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Implementing Senate Bill 34: A two year evaluation of the Interagency Coordinating Council for State Prevention Programs.

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IMPLEMENTING SENATE BILL 34: A TWO YEAR EVALUATION OF THE INTERAGENCY COORDINATING COUNCIL FOR STATE PREVENTION PROGRAMS

by

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CHAPTER 1

PURPOSE, METHODOLOGY, BACKGROUND, PROGRESS

Purpose

In 1993, in an effort to develop a more coordinated system of prevention services for children and families, the Montana Legislature passed Senate Bill 34 creating the Interagency Coordinating Council for Prevention Programs (ICC).¹ The purpose of this paper is to present an evaluation and analysis of the progress of this council over the past two years. The evaluation results and analysis will provide insights into the following questions:

In the past two years, what steps have the Interagency Coordinating Council taken to fulfill the duties described in the legislation?

As a result of these steps, is state prevention policy more coherent and comprehensive than it was prior to the legislation?

Has the Interagency Coordinating Council improved upon the capacity of community advocates and service providers to develop and fund programs which are more responsive to specific local conditions and needs?

What recommendations can state agency personnel, local providers, ICC members, legislators and other interested parties make that will strengthen the current and future efforts of the ICC?


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Methodology

This paper will consist of three chapters. Chapter I will provide the reader with an overview of the legislative history, an examination of the current problems of the humans services system, the need for an alternative orientation, and related issues relevant to the actions of the 1993 Legislature. The chapter will conclude with an overview of the ICC's actions to-date.

To assess the actions of the ICC, Chapter II will present the results of a series of stakeholder interviews conducted over the past year. Claims, concerns, issues, and recommendations will be summarized and discussed. The methodology employed for this analysis is the responsive, or naturalistic evaluation model described by Egon G. Guba and Yvonna S. Lincoln their books *Fourth Generation Evaluation* and *Effective Evaluation*. The evaluation strategy involved the following steps:

- Key stakeholders were identified. In this case the initial group of stakeholders consisted of forty people who attended a planning event for the Interagency Coordinating Council held on May 11-12, 1994. Additional stakeholders were identified by encouraging interviewees to suggest the names of other stakeholders.

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Stakeholders were sorted into distinct stakeholder groups. Stakeholder groups included, but were not limited to, Council members named in the legislation, legislators sitting on the Joint Committee on Children and Families, Native American advocacy groups, advocates for children and families, service providers, state agency staff, recipients of services.

Interviews were conducted both over the phone and in-person with the members of these stakeholder groups. Interview questions were open-ended. The goal was to elicit as many different claims, concerns and issues as possible.

These claims, concerns and issues were then sorted into salient categories according to stakeholder groups. The concern at this stage was with scope.

As salient claims, concerns, and issues emerged, stakeholders were asked to provide a more detailed response to these constructs. The concern at this stage was with articulateness.

Chapter III will consist of a series of specific conclusions and recommendations to the Interagency Coordinating Council, the legislature, and the Governor's Office regarding present and future strategies to improve both the processes of the ICC and the outcomes they are seeking. These conclusions and recommendations will be grounded in the claims, concerns, and issues garnered from the evaluation. Recommendations will also be based upon information derived from the literature describing collaboration research. Finally, the experiences and conclusions from other states that have attempted to integrate human services will be drawn upon.
Legislative History

In 1993, at the urging of community and state agency planning staff, and with the support of Governor Marc Racicot and the Interim Joint Subcommittee on Children and Families, the Montana Legislature enacted three pieces of legislation designed to bring about a shift in the philosophical orientation, design, and delivery of human services. In particular, their attention focused upon programs intended to prevent the onset of negative outcomes for children and families. These initiatives identify and build upon strengths of children and families by providing support, assistance, and information prior to the onset of a crisis.

The Montana Family Policy Act was the first of these actions. The act outlines a set of foundational principles to be considered by state agencies in the design and implementation of programs for children and families. The act requires the state to "promote the establishment of a range of services to children and families." The emphasis is on services that promote the healthy development of families by offering support which is preventive in nature prior to the onset of acute problems. The act specifies that "(to) maximize resources and establish a range of services driven by the needs of families rather than by a predetermined array of categorical services, the state, state agencies, and agents of the state shall work toward a
system of comprehensive and coordinated services to children and families through joint agency planning, joint financing, joint service delivery, common intake and assessment, and other arrangements that promote more effective support for families."

Having established a set of foundational principles to guide human services planning and delivery, the legislature then passed Senate Bill 34 creating the Interagency Coordinating Council for State Prevention Programs and Services to Children and Families (ICC). The ICC's charge is to "develop through interagency planning efforts a comprehensive and coordinated prevention program delivery system that will strengthen the healthy development, well-being, and safety of children, families, individuals and communities."

Although desirous of a philosophical shift in the delivery and financing of all human services programs, the legislature felt that early intervention and prevention programs provided an excellent place to begin. This decision was influenced by the fact that many of the federally funded prevention initiatives were at the time requiring collaborative planning for the use of these funds at both the state and local level. In addition, these funds


\footnote{Interagency Coordinating Council for State Prevention Programs, Ibid.}
were not weighted down by the massive regulatory machinery associated with entitlement programs like AFDC, social security, and other large human services entitlement programs. Thus, there was an opportunity to experiment on a small scale with interagency planning and program development for prevention efforts.

The legislation names the directors of the Departments of Corrections and Human Services, Social and Rehabilitation Services, Health and Environmental Sciences, and Family Services to the ICC. In addition, the Attorney General and the Superintendent of Public Instruction sit on the council, as does the administrator of the Board of Crime Control and the president of the Children's Trust Fund. Two representatives from private or community-based programs and appointed by the governor round out the council.

Finally, the State Legislature passed a bill which permanently established the Joint Oversight Committee on Children and Families. The Joint Committee's duties are to examine public and private sources of funds for services to children and families, recommend ways to maximize prevention funding, monitor the actions of the Interagency Coordinating Council, and report on progress to the 54th Montana Legislature in 1995.⁶

The Inter-related Problems of Children and Families

In passing this legislation, the Montana Legislature hoped to move away from providing services according to a predetermined set of categories, and move toward developing a system of services that is preventive in nature, which emphasizes support rather than assistance, and which is customized to fit with the needs of children and families in an integrated and comprehensive fashion. Both the research and actual practice suggest that the problems affecting children, families, and communities are not mutually exclusive. They include alcohol and drug abuse, low birth weight, child abuse, teen pregnancy, juvenile delinquency, family violence, crime, and a host of other social ills. Treating these problems as if they were distinct, and then creating an array of social programs to treat each of them separately impedes government's ability to develop a system of services that are preventive, integrated, and comprehensive.

An alternative model, and one that suggests a more integrated view of the problems affecting children and families, is provided by the research on risk factors and protective factors. Dating back to the late 1940s, this research has examined environmental, individual, and social sources of risk, as well as the conditions that appear to support pro-social, resilient human development. The underlying premise of this research is that in order to
prevent negative outcomes from occurring, the factors which increase their likelihood must first be identified. Once these risks have been identified, steps must be taken to introduce strategies that will ameliorate these risks in a totally integrated fashion.\(^7\)

Research suggests that risk factors manifest themselves in individual characteristics, peer groups, the community, families and schools. Individual risk factors include characteristics like mood, temperament, and gender. Family risk factors include inconsistent discipline, inadequate parenting, and family history. School risk factors include low expectations by school personnel, low attachment and bonding to the school, and school failure. Community risk factors include transition, mobility, neighborhood disorganization, and low community attachment. Peer group risk factors include favorable attitudes and early initiation to the problem behavior.\(^8\)

Beginning with analyses of the social well-being and mental health of young survivors of the Nazi concentration camps who emerged from their horrifying experiences to become emotionally healthy adults, research since the early 1950s has provided insight into personal characteristics, attitudes, and beliefs which act as protective buffers for

\(^7^{David J. Hawkins and Richard F. Catalano, Communities That Care, (San Francisco: Jossey-Bass Publishers, 1992), 8-12.}

\(^8^{Ibid.}\)
children and families. These resilient characteristics include healthy beliefs and clear standards, bonding with at least one positive adult role model, a belief in the future, a sense of humor, personal problem-solving skills, and an internal locus of control.9

Lisbeth B. Schorr maintains that a focus on risk factors sidesteps what she calls the false dichotomies of nature versus nurture and genetic predispositions versus poverty. For her, risk analysis goes to the heart of the matter which, in her opinion, is simply the number of risk factors involved and the presence or absence of protective factors. She also notes that most risk factors appear early in the life cycle of an individual. By developing an understanding of these factors, we can create opportunities to intervene effectively and appropriately whenever and wherever there is an opportunity to do so. Interventions in one domain have been shown to have a ripple effect across several others.10

David Hawkins and Richard Catalano offer the following generalizations about risk factors. First, risk factors exist in multiple domains--the individual's family, school, community, or peer group. A set of risk factors may not be


significantly impacted by affecting change in only one domain. Second, common risk factors predict diverse problem behaviors. Substance abuse, teen pregnancy, and juvenile delinquency may be predicted by the presence of common risk factors. Third, the more risk factors present, the greater the risk. Fourth, the manner in which risk factors impact children and families tends to be consistent regardless of race, culture and social milieu. Finally, exposure to protective factors may buffer the effects of risk. It is important to note that the awareness of risks present in these various spheres of influence is not in itself enough to alter negative outcomes. Hawkins and Catalano assert that human services programs should be designed and implemented which reduce the exposure to risk and affect the way people respond to risk.\textsuperscript{11}

\textbf{The Current Human Services System and the Need for an Alternative}

The orientation of our current system of human services has several negative characteristics which result in an inadequate response to the needs of children and families. William Lofquist, a leading prevention expert, offers a model which describes what appears to be the problem with the current human services delivery system. His model outlines a framework for thinking about the range of human services activity, remediation versus prevention, and a

\textsuperscript{11}\textit{Ibid.}, 12-13.
focus on the individual versus system change. He maintains that the majority of our human services activities are remedial, seeking to change the individual. As a result, the system does not challenge its underlying assumptions and values; nor does it examine the social conditions underlying the various symptoms for which it is attempting to formulate a response.

Atelia I. Melaville and Martin J. Blank ascribe the failure of the current system to the following conditions. First, the current service delivery system has a crisis orientation. Second, the system divides the problems of children and families into general categories of problems. Third, the system is fraught with communication problems. Fourth, specialized agencies with a categorical focus are ill-equipped to craft comprehensive solutions to complex problems. Finally, services are insufficiently funded.

Policy analysts, children's advocates, and social critics often place the blame for the current "crazy quilt" of services in the lap of the Federal government. In what might be described as a labyrinth of rules, regulations, and statutes, there are more than twenty subcommittees and

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parent committees in both houses of the United States Congress overseeing, authorizing, and financing of more than two hundred separate programs in a myriad of Federal agencies. The resulting inefficiency and chaos has more potential to stifle than to nurture efforts to integrate human services systems at the state and local level.

Local human services providers criticize the states for merely accepting what is handed down from the Federal level without attempting to act more assertively to develop state level strategies designed to ameliorate the effects of this federal "crazy quilt" of categorical funding. They decry many of the rules and regulations developed to administer these programs as artificial constructs that serve the needs of the bureaucracy rather than people. Upon closer scrutiny, they find that state agency rules are often interpretations of federal guidelines and not, in fact, federal requirements.

At the community level where the problems manifest themselves most immediately, this patchwork of programs results in myriad problems. At the agency level, the results are turf battles, duplication of services, inefficiently delivered services, and the promulgation of ineffective and short-lived programs. For the child and family in need of services, the result is a maze rather than

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a network of services accompanied by rigid eligibility requirements which fail to account for actual needs. Confronted with this maze of services, many families may rely heavily on services which are easy to access while avoiding other more appropriate services. By failing to collaborate, local human services providers often appear to perpetuate the problems that create their biggest headaches.

For the general public, all of this seems to have resulted in a deepening sense of cynicism about the ability of government to solve these pressing social problems. At the national level as Congress wrestled with solutions and funding for violence and crime in the recent debates over the crime bill, crime prevention programs were labeled as "pork." At the state level, community-based services providers who rely heavily on these diminishing Federal dollars often find themselves feeling and acting more competitive simply to stay afloat another month to serve kids and families.

The orientation of human services outlined in the Montana Family Policy Act is radically different. The Act is an endorsement of a comprehensive and preventive system of services for children and families. The principles outlined in the Act demand that the needs of children and families come first. The system is now required to develop the means to anticipate problems prior to the onset of a crisis. The changes envisioned by the legislature will also
require changes in the way staff are trained to respond. Instead of focusing on symptoms, labeling, and a predetermined array of services, staff will be required to develop skills which build upon individual and family strengths. Administrators and fiscal managers will also be required to implement programs which can be tailored to the needs of families instead of requiring families to fit into pre-determined category before services are offered. Finally, at the local level where the provision of services is at its most personal, programs will be required to collaborate to develop the means to serve families in a more integrated fashion. The vehicle for implementing this new vision for human services is the ICC.

**ICC Actions To-Date**

The implementation of Senate Bill 34 began in earnest during the summer following the 1993 legislative session. Two years prior to its passage, representatives from state human services agencies and a variety of private non-profit had formed a coalition which they called the State Prevention Caucus. Having advocated for the creation of the ICC, this group was in position to offer assistance to the governor's office and the agencies identified in the legislation.

The group began its work with a series of meetings with Governor Marc Racicot and his staff. The purpose of these meetings was twofold. First, it was felt that leadership by
the chief executive would be critical to future active participation on the part of the new administration's agency directors. Second, the history of state level councils is mixed. The general consensus seems to be that while it is ideally necessary to rethink the manner in which government delivers services, it takes a crisis and not a council to change course. At least one person cynically remarked that the Interagency Coordinating Council was council number twenty-seven on a three page list.

As Attorney General, Racicot had taken a very active and supportive stance by advocating for prevention services to enhance the law enforcement function which is typically crisis or problem-driven. At least one member of the State Prevention Caucus was on Racicot's personal staff. Racicot's support for the legislation was enlisted early on in the planning process.

Newly elected Attorney General Joe Mazurek was also very interested in the prevention of juvenile delinquency and youth violence as a priority for his administration. At the suggestion of Justice Department deputy director Dennis Taylor, a subcommittee of the State Prevention Caucus interviewed all ICC members, key agency staff, and community advocates to assess claims, concerns, and hopes for the future of the ICC.

The stakeholder survey revealed several key issues. First, many respondents expressed a sense of hope for the
potential of this Council to address the problems of children, families, and communities in a more progressive manner. Respondents were impressed with the fact that people in key leadership positions were in a position to raise the profile of prevention. Others expressed a positive feeling that in this area there was an opportunity to demonstrate the potential of integrated programming and service delivery.

Concerns expressed by the respondents included apprehension that the tasks mandated in the legislation were too broad to be implemented successfully. Respondents also saw the current conservative political environment as a major barrier. They felt that it was absolutely hopeless to expect that Montana Legislature would fund prevention programs with state general fund dollars. Finally, there was the concern that this was not normal behavior for agencies. Several respondents doubted that the agencies named in the legislation were truly committed to the kind of change necessary to meet the broad mandates of Senate Bill 34. The stakeholder survey provided valuable information which guided planning for the first few meetings of the ICC.

Because it was felt that the first meeting was critical to the future success of the ICC, the State Prevention

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Caucus contacted the federal Center for Substance Abuse Prevention (CSAP) for technical assistance. At the time, CSAP was engaged in a state capacity building enterprise. The intention of this initiative was to build the capacity of states to organize and institutionalize prevention efforts through training, evaluation and other forms of technical assistance. Through this initiative the Caucus was able to organize a technical assistance site visit to coincide with the first meeting of the ICC. In addition, they were given the assistance of a skilled facilitator to lead this first meeting.

The first meeting was held at the governor's office and included an address by Governor Racicot. The content of the meeting included a review of the legislative mandate, a report on the results of the stakeholder survey, a summary from the federal technical assistance team on the status of Montana's prevention system, and the identification of several immediate organizational tasks. In terms of process, the group elected a chair, developed some principles of relationship, agreed to conduct its business with the assistance of key staff between general meetings, and was introduced to a consensus based decision making processes.

The immediate organizational tasks for which subcommittees were formed included an inventory of state and federal prevention resources and programs. Since the
legislature had given the ICC a broad mandate but no budget, there was also the question of staffing. Finally, and perhaps most importantly, the group began to lay the ground work for a two day "think tank" on prevention. Participants in this event would include members of the ICC and members of the Joint Committee on Children and Families. The balance of participation would come from community advocacy groups and local prevention program personnel. The purpose of this event would be to obtain the necessary data and other information for the ICC to develop a work plan.

During the second general meeting, Council members decided upon a working definition of prevention. For ICC purposes, the following definition of prevention was adopted:

"Prevention is the proactive process of creating and sustaining conditions that address risk and promote the safety, personal responsibility, and well being of people."\(^{16}\)

The definition was purposefully broad so as to encompass a variety of programs and activities. In keeping with the principles of the Montana Family Policy Act, the definition hopes to foster agency values and services which are preventive in nature.

At this second meeting, ICC members were also provided with an overview of current prevention theories and program

models. The goal of these presentations was to assist council members to understand the various models and demonstrate that this was an area ripe for joint program planning and implementation.

It was during the third meeting that the ICC made a decision to go forward with a plan to hold a two day planning conference. Although the broad goals and mandates were legislated, ICC members felt that the work plan needed to be developed in partnership with local service providers and community representatives. With this in mind, a subcommittee was formed to develop a process and identify participants. Ultimately, a two day facilitated process in the nature of a "think tank" or "prevention summit" was recommended and adopted.

The process was designed to elicit specific needs, issues, and general goals. It was suggested that this planning session needed to consider several issues critical to the development of a comprehensive prevention system. These issues included conceptual clarity, policy development, strategic planning, leadership development, data base development, evaluation, model approaches, research, technical assistance, intentional networking, educational support, cultural competency and inclusion, marketing and recognition, and federal, state, and local collaboration.

The Prevention Summit was held on May 11-12, 1994 with
approximately fifty representatives in attendance. Representatives included advocates for children and families, members of the Joint Legislative Committee on Children and Families, community-based program staff, and key agency staff together with all members of the ICC and their alternates.

Based upon the issues identified during this two day event, the ICC developed an organizational document which delineates goals and general strategies. The goals of the ICC are:

A. To develop a coordinated, comprehensive system of prevention services in the state of Montana.

Strategies:

1. Define ICC roles and responsibilities
2. Create a mechanism for state agencies to share information on funding sources, clientele, process, outcome and impact evaluation.
3. Investigate adding additional members to the ICC
4. Research the processes used to coordinate services in other states and the critical components of model prevention programs.

B. Create a regional system for prevention planning and service delivery.

Strategies:

1. Improve and enhance a system of local delivery of prevention services.
2. Create a standard process for community prevention planning.

C. To establish a prevention resource center that will provide training and technical assistance, research and evaluation.

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17Ibid., 5-13.
Strategies:

1. Determine organizational and governing structure for the resource center
2. Determine what services the resource center will provide.
3. Determine how services will be delivered (i.e. regionally, through a central organization, or via contractors).
4. Determine the relationship of the resource center to the Montana University System and existing community programs.

D. Build public support for the concept of prevention.

Strategies:

1. Develop clear, precise definitions of key prevention concepts.
2. Encourage ownership in prevention by Montana Communities.
3. Develop a public education campaign that underscores the benefit and value of prevention planning and program implementation.

E. To work with the 1995 Legislature to provide funding for ICC prevention programs.

Strategies:

1. Develop a coordinated lobbying effort to present information on the need to invest in prevention with state general fund dollars.
2. Create printed materials in support of prevention.
3. Work in tandem with legislative staff.
4. Ask local leaders to contact their representatives regarding the importance of prevention in human services program funding.

F. Research mechanisms for prevention funding including the development of a single state prevention budget.

Strategies:

1. Conduct an inventory of all state, federal, and local sources of prevention funding.
2. Explore the possibility of ICC agencies pooling money to fund a local demonstration project to test collaboration.

G. To strive to create state prevention policies that are
culturally sensitive.

Strategies:

1. Encourage Native American and other groups to work with local organizations to access community needs and plan prevention programs.
2. Assist Native American and other groups in explaining prevention issues to their communities.
3. Catalogue "culturally relevant resources including training programs, curricula, and videos.
4. Involve urban and reservation-based Native American groups with the ICC.

To date, ICC working groups comprised of key agency staff have begun work on goals A, B and C, and F. Accomplishments to date include an inventory of all public funds supporting prevention programs in the agencies involved with the ICC. This inventory identifies the state agencies, the funding source, amount of money available, target population and goals. A precise definition of the roles and responsibilities of a prevention resource center along with an estimated budget have also been completed. Works in progress include the identification of core support services for children and families, and the development of benchmarks which focus on specific outcomes for current services and which identifies gaps and needs for service.
CHAPTER 2
STAKEHOLDER ASSESSMENTS OF THE ICC'S PROGRESS AND RECOMMENDATIONS

Using the mailing list from the May 11-12 Prevention Summit referenced above, forty interviews were conducted between May 30, 1995 and September 30, 1995. The following stakeholder groups emerged from this interview process: community prevention coalition representatives, community-based service providers, child and family advocates, members of the 1993 Joint Legislative Oversight Committee on Children and Families, Interagency Coordinating Council members, ICC alternates, ICC member agency staff, and interested parties from the private sector. While this list is not comprehensive, it appears to be representative of the key stakeholder groups involved in this process. That is, they include those groups that are most interested in the success or failure of the entity being evaluated. Many of these individuals and the groups they represent emerged from the May 11-12 1994 Prevention Summit with a sense of optimism, and very clear expectations about the future. Others emerged feeling the weight of these expectations and concerned with the amount of time, energy and money it would


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take to implement the myriad suggestions that resulted from the event.

These stakeholders are also the most likely groups to be able to use the information gathered during the evaluation. As Guba and Lincoln suggest, stakeholders are more likely to be users of information they see as clearly responsive to the claims, concerns, and issues that they have.\(^{19}\) With this in mind, the evaluation was not an attempt to focus on a narrow predetermined range of objectives, decisions, or effects. Rather, it represents an attempt to discover the depth and complexity of the claims, concerns, and issues from the perspectives of the stakeholders involved. As such, the issues and concerns not only provide policy makers with valuable information to inform their decision making but they also invite the stakeholders into the decision making process. The result not only empowers and enfranchises the stakeholder groups but also provides an opportunity for mutual education between groups. Because policy implementation affects the lives of citizens in ways that are not fully understood or anticipated, it is important to use methods which provide direct information about the human impact of public action.\(^{20}\) For the sake of clarification, a concern is

\(^{19}\)Ibid., 53-54.

defined as a matter of interest about which one or more parties feels threatened or believe will lead to an undesirable consequence. An issue is any opinion, statement, or proposition that allows for different, or conflicting points of view.\textsuperscript{21}

**Interview Results**

While the individual responses to the interview questions were extremely varied, it was possible to identify consistent themes across stakeholder groups. The following is a summary of these core themes. Benefits are summarized first, then concerns and issues, and finally recommendations.

I. BENEFITS:

Interviewee references to benefits that have accrued as a result of the Interagency Coordinating Council's work to date fell into the three general categories listed below.

A. ELEVATING THE STATUS OF PREVENTION AS A HUMAN SERVICES POLICY CONCERN

Interviewees citing this benefit often refer to the importance of taking prevention to a higher level. Specifically, they reference the importance of the legislature, the governor, the attorney general, the superintendent of public instruction, and department directors meeting on a regular basis to discuss prevention

\textsuperscript{21}Guba and Lincoln, Ibid. (1981), 304.
issues, coordinated funding, planning, and collaboration. Respondents also reference both relief and the high expectation that human service policy makers are finally having a dialogue about shifting human services priorities from crisis oriented, after-the-fact problem solving to a more active, health oriented approach. Community-based services providers and child and family advocates indicate the perception that community concerns are being validated by this focus.

Several child and family advocates stated that, in their opinion, Senate Bill 34 is extremely visionary compared to policy structures in other states. Interviewees consistently expressed concern about the future of preventative child and family services given the actions at the Federal level to eliminate and reduce funding for all human services activities. The sentiment seems to be that, given the current antipathy towards human services programs at both the State and Federal level, a critical need exists for policy development, sound planning, priority setting, program evaluation, and advocacy at both the state and community level for prevention programs. Many respondents see the ICC as a focal point to guide prevention efforts statewide and favor a more preventative approach for delivering human services.

The majority of directors stated that it is their observation that a regular dialogue on prevention is opening
up at the executive branch level. They state that the importance of the ICC has been recognized and reinforced in subcabinet meetings. They also stated that their participation in the ICC has resulted in a more global view of prevention and an understanding that the problems that affect families, children, and communities need to be approached in a cross-disciplinary manner.

B. COMMUNITY IMPACT

The second benefit consistently cited by community coalition members is the potential that the ICC's legislative mandate has for positively impacting communities. Several interviewees referred to the May 11-12, 1994 Prevention Summit as indicative of the willingness of state agencies to actively engage key stakeholders and citizens in developing priorities to bring focus to the ICC's work. For several years now, communities throughout the state have been actively involved in prevention planning and mobilizing communities around prevention issues. Representatives of these groups have often felt that at the same time that they were being asked by state and federal agencies to engage in these planning processes, the agencies themselves were not particularly organized or responsive to communities. The legislative mandate contained in Senate Bill 34 appears to require the state to engage in the same process that communities are undertaking. They also maintain that there is a benefit in state level policy makers acting
as role models in this process.

For ICC members the potential for meaningful impact has two dimensions. First, the ICC has opened up a dialogue between policy makers, elected officials, community-based services providers, and advocates. In citing this benefit, ICC members often reference the May 11-12, 1994 Prevention Summit as a seminal event in opening up lines of communication. Second, ICC members referenced the importance of creating a more rational agency level prevention structure which will be more responsive to communities as they develop plans to identify, prioritize, and fund prevention services.

Members of the community based services group also referred to the May 11-12, 1994 Prevention Summit when describing benefits. Respondents tended to believe that the summit was an affirmation of the work they were doing at the community level. Many stated that they came away from the summit with great hopes and expectations. Despite what they see as a lack of progress, most interviewees remain hopeful that these expectations will be fulfilled.

C. CURRENT PROGRESS AND OUTCOMES

Despite consistent references to frustration with the slow pace over the past two years, several interviewees state that they are currently seeing some positive glimmers of progress. Specifically, these respondents most often cite the work on developing benchmarks for prevention
services, the prevention resource center, and the recent dialogue regarding an integrated or pooled funding pilot project. Several respondents also cite a variety of small but beneficial collaborative efforts that have resulted from the work of the ICC. For example, the work of the Board of Crime Control and the Department of Family Services in making Title V Juvenile Delinquency Prevention funds available to communities involved in the Partnership to Strengthen Families is referenced. ICC members are impressed by what they saw as improved networking among agency staff and a willingness to reach across agency lines to merge funding streams and work with communities to define problems and develop strategies. Overall, respondents in this category tend to view the work on benchmarks as the most important ICC outcome to date.

In this analysis of benefits, two points are critical. First, most benefits cited by interviewees are stated in terms of their potential, not present, benefit. Second, interviewees are not without misgivings that the elevation in the status of prevention is a high priority for ICC members. They are satisfied that a seed has been planted; however, they are extremely skeptical of progress to date.

II. CONCERNS

Interviewee concerns and issues related to the progress of the ICC to date appear to fall into the following categories: leadership, absence of outcomes, communication,
and connection with communities.

A. LEADERSHIP

Interviewees citing this concern tended to concentrate on several issues. The first of these involves perceptions about the level of commitment that ICC members are demonstrating. Community prevention coalition members, community-based services providers, and child and family advocates express a high degree of dissatisfaction with what they feel is a marginal level of commitment to the mandates contained in Senate Bill 34. These stakeholder groups feel that ICC members are paying lip service to the mandates. The fact that the ICC has not moved forward in a more assertive and purposeful manner leads some to believe that the dialogue has not been authentic. As one interviewee expressed it, "this whole thing could go up in smoke and it seems to me that none of the ICC members would care."

Other interviewees suggest that the mandates contained in Senate Bill 34 will never be realized until the governor makes prevention a higher priority. Beyond his attendance at the first two meetings in 1994, according to some respondents, Governor Racicot has not used his office to rally support for a higher priority for prevention services within the human service subcabinet or the legislature.

The majority of respondents express the belief that commitment is present but that none of the ICC members have the time, inclination, or skills to step into a leadership
role. Others believe that the creation of the staff work
group distanced ICC members too far from the actual work
that needed to be done to fulfill the broad mandates of
Senate Bill 34. Still others suggest that the problem seems
to be one of unclear roles and responsibilities. For
example, the legislation does not identify a lead agency,
the mandates are very broad, there is no budget, and agency
directors are consumed with countervailing issues. With
regards to skills, community prevention coalition members in
particular, felt that the although the ICC represented a
great deal of skill in bureaucratic decision-making, its
members do not possess the necessary skills to organize
complex, multi-level systems changes.

B. ABSENCE OF OUTCOMES

Concerns about weak, or non-existent, outcomes is
universal among stakeholder groups. Community-based
services providers, child and family advocates, and
community coalition representatives cite many of the
leadership issues discussed above as underlying this paucity
of outcomes. These stakeholders appear to focus on
commitment and leadership as primary issues. One
stakeholder summed up this concern with the observation that
"(ICC members) have been almost too careful to share
leadership. Everyone has been too reluctant to step out
front for fear of being seen as promoting their own agency's
agenda."
Other stakeholders cite competing issues faced by all ICC members. Examples of competing issues included the 1995 Legislative Session, the reorganization of human services into a new Department of Public Health and Human Services, discussions and activity at the Federal level concerning the funding of human services programs, and other statutorily defined functions of each member agency. As one interviewee stated, "people have to understand that this is not the only thing we have to do!"

Clarity of mission and purpose were also cited by some as a rationale for the failure to achieve results. Those citing this concern believe that the language contained in the legislation is so broad as to be not achievable. Several stakeholders expressed the opinion that the ICC has been too focused on the larger and more complex issues confronting them and have not paid enough attention to smaller, incremental steps.

Finally, stakeholder groups cite the performance of the contractor as a factor in the failure of the ICC to produce tangible results. For stakeholders referencing this concern, there is a diversity of opinion on the exact nature of the problem. Several stakeholders believe that the contractor's performance can be directly attributed to the failure of ICC members to provide leadership and direction. They indicate that, like staff, a contractor can only go as far as he feels he has permission to go. Conversely, some
state that the contractor's performance indicates a lack of accountability to the contract on his part which was exacerbated by the failure of the ICC Executive Committee to provide the necessary oversight to assure more satisfactory performance. Still others believe that the current contractor simply has not succeeded in moving the agenda of the ICC forward. As reasons for this shortcoming, they cite a lack of familiarity with prevention issues, a failure to understand and appreciate the magnitude of change necessary to implement the mandates of Senate Bill 34, unfamiliarity with state agency resources, and the inability to implement the kinds of decision making processes necessary for this kind of work.

For several stakeholders, these various definitions of the problem are less relevant than the issue of renewing the consultant's contract in 1995. In their opinion, the consultant did not meet the needs of the ICC. They believe that the ICC should have looked elsewhere or to a different staffing model for expertise and assistance in moving its agenda forward.

C. COMMUNICATION AND CONNECTION WITH COMMUNITIES

The last consistently cited set of concerns and issues relate to the ICC's connection to and communication with communities. Since 1992, child and family advocates, community-based services providers, community coalition members, and state agency staff have been involved in
deliberations concerning the ICC. These stakeholder groups presented a strong and successful case for the ICC to the Joint Interim Subcommittee on Children and Families and to the 1993 Legislature. Many of these stakeholders were also instrumental in organizing the first meetings of the ICC. On May 11-12, 1994 approximately fifty people gathered to brainstorm issues and set priorities for the ICC's future work. In sum, the ICC has had a history of community involvement.

In assessing the ICC's progress since May 11-12, 1994, many stakeholders believe that the ICC has lost its connection with communities. Those citing this concern believe that the ICC has not followed through with many of the commitments they felt were made at the May 11-12, 1994 Prevention Summit. For example, they believed that ICC members would be actively involved in community education forums during the past two years. They also believed that information on integrated, or blended, funding proposals would be forthcoming and that the ICC would develop plans to decategorize funding for human services. Finally, they say that it was their perception that they would be involved in an active dialogue with the ICC in the resolution of all of the above issues. According to one community-based service provider, "(after the Prevention Summit in 1994), you guys went back to your offices and we went back home and we didn't hear from you again."
In conclusion, it is important to understand that stakeholders remain committed to the goals of the legislation and the foundational principles contained in the vision document. This support, however, is tempered by high expectations that should be a call to action by ICC members. As one stakeholder expressed it, "expectations from the field are not tempered by bureaucratic concerns here in Helena."

III. RECOMMENDATIONS

Recommendations from interviewees consistently fell into the following general categories: leadership and direction, planning processes, outcomes, staffing, and community involvement.

A. LEADERSHIP AND DIRECTION

Most respondents believe that ICC members need to demonstrate a more active and assertive level of involvement in the direction of the ICC if it is to fulfill the mandates outlined in Senate Bill 34 and meet expectations from the community. Several community stakeholders express the need for ICC member agencies to do a better job of communicating the ICC's goals, objectives, and foundational principles to agency staff at the local level. This recommendation is in line with an observation by at least one stakeholder that "directors need to be prepared to move forward with changes that staff may not be one hundred percent supportive of."
Another community-based services provider stated that, at least in her community, "agency staff are not even aware of the ICC."

Specific recommendations include the need for ICC members to chair work group committees. They cite the work prepared by the Prevention Resource Center committee which was chaired by the Director of the Department of Corrections and Human Services as an example of the kind of product oriented work that gets done when a director is involved. Some respondents feel that ICC members have forfeited responsibility for active involvement by giving responsibility to staff and suggest that chairing committees would provide more ownership on the part of directors. Staff from ICC agencies also feel a need for a clearer mandate from ICC members. Interviewees also indicate that it is critical for the Director of the new Department of Public Health and Human Services (DPPHS) to sort out his relationship with the ICC since this agency now has responsibility for the majority of prevention programs and staff named in Senate Bill 34.

Finally, several respondents suggest that it is incumbent upon the ICC to develop a legislative agenda well in advance of the 1997 legislative session. They recommend that the ICC look at which of their goals translate into legislative action. For example, should the ICC recommend to the 1997 legislature that a specific community planning
process be mandated and a pilot project funded to demonstrate the validity of the process?

B. PLANNING AND DECISION MAKING PROCESSES

Several recommendations emerged regarding the effectiveness of the planning processes currently employed by the ICC. Several interviewees commented upon the decision making processes and suggested that the ICC should incorporate consensus-based decision making techniques. In a similar vein, some respondents suggest that the ICC utilize a facilitator at all general and working group meeting. Still others feel that each ICC agenda should include some time for public input and involvement. Suggestions include blocking out time for focus group brainstorming, guided discussions on current ICC proposals, and comments on future plans. Interviewees felt that more inclusion will give the ICC members a better understanding of community needs and expectations and re-establish the connection with community stakeholders.

With respect to planning processes, stakeholders suggest that the ICC outline its plans, identify specific outcomes or products, develop reasonable timelines, and publicize the information. In addition, stakeholders recommend that the ICC focus more on incremental steps and less on large, complex issues. They believe that a simplified process wherein overlapping goals are identified and existing opportunities for collaboration are exploited.
and then publicized would be more responsive to community needs. An incremental approach would also provide a response to the demand for measurable outcomes. This recommendation is summarized by the suggestion that "the ICC should focus on a few small victories rather than focusing their efforts on one big thing that is never realized."

C. MEASURABLE OUTCOMES

Recommendations for measurable outcomes appear to focus on three areas: prevention benchmarks, a prevention resource center, integrated funding, and a public relations effort.

The development of prevention benchmarks is viewed by many as critical to the future work of the ICC. Interviewees feel that the benchmarks will guide agency planning, funding, program evaluation, and data collection. At the community level, benchmarks will provide direction for needs assessments, program development, and program evaluation. Interviewees encourage the ICC to develop prevention benchmarks as soon as possible and get them out to communities for a response and input immediately.

The development and funding of a prevention resource center has much appeal among stakeholder groups. Interviewees feel that such a center will have multiple and overlapping effects. First, it would provide the ICC with the staffing resources to move its agenda along in a more assertive and consistent manner. Second, it has the potential to build the capacity of local networks to
mobilize, plan, implement, fund and evaluate comprehensive prevention efforts. Several interviewees recommend that a Prevention Resource Center be housed within the Department of Public Health and Human Services with the goal of developing a statewide system of training, technical assistance, planning, and evaluation.

Respondents also consistently recommended that a pilot project which demonstrates the benefits of planning and funding integrated services at the community level be developed. Respondents believe that there are several opportunities at the state level to integrate, or braid, several funding sources into a common request for proposals. By integrating funding sources, respondents suggest, communities will be better able to develop comprehensive systems that are tailored to community needs and not merely responsive to agency or bureaucratic mandates.

Finally, several respondents recommend a sustained public relations effort. They feel that a public relations effort will provide much needed conceptual clarity on the meaning and importance of prevention to communities. Interviewees envision this campaign as outlining the interrelatedness of individual and community problems, highlighting the need for early and sustained support for high risk children and families, describing the elements of model approaches, and building support for legislative funding of prevention programs. At least one stakeholder
recommends that the public relations staff housed in the Governor's Office, the Attorney General's Office and the Superintendent of Public Instruction's office be designated to work with ICC agencies to develop an awareness and education campaign.

D. STAFFING

Respondents making recommendations for staffing often reference their dissatisfaction with the current contractual arrangement for staffing. Performance questions aside, there is a general feeling that contracting with a consultant is not the most appropriate means of staffing the ICC. First, the terms and parameters of a contract are too specifically outlined to allow for flexibility. Second, a contractor is not housed in an agency and is therefore not as able or capable of being responsive to public concerns and issues. Finally, a contract is usually time limited. Several stakeholders see a Prevention Resource Center as a possible solution to staffing. Others recommend a staff person attached to the human services subcabinet in the governor's office. Still others recommend a regional model with several part time staff assigned to the various planning regions in the state. Regardless of the model employed, respondents feel that staffing and a budget will legitimize the ICC and express the legislature's commitment to the mandates in Senate Bill 34. They feel that unless staffing is addressed, the ICC would continue to struggle.
E. INCREASED COMMUNITY INVOLVEMENT

Respondents recommending action to increase the level of community involvement stress the importance of communication. Community-based services providers, coalition members, and advocates emphasize the need for ICC representatives to actively communicate the ICC's agenda in communities throughout the state. The methods suggested include community forums, interactive telecommunications, and an ICC speakers bureau. Stakeholders indicate that the means was not as important as the request that ICC members take immediate action to publicly support prevention activities and spell out the goals and intent of the ICC and receive questions, comments, and recommendations to guide future plans.
CHAPTER 3
ANALYSIS, RECOMMENDATIONS, CONCLUSIONS

Analysis of Stakeholder Responses

Nearly all of the stakeholder recommendations have strong support in the literature related to interagency and collaborative efforts and in the experiences of other states with multi-agency human services efforts. The intent of this chapter is to document that support, provide some analysis of the current state of affairs, and offer a series of specific recommendations which are guided by the literature.

The shortcomings cited by stakeholders and the difficulties currently being encountered by the Interagency Coordinating Council reflect design limitations which are well-documented in the literature on collaborative multi-agency prevention efforts. In addition to a fundamental shift in the philosophy of service provision at both the central office and in local agencies, multi-agency efforts require a new level of interagency planning across program boundaries and with non-traditional allies. They also demand new fiscal policies which allow agencies to pool or braid funding sources in order to make funding as flexible as possible in order to meet community needs. New program
evaluation methods which assess programs in terms of multiple impacts are also necessary as well as an extensive menu of technical support and assistance for local programs.

In planning and advocating for Senate Bill 34, middle level staff people, convinced of the efficacy of collaborative interagency prevention planning, believed that agency directors and high level elected officials would provide the necessary sanctions and the impetus for these sweeping changes to occur. The literature indicates that initial state efforts to collaborate at the administrative level typically involve interagency councils, committees, task forces, or commissions and are generally charged with rather broad mandates to improve services, coordinate planning, and address cross agency concerns. Referring to these approaches as first generation strategies, the research of Charles Bruner documents a limited impact resulting from these approaches. Since many of these efforts involve legislative mandate, commitment tends to be extremely limited and formal as agency heads struggle to determine a motivating self interest in the process.

Bruner goes on to delineate additional limitations which accurately describe the underlying conditions which have


23 Ibid., 7-8.
resulted in poor ICC performance to date. These factors are as follows:\(^{24}\)

- Responsibility for attending meetings is relegated to those without significant decision making power or those with little interest in changing the manner in which business is done.
- Resources to support the undertaking are inadequate.
- Members are unlikely to develop recommendations which may be seen as threatening to any other partners.

With regards to the issue of relegating meeting attendance to staff without authority, staff took care early on to ensure that ICC members discussed their commitment to the process. Members were also encouraged to appoint alternates. Criteria for alternate selection included authority to speak and make decisions on the agency directors behalf. In addition, an attempt was made to encourage the chair to appoint ICC members to chair committees. These efforts began to fall apart almost immediately. ICC members complained that their time was too valuable, that they were too busy to chair committees and go to regularly scheduled ICC meeting. One agency director has never shown up for meetings and has not appointed someone with decision making authority to take his place. The current situation is characterized by a work group comprised of middle level staff who meet on a monthly basis to develop

\(^{24}\)Ibid., 15-16.
strategies and recommendations for the ICC to consider at its regularly scheduled meeting. Attendance at the work group sessions by representatives from all ICC member agencies has been extremely sporadic and inconsistent. There are approximately six staff attending these meetings on a regular basis. One of the agencies has had at least three different representatives at the work group. Some agency staff have not been to a single work group meeting. As might be expected, the product resulting from these meetings has been extremely slow in coming and less than satisfactory. Limited participation also adds up to limited buy-in and commitment. Given these leadership and organizational problems, stakeholder concerns regarding leadership, direction and product are not without merit.

Limited resources have been a problem since the ICC's inception. Faced with an extremely frugal legislature, advocates were encouraged to write Senate Bill 34 with no budget for staff or other resources. At that time, advocates believed that a budget could be organized via a pooling of federal discretionary prevention funds by the agencies named in the legislation. The extent of the 1993 Legislature's frugality was surprising to many advocates. As an example, it was with amazement that advocates witnessed the near death of Senate Bill 34 in the House Human Services Committee when the committee became stuck on a fiscal note that suggested that organizing ICC meetings
and paying for travel for the private non-profit sector representatives might cost $2000 per year. Currently, ICC member agencies have pooled discretionary funds to hire a private contractor to organize its work. This contractor is responsible for developing agendas and facilitating the work group referenced in the previous chapter. Stakeholder concerns with the results of this arrangement, also cited in the previous chapter, suggest that there are serious shortcomings with this arrangement. Of primary concern is the fact that this contract has a two year time limit and is due to end on June 30, 1996. At that time, the ICC will have no staff or additional resources with which to pursue the mandates of the legislation.

Finally, the work product to date has not threatened the status quo of any of the agencies involved. As one stakeholder offered, the legislative reorganization of health and human service appears to have accomplished more of the goals of Senate Bill 34 than has the ICC. To be fair, there was a great deal of structural and foundational work that needed to be addressed leading up to the present. To date, the work group has focused on an inventory of prevention programs and funds, prevention benchmarks for measuring effectiveness, a proposal for a Prevention Resource Center, and a demonstration project for an integrated funding pilot project. If the products for all of these projects come to fruition within the next three
months, ICC members will finally be forced to make some decisions that will alter the status quo.

Given the impact that these design and organizational limitations have had, and continue to have, on the performance of the ICC, a prescription for success must be recommended. Many stakeholders indicate that they believe the combination of the Montana Family Policy Act and Senate Bill 34 provide an excellent policy structure. However, what is missing is a process that will operationalize the language of Senate Bill 34 and provide a means of bringing the intent of the legislation to fruition. Based on their extensive review of the literature on factors influencing successful collaborations, Paul Mattesich and Barbara Monsey indicate that there are at least six general categories that have process and outcome implications for these efforts. They are the environment, membership, process and structure, communication, purpose, and resources.25 Significant environmental factors include a history of collaboration, a political environment favorable to collaboration, and the importance of collaborative members being seen as leaders. Factors included in membership are mutual respect, understanding and trust, an appropriate cross section of members, and members who view collaboration as being in

their own self interest. Process and structure factors include sharing a stake in the process and the outcome, multiple layers of decision making, and the development of clear roles and responsibilities. Communication variables include open and frequent communication with all stakeholders, and formal and informal communication linkages. Finally, resources issues include sufficient resources which are available to the group from the beginning and a skilled convener. 26

The work of Mattesich and Monsey is supported by Lisbeth Schorr who suggests that there are seven strategies for more effective service. The first strategy is a shift to outcome-based, results oriented services. Factors that make this possible are a focus on agency mission rather than agency rules, sound data, and agreed-upon outcomes which facilitate cross-agency collaboration. The second strategy involves making bureaucracies more responsive and less bureaucratic. A focus on the agency mission and intended programmatic outcomes will facilitate this process. The third strategy involves new forms of financing and governing. As discussed in Chapter 1, current funding sources are often categorical and crisis oriented. Quite often, the only way a family or a child can get help is when the need and the services mesh. The fourth strategy involves new definitions of professionalism and training.

26Ibid., 15-31.
The fifth strategy calls for a public education campaign designed to increase public sophistication about the power of investment in children and families and the extreme dangers of dilution and divestment in the nation's social capital. She maintains that, in a sense, we know what works to prevent bad outcomes for children and families—education, preventive health care, and early childhood development programs. Despite the almost universally recognized importance of these processes, the dollars that support these processes are being cut back to the point that crisis oriented processes must receive a priority for the remaining funds. The sixth strategy involves targeting substantial resources on those families, children, and neighborhoods that are at highest risk. Schorr maintains that we must put together an array of comprehensive services that can be brought to bear on many different fronts—education, public housing, public safety, economic development, and job skills training. Finally, seventh strategy calls for leadership which defines the common interest and societal stake in a more proactive response to the problems of children and families. Schorr advises that we must take a more daring stance in developing services which invest in children and families.\textsuperscript{27}

Mattesich and Monsey's review of the literature provides an excellent framework for processes important to

\textsuperscript{27}Schorr, Ibid., 94-107.
the continued work of the ICC. Schorr's recommendations for the improvement of services to children and families provides what might be thought of as a set of guiding principles for the outcomes sought by the ICC. Utilizing the conceptual framework provided by Mattesich and Monsey, the following will provide an examination of the implications that this research has for the ICC. Finally, recommendations which may improve the ICC's process and, hopefully, the outcomes for which stakeholders have such high expectations will also be offered.

As discussed in Chapter 1, coordination and cooperation among prevention services providers and agency representatives began in earnest in 1991 through the efforts of the State Prevention Caucus. Believing that the involvement of agency directors and top government officials would move the discussion of the benefits of collaboration past the musing stage and into action, the Caucus successfully advocated for the creation of the ICC via Senate Bill 34. While the middle level program managers and other agency staff have a history of cooperation, it might be said that the membership of the ICC has potential but no history. This lack of history has made the task of bringing together executive branch officials, the elected Superintendent of Public Instruction and Attorney General, and private non-profit organizations very daunting. To ensure that the group lives up to its potential and has the
opportunity to establish a collaborative history, the establishment of a variety of small group processes are vital but have not received sufficient attention by the ICC. Membership issues like respect, mutual understanding, and trust are implied in the interaction of members. However, little has been done to actively build these factors into the group process. As mentioned above, at least one former member attended only one meeting in two years.

In addition, group process issues have not received serious attention. To date, the ICC has not adopted a process for making decisions or resolving conflicts. By default, they appear to have adopted an advise and consent decision making mode. That is, working group staff develop recommendations, ICC members discuss and verbally sanction these recommendations. However, the next step of implementing the decisions agency-wide is never taken. The lack of outcome or product to date bears witness to the inefficiency of this approach.

The lack of attention to organizational and process details has contributed to the inability of the ICC to make a commitment to a shared vision and mission. After two years of interacting, many ICC members appear to be searching for their own self-interest in the work of the group. Citing a lack of time, inadequate resources, overworked and recalcitrant staff, and competing issues, ICC members also appear to have difficulty establishing their
own agency's interest in the mission of the council. At the local level, several advocates, service providers, and other key stakeholders expressed frustration that many agency staff have never heard of the ICC, let alone its mission or goals and objectives. Members continue to pursue their own political and program objectives independently of the ICC. The apparent lack of commitment to the goals of the ICC has resulted in mere compliance with the legislative mandate.

Of equal significance is the fact that ICC members have never clarified their roles and responsibilities. Beyond showing up for meetings on a regular basis, many members have no other responsibility. As a result of recent reorganization decisions, the current chair is no longer a department director but has been designated by the other ICC members as a non-voting chair. The organizational and process work necessary to make the ICC a functional policy development body has consumed an enormous amount of time but has yielded few results.

Finally, resources committed to the ICC have been, and continue to be, very scarce. Senate Bill 34 was passed with no staff and no budget. Middle level agency staff and other advocates were committed to developing needed resources through the use of federal discretionary prevention funds residing in each ICC member agency. Early in the process, all agencies pooled the funds necessary to contract with a consultant. Initially, this effort was viewed as a success
and as an example of how collaboration on common goals could occur across agency lines. The success was limited, however, by the combination of high expectations for immediate results, the organizational and process issues cited above, and the apparent inability of the contractor to move the process forward. In addition, the use of existing agency staff to develop recommendations for the ICC has not freed them up from their routine job duties. This has created some low morale on the part of some working group members and has resulted in a lack of commitment to the ICC working group.

Lisbeth Schorr's recommendations for change, as she recognizes, require agencies to act in ways that are contrary to bureaucratic needs and interests. The strength of the bureaucratic and organizational culture which supports the current system cannot be underestimated. The current system of categorical services, separate program and fiscal reporting requirements, and the focus on numbers of clients served versus the quality of the service supports agency staff, justifies budgets, provides fiscal accountability to the federal agencies involved, creates constituency groups, and delivers services, however uncoordinated, to communities. The implications of Senate Bill 34 threaten extremely entrenched bureaucratic routines and processes.

Despite the magnitude of the organizational change
implied by Senate Bill 34 and the organizational and process issues described above, the political climate remains supportive of the potential that the ICC has for impacting preventive services for children and families and demonstrating the beneficial effects of collaboration. This is particularly true of the Joint Oversight Committee on Children and Families stance with regards to the accountability of the ICC to the concepts outlined in Senate Bill 34. More importantly, the concerns and recommendations from community service providers and advocates cited in Chapter 2 emphatically demonstrates support for a tangible product and continued hope in the viability of the ICC as a vehicle for that change. As one stakeholder maintained, "we have come too far to go back to square one now."

Additionally, a core group of middle level staff in many of the key agencies remain strongly supportive of Senate Bill 34 and its mandates. Finally, there are several key ICC members that have a vision for collaborative services, the better outcomes they can have for children and families, and an understanding that their agency and self-interest is best served by continued active involvement in the ICC.

**Recommendations and Conclusions**

Based upon the above analysis and utilizing the conceptual framework for effective collaboration provided by Mattesich and Monsey, the following recommendations are offered:
A. ENVIRONMENT

► That the Joint Legislative Oversight Committee on Children and Families be encouraged to participate in a collaborative manner with the ICC instead of pursuing a parallel and at times conflicting agenda.

► That the ICC hold an annual evaluation and assessment conference with advocates and community services providers to continue to assess the relevance of the ICC's agenda and receive feedback from localities on practices which support local prevention initiatives.

B. MEMBERSHIP

► That the university system be encouraged to be more actively involved in the review of best practices approaches, the development of evaluation tools for use in local communities, and prevention research.

► That the ICC develop a constituency development plan that includes strategies for keeping the prevention community apprised of its activities, soliciting input from community advocates, and involving community service providers and advocates more closely in its planning processes.

C. PROCESS AND STRUCTURE

► That the ICC adopt a consensus-based decision making process, receive training in the process and begin using it in all of their meetings.

► That the ICC return to a facilitated meeting format in an effort to make its meetings more productive and to encourage more give and take among members.

► That ICC members actively participate in the development of proposals and strategies by having each member either chair or participate in all subcommittee work.

D. COMMUNICATIONS

► That the ICC members create a speakers bureau and develop a series of informational and interactive presentations implemented via the Metnet System. These presentations should serve to keep community prevention
advocates informed of the progress of the ICC and the work product to date.

That the communications and public relations staff from the offices of the Governor, the Attorney general and the Superintendent of Public Instruction be requested to develop a communications package informing the public of the investment nature of preventative human services programs.

Once per year, the members of the ICC should participate in a public forum in selected communities throughout the state. Topics to include in this forum should include, but not be limited to, an ongoing update on the ICC's strategies and progress in implementing Senate Bill 34, feedback from community service providers and advocates on needed state support and technical assistance services.

E. PURPOSE

That the Governor, who supported the ICC in his election campaign and actively in its beginning stages, be encouraged to renew his commitment and directive publicly to the appointed directors of health and human services agencies and the ICC as a whole.

That a joint prevention program planning process be developed by ICC member agency staff wherein a state prevention strategy is developed which includes jointly agreed upon goals and objectives are generated, related outcomes are identified, and opportunities for integrated funding processes are explored.

That ICC members more actively inform their staff at the regional level of the mission of the ICC, how this mission translates into each particular agency's mission can accommodate the ICC, and suggest specific steps which will foster a commitment at the local agency level to the ICC's goals and objectives.

That ICC members instruct their fiscal staff to develop a working group to develop a series of fiscally sound recommendations for accounting for decategorized funds.

That ICC members instruct their staff to work with the university system to design an easily transferrable and standardized evaluation process which incorporates the benchmarks, outcome indicators and monitoring processes.
That the ICC complete its work on benchmarks for prevention, get the information out for public comment, provide and develop a strategy which integrates benchmarks into planning, program funding, and evaluation.

That the ICC develop a planning strategy that, in addition to policy development and system reform, also includes small demonstration projects which are designed to highlight the potential for improved outcomes that comes from a collaborative approach at both the state and local level. Specifically, the ICC should develop a coordinated funding pilot project which combines funding from two or three related areas, utilizes the benchmarks to establish accountability for results, provides evaluation tools, and other forms of technical assistance and support.

F. RESOURCES

That the ICC prepare a unified prevention budget which includes an inventory of general fund and federal prevention programs and funds, an analysis of best practices approaches, and the presentation of funding priorities which are necessary to support a prevention system in Montana.

That as part of the unified budget, a Prevention Resource Center be proposed as a priority. Such a center would provide technical assistance and support necessary to sustain local initiatives. The center would also function as staff arm of the ICC at the state level.

That the unified budget also make recommendations for pooling funds from juvenile justice, mental health, and substance abuse to effect collaboration and establish an integrated range of preventative services for children and their families who are at risk for becoming involved in these separate but related systems.

In conclusion, the above recommendations are designed to provide the ICC with a series of specific and realistic objectives and activities which are in keeping with the recommendations from stakeholders presented in Chapter 2.

It is important to point out that several of the above
recommendations are being implemented at this writing. Given the combination of extremely broad mandates in Senate Bill 34, high hopes for immediate results from community stakeholders and the Joint Legislative Oversight Committee on Children and Families, and the current political environment, the ICC needs to establish relevance and demonstrate performance quickly. An more intentional group process, communication, and constituency development strategy will hopefully overcome some of the obstacles cited by Lisbeth Schorr which have been shown to limit the success of interagency policy groups. A two tier outcome approach combining system change and a policy focus with small demonstration efforts at the local level is as important as the process considerations. These pilot projects will highlight the potential for improved outcomes through collaborative efforts will provide some of the product that community stakeholders and others are demanding. Finally, the combination of process and outcome strategies will hopefully establish and reinforce the underlying environmental conditions which are critical to the improved functioning of the ICC.
WORKS CITED


