

*A Review of Initiatives
that Foster Human Service
Collaboration at the
State and Local Levels*

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A Review of Initiatives that Foster Human Service Collaboration at the State and Local Levels

Introduction

This document examines initiatives to coordinate human service planning in different States around the country. The study is designed to inform the work of New York State's Integrated County Planning (ICP) by highlighting components that have led to successful programs and identifying innovative practices around the country.

There are numerous collaborative projects operating throughout the nation. However, this study focuses on initiatives that contain similar elements to ICP. Specifically, our analysis was limited to programs that met the following criteria:

- The major work involved local level coordinated *planning*. Much of the collaborative work in the human services involves coordinating service *delivery*. The latter generally refers to client-centered initiatives such as providing case coordination through a case manager or through a case conference approach. The programs examined here, however, focus on planning activities to assess needs, identify resources, establish priorities, and monitor progress to achieving goals.
- The work we studied was designed for a broadly defined population. Many collaborative programs focus on groups with special needs or issues such as children with severe emotional disturbances or juvenile offenders. This document examines initiatives that are designed to address the needs of the community as a whole. For the most part the scope is geographically based rather than population based. That is, the programs are designed to address the needs of all children and families residing in a specified region.
- There are two levels of collaboration – the State level and the local level. We excluded efforts that have only been implemented in one or two counties or neighborhoods. We were seeking programs that had involved work within and between the State and local levels.
- The collaborations were considered successful by two standards – they have been sustained over a relatively long period of time and were widespread. The collaborative initiatives we studied have been in existence for about ten years and are operating in the majority of counties throughout the State.

By limiting the scope of this report to programs that fit these criteria, we narrowed the analysis to the following seven programs:

- Georgia – Family Connections
- Indiana – Step Ahead Program
- Minnesota – Family Services Collaborative
- Missouri – Family and Community Trust
- Oregon – Commission on Children and Families
- Vermont – Vermont Community Partnership
- West Virginia – Family Resource Networks

Research Questions

The analysis was designed to address the following research questions:

- How was the State level structured? Who served on the State policy making team? What agencies were represented? What were their responsibilities?
- How was the local level structured? Who served on the local policy team? What agencies were represented? What were their responsibilities?
- What types of planning activities were carried out? How were goals, outcomes and indicators established? What data were used?
- Were there planning document requirements? Did the documents replace or consolidate existing State agency reporting requirements?
- What innovative practices were conducted in the field that could inform the work of ICP? What could be attributed to the success of the States?

Methodology

Information about collaborative programs was collected through a multi-stage qualitative analysis. First we gathered information from articles in scholarly journals, websites on the Internet, and published State reports and evaluations. This review yielded dozens of programs. Next we chose programs that fit the specified criteria. After the programs were identified we conducted phone interviews with key stakeholders at each of the sites to verify the information we had read, obtain additional documents, and gather consistent information across programs. After all the data were carefully analyzed common themes and descriptive categories emerged that form the basis of this report.

Organization of Report

The report is organized around the identified descriptive categories that emerged from the data analysis. First we present information relevant to State level collaboration. This is followed by data on local level planning. We then present conclusions and provide some comparison between NYS ICP and the State initiatives we have studied. Finally, summaries of the seven States are presented.

Findings

State Level Collaboration

Legislation

All of the collaborative programs we examined were established by legislative statute. The legislation generally evolved from earlier experiences that the State had with small-scale coalitions and collaboratives. These earlier attempts to integrate planning gave shape and direction to the State's approach outlined in the legislation.

In general, the legislation established the State-level policy making body that oversaw the collaborative, specified which State agencies and other bodies were to sit at the State table, and outlined the group's responsibilities. Oftentimes the legislation also authorized the establishment of local level collaborative groups and delineated their powers and duties. Other areas that legislation addressed included the expected outcome areas, information sharing among agencies, and the relationship between the State and local bodies.

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Legislative initiatives were an indication of support for these collaboratives at the highest levels of State government. General consensus from select State agency heads was that legislation could not have been achieved without continual backing from top-level administration.

Composition of State Level Team

For the most part the State level teams were highly structured. While the membership varied among the States, they were comprised of the top-level leadership of the participating State agencies (i.e., commissioners and directors). As stated above, the membership was often prescribed in legislation. Frequently the Governor or someone from the executive branch was involved in selecting the leadership. Some States also included members from the business sector and community. Examples of the group membership include:

- Georgia: The Governor, Lt. Governor, and Speaker of the House appoint 20 members to the Georgia Policy Council. The leaders of six major State agencies are ex-officio members.
- Vermont: Members include the division directors of State agencies that serve children, families and individuals, directors of several major service and advocacy organizations, and individuals from higher education institutions.
- Indiana: The Governor appoints members from State agencies and the private sector. The State Superintendent of Public Instruction also appoints four members.

- West Virginia: The Cabinet on Children and Families is chaired by the Governor and comprised of State agency and university officials, citizen representatives, and members of the West Virginia Legislature.

State Agency Involvement

The agencies that were represented on the State team varied to a certain extent and are specified in the description of programs section at the end of this report. However, all the State teams had representatives from the Departments of Health, Education and Children's Services. Most State agencies also had representatives from the Department of Mental Health, Temporary Assistance, Juvenile Justice and interestingly, the State Budget Office.

Team Responsibilities

In general, the State level team was charged with establishing statewide goals and policies to further local collaborative planning. It was the State level team that usually developed common outcomes and specific indicators to track progress. The State team was also responsible for approving the plans submitted by localities.

The State teams spent time supporting the local projects in various ways including developing a model governance agreement (Minnesota), waiving State rules and regulations impeding coordinated service delivery (West Virginia), building the policy framework for local commissions' work (Oregon), transferring funds within and between State agencies (West Virginia), and evaluating county progress (Oregon).

Goals, Outcomes, and Indicators

With one exception, the goals, outcomes, and indicators that were to be used by the local teams were developed centrally – either in the legislation that established the collaborative or by the State policy making team. The exception was Indiana where goals and indicators were developed locally. According to the Indiana evaluators, the lack of statewide comprehensive goals and outcomes made an overall statewide assessment difficult.

Goals and outcomes were fairly similar across States addressing the areas of child health, school readiness and family self-sufficiency. Considerable work was done on a State level to assist counties in data collection and analysis. For example, Georgia has a benchmark database that is accessible to all communities through the Internet. It contains annual cross sectional data for each of the State's 159 counties and for the State as a whole. Vermont also provides access to data on the Internet. Key outcomes (such as "Families and Individuals Live in Safe and Supportive Communities") and indicators (such as "Rate of Petitions filed for Relief From Domestic Abuse") are reported at the community and county levels for each of 60 school Supervisory Unions and on a statewide basis. In general, counties were to rely on the data made available and original data collection was not encouraged.

State and Local Communications

Most of the States conduct periodic meetings of local coordinators. In States where there are many localities involved in the collaboration, regional networks have developed. In Georgia, the localities are organized into 12 regions and there is a leadership council of 12 regional representatives and 12 family advisors. Each State has a web site that provides information to the localities about upcoming meetings, lists of contact people, funding opportunities, goals and indicators, and other relevant information. Electronic newsletters and periodic mailings are other frequently used methods to maintain communication between the State partners and the local level.

Training and Technical Assistance

Committees organized by the State policy team perform much of the work carried out on the State level. These committees operate as work groups and interact directly with the localities. Much of the training and technical assistance carried out in the State was delivered by these groups. State level training and technical assistance are described below:

- Georgia: The Georgia Policy Council formed a task force that developed recommendations on how to use benchmarks and the database to track progress. The task force was comprised of legislators, business and community leaders, agency chiefs, and policy and budget directors. Georgia also organized State training and technical assistance teams around the following topics: collaborative development, strategic planning, finance, evaluation, and building public will.
- Indiana: Staff at the Office of Family and Social Services Administration provide training and technical assistance and monthly mailings to the local councils including information on Indiana's open door law, grant opportunities and other information of interest to the localities.
- Minnesota: The Minnesota collaboration has an interagency team comprised of the Department of Human Services, Department of Children, Families and Learning, Department of Corrections, and Department of Health to provide training and technical assistance.
- Oregon: Staff from State agencies provide technical assistance for comprehensive planning, outcome measurement, collaboration and service coordination.

Funding

It was difficult to tease out the level of State funding that was targeted specifically for the collaborative initiative from other integrated service delivery programs. However, it appeared that State funding specifically targeted for integrative planning efforts was relatively modest. The maximum level of funding for any locality was Georgia where \$100,000 was given in the

third year and in the fourth year of initiative. In Indiana funding ranged from \$28,000 to \$63,000 per county. Generally the initiatives were supported by a combination of Federal, State and private funds.

Local Level Collaboration

Overview

It is more difficult to characterize collaboration that occurred at the local level compared with the State level. Even within a State the counties operate in unique ways. As a State-level administrator in Georgia stated, “The counties are very individual. Once you’ve seen one Family Connections program, you’ve seen one Family Connections.” This section will attempt to report how the localities are organized and structured.

By design, we chose States where there was widespread county level implementation. For example, in Georgia the collaborative is operating in 151 of 159 counties; in Indiana all of the State’s 92 counties are involved in the collaborative; in Minnesota there are 47 collaboratives representing 82% of the State’s children 0-18 years; and in West Virginia Family Resource Networks are serving all 55 counties of the State. Therefore, it is not possible to explore in depth how individual counties operate.

Composition of Local Teams

The localities were organized at the county level, with one exception. In Vermont the local level is represented by the 60 school supervisory unions that are organized into 12 regional partnerships.

County agency representation usually mirrored the State. For example, if at the State level the committee consisted of five commissioners from State departments, the county levels also had representatives from the same departments. However, the membership of the local teams was generally more broad-based than the State level. In addition to State agency representatives the local team membership included business groups; religious, civic and service organizations; educators; local elected officials; private sector organizations; and community action agencies. In some States, the State policy making team or the legislation mandated who must be represented on the local teams. There was a strong emphasis on the involvement of citizen representatives (families, youth, consumers) not affiliated with a particular agency or organization.

Team Responsibilities

Overall, the local teams engaged in four sequential activities:

- Provide a forum for community input. This was generally accomplished at two levels. On the County level, the localities were to solicit citizen participation on the policy making team. On the individual level, counties were to involve families in service plan development.
- Analyze indicators. In general, the localities adopted the centrally defined goals, objectives, and indicators. They were responsible for analyzing data to assess community needs over time. It appears that the localities devoted little or no time to data collection. They generally analyzed data provided by the State to determine needs and priorities.
- Develop a plan. A strategic plan of action was developed based upon the needs assessment, prioritization of issue areas, identification of funding sources, and selection of strategies based on effective practice.
- Implement the plan. In this phase, the localities implement local strategies to achieve adopted outcomes from the action plan. The local strategies are generally well-recognized programs considered best practice.

Planning Documents

Overall, the planning documents are separate from State agency reporting requirements. In Georgia, the Policy Council has attempted to work with State agencies to accept the community plans and has sought federal waivers of reporting requirements. They have not been successful and one administrator admitted that, “The strategic plan doesn’t take away reporting requirements. Reporting requirements are a necessary evil.”

A few of the documents are described below:

- **Minnesota:** Documentation requirements are fairly prescribed. The plan needs to describe how the collaborative will carry out its duties and implement the integrated service delivery system. The plan lists collaborative participants, amount and source of resources each participant will contribute to an integrated fund, and methods for increasing local participation. The document includes specific goals the locality intends to achieve and the methods to measure progress toward the goals.
- **Indiana:** Indiana has two plans. There is an annual action plan that is the working plan with measurable goals, objectives and action steps. It is in performance based outcome format. Secondly, there is a multi year strategic plan. The strategic plan is a comprehensive, written document developed by the local council, which

defines the longer-term goals and objectives and explains how the community will be mobilized. It describes the target populations, administrative design, and collaborative service delivery partnerships.

- Oregon: The legislation requires each county to develop a single coordinated comprehensive plan for services and supports for children prenatal through age 18 and their families. The plan involved use of a common framework developed at the State level to address areas of need, existing services, asset building and community strengths.

Recently, five State agencies agreed on one common planning framework for a consolidated document. These agencies include the Department of Human Services Office of Alcohol and Drug Abuse Programs and Health Department, Oregon Commission on Children and Families, Criminal Justice Commission Juvenile Crime Prevention Advisory Committee, and the Oregon Youth Authority.

In the next phase of the Oregon initiative all other State agencies that provide services to children and families will officially join the planning process. The State agencies include the Department of Mental Health and Developmental Disabilities, Adult and Family Services and Child Protection.

- West Virginia: West Virginia has a consolidated State Plan that was developed by the Cabinet and reviewed by federal agencies. It establishes a shared understanding between the State and federal governments of principles, policy, and procedure related to local community planning and evaluation carried out by Family Resource Networks. The Consolidated State Plan is not a legal document and does not in and of itself provide for waivers of State or Federal regulations. It does, however, provide the framework for the Federal-State-Local partnership.

Summary and Conclusions

This study of collaborative initiatives is limited. The research team did not visit the individual sites and conducted only a small number of short interviews with stakeholders. It is therefore difficult to determine precisely what contributed to their success. However, there are certain features that these States had in common, which the literature also cites as factors leading to successful collaborative programs. In this section we discuss these factors.

Strong Support at the Highest Levels of State Government: Most of the initiatives we studied were supported by the Governor's office. In some cases, staff from the Governor's office served on committees or were involved in selecting representatives for the collaborative group. General consensus from select State agency heads was that continual support and enforcement from top-level State leadership was an essential ingredient to the success of their initiative.

Strong State Infrastructure: With one exception, the State-level team was not led by a single State agency. The one exception was Indiana, where the organizing body was the Office of Family and Social Services Administration,¹ an umbrella agency for many human service programs. In general, the State team was comprised of the leaders of the involved agencies, at the commissioner or director levels. The State level teams are actually similar in structure and mission to the NYS Council of Children and Families, a State agency in the Executive Department, which was also established in legislation in 1977 and is comprised of 13 member agencies.² Many States also had established structures to meet the training and technical assistance needs of the counties.

Legislation: The legislative initiatives were an indication of strong support at the executive and legislative levels of government. While most stakeholders support the notion of collaboration, legislation mandates collaboration. The legislation specified who would sit at the State table. Not only did that have an impact on the agency's participation in the collaborative at the State level, it also had an influence on the local level. The level of agency involvement at the State level mirrored the level of involvement at the local level.

¹ The Office of Family and Social Services Administration (FSSA) is an umbrella agency that consolidated the former Departments of Public Welfare, Human Services and Mental Health. FSSA provides services to families who have issues associated with: low income (TANF, Medicaid, energy assistance, homelessness, job programs), mental illness, substance abuse, mental retardation, aging, and children who are at risk for healthy development including child welfare.

² The Council currently consists of the following members: Office of Temporary and Disability Assistance, Office of Children and Family Services, Department of Health, Department of Labor, Office of the Advocate for Persons with Disabilities, Office for the Aging, Office of Alcoholism and Substance Abuse Services, Division of Criminal Justice Services, State Education Department, Office of Mental Health, Office of Mental Retardation and Developmental Disabilities, Division of Probation and Correctional Alternatives, and Commission on Quality of Care for the Mentally Disabled.

Concrete, Statewide Goals, Objectives, and Indicators: With one exception, the collaborative projects had statewide goals and objectives. The frameworks for goals and objectives are similar to the New York State Touchstones data system. This allowed the localities to expend their time on analyzing data to measure achievement toward goals rather than developing the framework for objectives and indicators. Sharing information among the localities provided the opportunity to identify strengths and weaknesses across the State.

Established Formalized Communication: The sites we studied capitalized on communication technologies and had well developed methods for State and County communication. There were web pages that provided information for the localities such as calendars with the times and places of up coming meetings relevant to the collaborative efforts. There were also lists of all the contact people that were part of the collaborative efforts on-line. Many States provided the localities with on-line access to data to measure goals and objectives. Other methods to foster communication include electronic newsletters and periodic mailings.

State Program Overviews

Georgia

Program: The Family Connection	Initiated: 1991
Lead Agency: Georgia Policy Council for Children and Families	Web Site: www.georgia.familyconnection.org
<p>Program Description</p> <ul style="list-style-type: none">• Target Population: All of Georgia's children (birth to youth) and their families• Legislation: Senate Bill 256• State Partners: The Governor, Lt. Governor and Speaker of the House appoint 20 members. The heads of six major State agencies are ex-officio members representing the Department of Human Resources, Office of Planning and Budget, Department of Community Health, Department of Education, Department of Juvenile Justice, Office of School Readiness.• Local Partners: Community partners include business leaders, civic organizations, faith community, schools, families, local elected officials, public and private service providers, and other concerned citizens• Goals and Outcomes: The Georgia Policy Council for Children and Families established five results and 26 benchmarks to measure progress toward the results• Other Features<ul style="list-style-type: none">➤ Each community receives a planning grant for an initial year. After the initial planning year, communities focus on implementing and evaluating their strategic plan as well as to engage the community and work on the governance structure. Communities may revise their strategic plans as needed.➤ A State training and technical assistance system has been developed to provide 159 communities guidance in collaborative development in addition to assistance in planning, implementing, financing, and evaluating their strategic plans	

Indiana

Program: Step Ahead	Initiated: 1991
Lead Agency: Family and Social Services Administration	Web Site: www.state.in.us/fssa/children/stepahead
<p>Program Description:</p> <ul style="list-style-type: none">• Target Population: Children birth to 13 years and their families• Legislation: PL 34-1991:Step Ahead Legislation, Chapter 1.8• State Partners: Members represent the Division of Mental Health, State Department of Health, Division of Family and Children, State Budget Agency, Division of Aging and Rehabilitative Services, Department of Education.• Local Partners: The local teams are required to have representation from the County Health Department, First Steps Coordinating Councils, Public Schools, WIC Clinics, Division of Family and Children, and consumers. It is also suggested that teams include local businesses, local chambers of commerce, childcare providers, city/county government, legislators, and family violence shelter staff.• Goals and Objectives: Determined locally• Other Features<ul style="list-style-type: none">➤ Discretionary funds are awarded after a county completes a comprehensive needs assessment and an annual action plan has been developed. The discretionary grants are used to provide an opportunity for the implementation of goals from the county plan of action.➤ Each local Step Ahead Council must hire a coordinator to serve as its chief administrative officer. The coordinator facilitates planning, development, implementation and evaluation of the Step Ahead process. There are 9 full time and 83 part time coordinators➤ The State requires each local council to establish a conflict of interest policy to govern the actions of persons engaged in the planning, development, implementation, and evaluation of Step Ahead.	

Minnesota

Program: Family Services Collaborative	Initiated: 1993
Lead Agency: Children's Cabinet	Web Site: www.cyfc.umn.edu/Collab/collabdir.html#state
<p>Program Description</p> <ul style="list-style-type: none"> • Target Population: Children and Families • Legislation: Statute 121.8355 • State Team: The State teams consists of the Departments of Human Services; Children, Families and Learning (Children's Mental Health and Family Services Collaborative Liaisons); Corrections; Health; Economic Security; Transportation; Finance; Public Safety; Administration; Housing; Finance; and Minnesota Planning. • Local Team: Community-based collaboratives are composed of representatives of schools, local businesses, local units of government, parents, students, clergy, health and social services providers, youth service organizations, and existing culturally specific community organizations. • Goals and Objectives: Legislation states that outcome-based indicators include the number of low birth weight babies, the infant mortality rate, the number of children who are adequately immunized and health, require out-of-home placement or long-term special education services, and the number of minor parents. • Other Features <ul style="list-style-type: none"> ➤ The State Cabinet developed a model governance agreement to be used at the local level to guide collaboration. ➤ Implementation grants are given to communities that have developed measurable goals and a comprehensive plan to integrate and improve services for children and families. ➤ The legislation specifies guidelines for information sharing across agencies. 	

Missouri

Program: Family and Community Trust	Initiated: 1993
Lead Agency: Family and Community Trust Board of Directors	Web Site: www.mofit.org/
<p>Program Description</p> <ul style="list-style-type: none">• Legislation: Executive Order• Target Population: Children and Families• State Team: Directors of 7 State agencies and 8 private members from business, higher education, philanthropy and civic organizations. The State agencies are the Department of Corrections, Department of Elementary and Secondary Education, Department of Health and Senior Services, Department of Economic Development, Department of Mental Health, Department of Labor, Department of Social Services, and Department of Public Safety• Local Team: The Community Partnerships are a broadly representative decision making body with membership from public agencies and private entities.• Goals and Objectives: The collaborative is guided by a common mission measured by progress toward six core results based on 18 benchmarks derived from statewide results that are specified in the Executive Order.• Other Features<ul style="list-style-type: none">➤ Two information system teams have been formed. One is a State Information team with representatives from each Caring Communities State department. The second is a Community Information Teams with representatives from the community partnerships. These teams are working to resolve issues related to sharing results-based indicators related to Partnership plans and programs.➤ The Community Information Systems Project systematically gathers planning documents of each Community Partnership and stores them on the Web in order to make it possible to share work with others involved in similar efforts.	

Oregon

Program: Commission on Children and Families	Initiated: 1993
Lead Agency: Commission on Children and Families	www.ccf.state.or.us
<p>Program Description</p> <ul style="list-style-type: none"> • Target Population: 0-18 years of age and families • Legislation: Oregon Revised Statutes 417.705 – 417.825 • State Partners: The State Commission is appointed by the Governor and is comprised of 16 members from State agencies, legislative representative, parents, and department directors. The State agencies involved in Oregon are the Department of Human Services (welfare, health and social support agencies), Oregon Youth Authority (juvenile justice agency), and the Department of Education (schools for 5-18 year olds or 0-21 for those with disabilities). Directors of the departments usually represent the departments. • Local Partners: Local Commissions are composed of members appointed by the Board of County Commissioners in each county. Legislation mandates that a majority of members of the Commission and its chair are lay citizens. The membership is generally local citizens from all segments of the community, including service organizations, State and County agencies, churches, civic groups, and businesses. • Goals and Objectives: The State Commission advanced and implemented a statewide accountability system based on standardized performance measurement. The system tracks progress toward 5 wellness goals and 10 outcome areas. • Other Features <ul style="list-style-type: none"> ➤ The Oregon initiative consists of three phases. ➤ In Phase I, completed during 1999-2000, local commissions on children and families involved citizens and partners and coordinated the extensive process of mapping, or inventorying community strengths, gaps and barriers in services for children and families. Each county used a common framework developed at the State level to identify those strengths and needs that help define community conditions and the capacity to support and nurture children, youth and families. ➤ In Phase II, 5 State agencies have agreed on one common planning framework. Counties prioritize the issue areas in which to focus their efforts; select strategies based on effective practices to implement those priorities; and identify outcomes through which to track programs. ➤ In Phase III all other State agencies that provide services to children and families will officially join the planning process. Develop local comprehensive plans aimed at county's area of concern 	

Vermont

Program: State Interagency Team for Children and Families	Initiated: 1994
Lead Agency: Agency of Human Services	www.ahs.state.vt.us
<p>Program Description</p> <ul style="list-style-type: none">• Target Population: Children and Families• Legislation: Vermont Act 264• State Partners: The State interagency team consists of the Division Directors of State agencies that serve children, families and individuals, State level coordinators of interagency teams, directors of several major service and advocacy organizations, people from higher education institutions, parents, and the coordinators of 12 regional partnerships.• Local Partners: The regional partnerships are comprised of consumers, citizens, family members, non-profit and government providers of health, education, human services, and economic development and business leaders.• Goals and Objectives: The State team formulated 9 common desired outcomes and specific indicators by which to track progress toward the outcomes. The outcomes and indicators are reported at the community and County levels by school supervisory unions.• Other Features:<ul style="list-style-type: none">➤ The functions of the State partnership are to formulate the outcomes and indicators, develop strategies effective strategies to support regional teams and communities, provide connections to technical assistance, provide data to communities, assist with the analysis of data, and foster leadership around best practice.➤ The functions of the regional partnerships are to develop a vision and mission, assess the community, develop a proposal for change, and self-evaluation.	

West Virginia

Program: Family Resource Networks	Initiated: 1990
Lead Agency: Governors Cabinet on Children and Families	Web Site: www.citynet.net/wvfamilies
<p>Program:</p> <ul style="list-style-type: none"> • Target Population: Children and Families • Legislation: Chapter 5, Article 26, Section 1 and succeeding sections of the West Virginia Code. • State Team: The Governor's Cabinet on Children and Families consists of the Governor as Chair, the Attorney General, the State Superintendent of Schools, the Secretary of Health and Human Resources, the Secretary of Education and the Arts, the Secretary of Administration and, in an advisory capacity, a member of the Senate and the House of Delegates. The Governor has appointed additional members to the Cabinet under his authority to do so including the Director of the Bureau of Employment Programs, the Vice Chancellor of Health Sciences for the University System, and the former Director of the Cabinet Office. • Local Partners: The Board of Directors is broadly representative of consumers, families, youth, public and private providers, public officials, and religious, civic and service organizations. A majority of the governing board is non-providers. Major public programs should include Medicaid, Maternal and Child Health, Temporary Assistance to Needy Families, Child Care, Mental Health, Child Welfare and Public Education. • Goals and Objectives: The State Cabinet has established 6 outcomes with 36 key indicators. • Other Features: <ul style="list-style-type: none"> ➤ The State Cabinet has the authority to negotiate interagency agreements, waive State rules and regulations that impede coordinated service delivery, and transfer funds within and between State agency budgets. ➤ The local networks assess community needs and assets and recommend priorities in the application of public and private funds. They also work to mobilize public and private services, volunteers and public/private partnerships; develop alternative delivery systems which promote quality and efficient and effective operation of public programs; and create a "local action plan" which documents community goals and priorities and outlines strategies for meeting community needs. 	