is a planning approach as embraced by the GFCAC or service delivery oriented as recommended by the Department.

The Department wishes to go on record that if the Legislature is to continue the Family Center demonstration, then the mission and the outcomes must be clearly delineated. We appreciate the opportunity to provide these comments.


For Director

Appendix L

Samuel B. K. Chang
Director

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LEGISLATIVE REFERENCE BUREAU
State of Hawaii
State Capitol
Honolulu, Hawaii 96813

November 18, 1994

5112A

Mr. Dan Watanabe
Executive Director
Hawaii Community Services Council
200 N. Vineyard Blvd., Suite 415
Honolulu, Hawaii 96817

Dear Mr. Watanabe:

Enclosed for your review is a confidential and preliminary draft of the final report on the Family Center Demonstration Project prepared by this office at the request of the Legislature. Since the draft is subject to change, we ask that you not circulate it until a final report is released. Please feel free to make any comments, cite any errors, state any objections, or suggest any revisions to this confidential draft. Your comments and suggestions are important to us and revisions will be made if deemed appropriate.

Please mark your comments directly upon the enclosed draft and return it to us by Monday, December 5, 1994. It is not necessary to submit a formal reply.

If you have any questions regarding the draft report, please call Keith Fukumoto at 587-0666.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Sam', is written over the typed name and title.
Samuel B. K. Chang
Director

SBKC:jt
Enclosure

cc: Linda Harris

THE FAMILY CENTER PROJECT

200 N. VINEYARD BLVD., #415 • HONOLULU, HI 96817 • (808) 539-3588 • FAX: 539-3555

7 December 1994

Keith Fukumoto
Legislative Reference Bureau
State Capitol
Honolulu, HI 96813

Dear Keith:

Thank you for a comprehensive and thoughtful evaluation of the Family Center Demonstration Project.

The Governor's Family Center Advisory Council and members of the Family Center Project team finds the study valuable and without discrepancies. We agree that the Family Center Project should continue through the next biennium to provide critical data and information about Family Centers and upon which legislators can make decisions about the strategies for children and family support in the future.

We would like to also focus on the impact of the current indicators of success:

I. EMERGING PARTNERSHIP WITH DOE

Focused on optimizing existing resources, the Family Center Project is now partnering with the Department of Education in the initiation of a school-complex based Family Center for the Castle District. The Family Center will provide a link between, and much needed resources to, each Parent Community Networking Center (PCNC) at each school in the complex. The addition of Family Center generated resources to each half time staffed PCNC is projected to result in threefold productivity for the PCNC. In return, the partnership will buoy the contact outreach capacity of the Family Centers to provide more comprehensive services and connectedness for families in the complex. The vision of the future, per Dr. Herman Izawa, as well as the Project, is to locate Family Centers in each school complex.

II. RELATIONSHIP WITH DHS

We fully concur with your conclusions about the Project's current relationship with DHS. And, we would like to stress the need to separate from the department in the future to maintain the integrity of the Project.

As a part of the Planning Department of DHS, the Project's intent was well supported: a laboratory to develop a flexible, integrated system for the delivery of services. Now, under the administrative umbrella of SSSSD, the integrity of that role is at jeopardy.

If you imagine the role of integrating services and maintaining flexibility through collaboration and coordination, it is difficult to imagine positioning the Project in a Program area of a functional department. In this position, the Project can not work at the macro level with such departments as DOH, DOE, DLIR, etc. as it has been doing up until now.

The Governor's Family Center Advisory Council was extremely concerned about the change in position in DHS -- rightfully so. The new position has resulted in the Project being administered as a fee-for-service contractor -- a role that is fully out of alignment with primary prevention or a "laboratory" for new service delivery. The Council is seeking a new position for the Project's future -- preferably in the Governor's Office, and if not, then under the administrative umbrella of a department dedicated to promotion and community capacity building such as Department of Health Promotion and Education, Department of Budget and Finance, the State Planning Office, or the Department of Community Services.

III SUCCESS TO DATE

We would like to add that the Project has already demonstrated a number of success indicators -- particularly:

increased access to and impact of resources for family strengthening through

increased coordination and collaboration of service providers and community agencies resulting in new programs and activities at no additional expenditures;

increased impact of state dollars by leveraging every state dollar into four dollars worth of local/community contribution;

impact on other service providers to shift their service delivery methods toward more outcomes-oriented, family-focused services.

IV. IMPROVING THE SERVICE DELIVERY SYSTEM -- Formula for Change
The Family Center Demonstration Project was charged by Legislature with developing ways and means to improve the service delivery system for children and families. Based on four and one half years of learning, observation of community practice, and ongoing collection and analysis of community input, the Project has identified the need for an infrastructure of strategies and services upon which to build a state-wide system.

The design of the infrastructure incorporates currently existing resources, agencies, and programs. It takes well into consideration currently existing relationships and collaborations (mostly informal at the community level).

Note: Many of these informal collaborations are informal because they are not sanctioned at the state level due to funding categorizations.

It is easy to understand how difficult it might be for the Legislature to make decisions about the current "non-system" of services which is something like a haystack with services interlocking without rhyme or reason.

The attached infrastructure is the vision of the agencies and programs of which it is formed. It provides a baseline of services for all children and families, upon which the system can be built. Each agency in the structure provides a point of contact for families into the entire system, as well as an information "node" which can feed information about children and families into a centralized information management system -- to optimize coordination and collaboration.

It is projected that all other state (or privately) supported services will be built into the system through links with the "pillar" agencies. Family Centers, like Youth Service Centers, are critical linking points. In this model, the State would ask that other efforts formally link with the "pillars" to ensure accurate measurement and control of the system and intended outcomes of the system.

If Legislature finds merit in this infrastructure, as the community and included agencies do, it will require support of those "pillars" of the infrastructure to ensure continuity.

Keith Fukumoto
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December 8, 1994

Thank you, Keith, for your and LRB's continued partnership in this Project. We value your input and act on it to every extent possible.

Me ke aloha pumehana,

Linda L. Harris
Director