



# A Governor's Guide to Children's Cabinets



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## EXECUTIVE SUMMARY

Governors' Children's Cabinets are collaborative governance structures that seek to promote coordination across state agencies and improve the well-being of children and families. A strong and effective Children's Cabinet can improve coordination and efficiency across state departments and local levels of government; mobilize resources around the governor's priorities for children; facilitate a holistic approach to serving children; and strengthen partnerships with the non-profit and private sectors.

At least 16 states have a Children's Cabinet, and all indications suggest that many others are likely to follow. Though many features vary from state to state, Children's Cabinets typically involve senior state officials, including cabinet executives from a range of state agencies (i.e., health, mental health, education, child care, income supports, child and family services, youth development, labor, and juvenile justice services.) Many Children's Cabinets also include representatives of key stakeholders from the private sector.

Governors are faced with myriad choices in designing their Cabinets, appointing members, and otherwise tasking their Cabinets with improving child and family outcomes in their states. This Guide is designed to serve as a road map for governors and their staffs interested in designing their own successful Governor's Children's Cabinets. The content, summarized below, is drawn from the experiences of existing Children's Cabinets, including case studies of two long-standing Cabinets in **Louisiana** and **West Virginia** (included in Appendix A).

### WHY CREATE A CHILDREN'S CABINET?

- √ Develop and implement a shared vision across agencies for improving child and family outcomes.
- √ Improve the state's economy and prospects for competition in the global marketplace by investing in the education and skills of children, the state's future workforce.
- √ Foster public awareness of major children's issues.
- √ Engage new partners in public efforts to serve children and their families.
- √ Build a long-term commitment to children's issues in the state.

- √ Foster coordination among stakeholders at the state and local level and empower local decision-makers.
- √ Produce cost-savings, increase efficiency, and improve service delivery and effectiveness.

### **GUIDING PRINCIPLES FOR CHILDREN'S CABINETS**

- √ Gubernatorial leadership is critical for the Cabinet's success.
- √ A Children's Cabinet must have a clear mission with specific objectives and measurable outcomes.
- √ Cabinet members must share a high level of commitment to the Cabinet's mission and objectives.
- √ Cabinets should have dedicated staff.
- √ Cabinet leadership should consider including the private sector, which can foster a wider sense of shared responsibility for achieving Cabinet goals.
- √ Cabinet members and staff should regularly solicit the public's input and consider it seriously.
- √ Governors must ultimately make the difficult decisions concerning sustaining or eliminating their Children's Cabinets.
- √ The real measure of a successful Children's Cabinet is the improved outcomes for the children and families on which it focuses.

### **THE MISSION OF A CHILDREN'S CABINET**

Cabinet missions vary from broad (e.g., improving child outcomes in general) to more specific (e.g., early childhood education or child welfare system issues).

### **CABINET DUTIES**

- √ Creating strategic plans around children's issues and policies for the state.
- √ Setting goals with measurable outcomes for their member agencies to achieve.
- √ Making funding and policy recommendations to their governor.
- √ Pooling diverse funding streams to improve service delivery across agencies or even leveraging new resources to support children's initiatives.
- √ Setting policies, tracking outcomes and providing technical assistance to local government, and/or distributing and overseeing grants to local initiatives or organizations.



**KEY CONSIDERATIONS FOR A SUCCESSFUL CHILDREN'S CABINET DEDICATING STAFF AND FUNDING.**

- √ Strategically appointing members with decision-making authority who are representative of key stakeholder groups.
- √ Formally launching the Cabinet with guidelines on how to do so, by executive order, legislation, or less formal means.

**7 STEPS TO ESTABLISHING A CHILDREN'S CABINET**

1. Assign leadership roles.
2. Establish a meeting schedule and set clear expectations for participation.
3. Define a vision and identify potential goals, outcomes and measures, with input from stakeholders, including the public.
4. Survey the landscape of existing policies, programs and resources.
5. Complete the Cabinet's strategic plan.
6. Track outcomes and report progress.
7. Use results to periodically review the goals and to reexamine the priority of efforts.



## **BASIC CONCEPTS OF CHILDREN'S CABINETS**

Governors' Children's Cabinets are collaborative governance structures that seek to promote coordination across state agencies and improve the well-being of children and families. A strong and effective Children's Cabinet can improve coordination and efficiency across state departments and local levels of government; mobilize resources around the governor's priorities for children; facilitate a holistic approach to serving children; and strengthen partnerships with the non-profit and private sectors.

Governors have multiple reasons to create Children's Cabinets, including:

- √ developing and implementing a shared vision across agencies for improving child and family outcomes;
- √ improving the state's economy and prospects for competition in the global marketplace by investing in the education and skills of children, the state's future workforce;
- √ fostering public awareness of major children's issues;
- √ engaging new partners in public efforts to serve children and their families;
- √ building a long-term commitment to children's issues in the state;
- √ fostering coordination among stakeholders at the state and local level and empowering local decision-makers; and,
- √ producing cost-savings, increasing efficiency, and improving service delivery and effectiveness.

Cabinet missions vary from broad (e.g., improving child outcomes in general) to more specific (e.g., early childhood education or child welfare system issues). Cabinet duties also are wide-ranging across states, and include setting goals with measurable outcomes for their member agencies to achieve, making funding and policy recommendations to their governor, and pooling diverse funding streams to improve service delivery across agencies.

## WHY DO GOVERNORS ESTABLISH CHILDREN'S CABINETS?

At least 16 states have a Children's Cabinet or similar entity established by the governor (or the legislature in some cases) to advise her/him on issues related to improving child and family outcomes in the state (See Appendix B for a list of Cabinets and contact information). Governors can use Children's Cabinets to accomplish a range of goals.

◆ **Developing and implementing a shared vision to improve outcomes for children and families** – Cabinets are a mechanism to bring senior officials from various agencies together to overcome turf issues, identify common goals and establish clear objectives for improving the lives of children and families. Cabinets can facilitate cross-agency collaboration, help agencies improve coordination among programs and policies, and ensure easier access to multiple services for families. For example, **Rhode Island's** Children's Cabinet was established with "the intent to address the needs of children and families in an integrated and effective way."<sup>1</sup>

◆ **Improving the state's economy and prospects for competition in the global marketplace, by investing in the education and skills of children, the state's future workforce** – In addition to improving children's individual outcomes (e.g., health status, educational attainment), Children's Cabinets can help a state achieve economic and workforce development goals. The positive development and education of all the state's children is a necessary step towards a skilled workforce. Some Children's Cabinets focus on school readiness or on improving school outcomes among their stated purposes. **New Mexico's** Children's Cabinet includes a focus on economic development with the rationale that, "if we can create better jobs for New Mexico's parents, then we can build a brighter future for New Mexico's kids."<sup>2</sup>

◆ **Fostering public awareness of major children's issues** – A Children's Cabinet can help raise the profile of children and family issues as a key priority for the governor. Some administrations used their cabinets to draw attention to child welfare system reform or educational issues. The Children's Cabinet in **Michigan**, for example, is drawing attention to interagency issues and collaboration in the creation of a birth-to-five education system.<sup>3</sup>

◆ **Engaging new non-government partners in public sector efforts to serve children and their families** – A Cabinet also can create energy beyond government and draw broader attention to major child and family issues by involvement of the private sector as members on the Cabinet itself or as an advisory group. Potential

### **Maine Children's Cabinet Family and Systems Teams Initiative**

The purpose of the Family and Systems Teams initiative (FST) is to serve families holistically across Maine's child welfare, domestic violence, mental health, and substance abuse departments, and to integrate services among community-based public and private service providers of child and family services. FST involves a single person, the FST facilitator, who acts as the main point of contact for a family and brings all the relevant public and private partners into the planning process to address that family's service needs as part of the case management team. FST is one model through which the Children's Cabinet is implementing major reforms embodying a set of principles that members developed in 2003: Collaborative Service Planning. It also complements other existing cross-systems collaborations already underway in the state.

#### *Initiative Details*

The **Maine** Children's Cabinet began piloting an *integrated case management initiative* in 2000. The initiative was renamed "Family and Systems Teams" (FST) in 2003 to better reflect its systems integration focus. Two pilot sites were selected in the Bangor and Bath/Brunswick communities, and the program has served more than 60 families across seven public and private service providers. The model appears to be particularly effective in working with expelled and homeless youth. The regional Children's Cabinet is now sponsoring a part-time position to administer the expansion of the FST model. Additional regions are joining the initiative and piloting the FST model. The Department of Corrections Juvenile Services Division also has adopted the FST model, as did another Cabinet-sponsored project on Incarcerated Girls and a federally funded juvenile prisoner re-entry project.

Since 2002, more than 600 staff from public and community-based agencies received cross-systems training as part of the initiative, and worked to identify various system challenges to providing integrated services across their departments or organizations. The initiative also has developed and tested a FST Facilitator Curriculum and a Train the Trainer Curriculum with many additional training opportunities scheduled for staff throughout the state.

Many trainees report that they now use the FST model in their daily work, such as using the training received during Family Team Meetings in the child welfare system or during regular teamwork activities in homeless youth, housing, mental health and corrections programs.

#### *Funding*

The initiative was funded by a combination of state, local and federal funds, through the local affiliated Regional Children's Cabinet, while a sub-committee of the state Children's Cabinet provided oversight authority.

#### *Outcomes*

The Cabinet tracked the implementation of the pilot, issuing reports on outcomes for families, and recommendations for future enhancements. At the conclusion of each FST case, family members and other staff or community team members are asked to fill out a questionnaire, and in 2004 the FST initiative is going to collect additional assessment data on family outcomes. Process outcomes achieved thus far include:

- participating families reported working with fewer service providers from different agencies, less duplication and confusion over services, and improved use of services to "get things done;" and
- case managers reported better access to staff at state agencies, less duplication of services and overlap for their clients, more comprehensive work with families, and better communication across public and private agencies and partners.

#### **Sources:**

Maine Children's Cabinet Web site, Integrated Case Management Initiative: <http://www.state.me.us/cabinet/icm.html>

Maine Children's Cabinet Annual Report 2003: <http://www.state.me.us/cabinet/03ICM.htm>

Maine Children's Cabinet. Family and Systems Teams 2003 Report.

private sector members include the business and faith communities, philanthropic and community-based organizations, and the general public. For example, the **Tennessee** Children's Cabinet's members include private stakeholders such as children's advocates.

◆ **Building a long-term commitment to children's issues in the state** – A Children's Cabinet can be instrumental in helping a governor institutionalize major reforms in delivering services to children and their families and building the groundwork for improving the effectiveness and efficiency of state systems over time. If the goal is to leave these efforts as a legacy to the state, a governor can seek to establish the Cabinet through legislation to ensure its continuation beyond his or her term in office. Depending on its content, legislation can help cement the Cabinet's composition, goals and objectives for the long term and ensure some degree of continuity even as governors and other state-level leadership changes. Children's Cabinets in **Louisiana** and **West Virginia**, for example, have continued their efforts over several administrations and party changes.

◆ **Fostering coordination among stakeholders at the state and local level, and empowering local decision-makers** – The Children's Cabinet can be a state level conduit for local government, service providers and citizen collaborations to achieve a common set of outcomes. Some states use their Cabinets to respond to welfare reform and greater shared responsibility for public assistance programs between state and local government, for example. In general, Children's Cabinets can help empower local officials to make long-term plans and policy decisions to meet the needs of their communities. **West Virginia's** mission statement reflects this goal: "The Governor's Cabinet on Children and Families is state government's connection to families and communities. The Cabinet helps to bring state and local groups together to promote the well-being of West Virginia's citizens."<sup>4</sup> Local support for West Virginia's Cabinet has helped make it one of the longest surviving such entities.

◆ **Producing cost-savings, increasing efficiency, and improving service delivery and effectiveness** – Agency officials can work together through the Cabinet or its sub-committees to reduce unnecessary duplication of services and identify more effective ways to deliver services. Cabinets can be authorizing agents for pooling funds or reconfiguring services across agency lines. For example, the authorizing legislation for the **Maine** Children's Cabinet specified that, "The Cabinet shall collaborate to create, manage and promote coordinated policies, programs, and service delivery systems that support children, families and communities...."<sup>5</sup> The

Cabinet launched a pilot integrated case management program in response to that charge (see text box on the following page for more information). Another example is **West Virginia's** Cabinet, which works with local Family Resource Networks to address issues that cut across departments such as increasing enrollment in children's health insurance or implementing welfare reform (see the **West Virginia Cabinet** case study in Appendix A for more information).

### **WHAT IS THE MISSION OF A CHILDREN'S CABINET?**

The mission of a Children's Cabinet varies across states. Some governors created Cabinets to address a wide range of child and family issues in order to improve outcomes for children in general. In these cases, the Cabinet may take on more specific issues or initiatives but maintains a broad view that provides flexibility in setting priorities. For example **Rhode Island's** Cabinet was established to "foster cooperative state efforts to address the needs of children and families in an integrated and effective way." The Cabinet sets specific goals, objectives and actions for each agency and tracks measurable outcomes to determine its impact.<sup>6</sup> **New Mexico's** Cabinet lists a broad range of goals, such as literacy by the third grade, increased availability of health insurance and immunizations for children, increased access to childcare for parents working their way off welfare, and removal of bureaucratic roadblocks to public assistance for children.<sup>7</sup>

Other governors created Cabinets to address a particular issue or set of unmet needs, such as early childhood education, school readiness, or a specific crisis in the state's child welfare system. This past year, **New Jersey** Governor James McGreevey, in response to a recent foster care tragedy, created a new Children's Cabinet through executive order to support the state's child welfare system reform efforts. The Cabinet has developed a strategic plan for child welfare reform that is now in the early stages of implementation. Cabinet members include 10 heads of state departments and commissions and 10 experts in child welfare or related disciplines.<sup>8</sup>

### **WHAT DOES A GOVERNOR'S CHILDREN'S CABINET DO?**

Children's Cabinet activities vary across states depending on mission and composition. Cabinets may pool funding and resources across member departments, set budgets or create strategic plans around children's issues and policies for the state, or even leverage new resources to support children's initiatives. Cabinets may set policies, track

outcomes and provide technical assistance to local government, and/or distribute and oversee grants to local initiatives or organizations. There are several key activities that governors can ask their Children's Cabinets to perform.

◆ **A Children's Cabinet often provides a clear framework for action and identifies measurable outcomes toward which all agencies and members can work.** The vision of the **Maine** Children's Cabinet is to address the needs of children within the context of families and communities. The Cabinet identified 12 specific outcomes (i.e., Children are respected, safe and nurtured in their communities; Children are ready to enter school and schools are ready for children; Families are living safe and healthy lives) and chose a set of indicators for each outcome to measure progress over the short and long term. The Cabinet reports annually on these outcomes.

◆ **Some Children's Cabinets produce a cross-department "Children's Budget" for the governor, which includes funding recommendations for children's initiatives.** The Cabinet can help identify all existing funding streams and resources for children's services and help the governor prioritize funding decisions in alignment with his/her goals for child outcomes. This may be useful especially in times of state fiscal hardship. **Louisiana's** Cabinet is charged with developing a Children's Budget based on the recommendations of its members, the advisory board and other stakeholders. The Budget includes recommended line items and amounts, as well as priority rankings for each item in terms of the Cabinet's overall agenda.<sup>9</sup> (See the case study in Appendix A for more information on the state's Children's Budget.)

◆ **Children's Cabinets pool different federal, state or private funding streams to make service delivery more efficient across departments.** When the Children's Cabinet was established in **Maine** in 1995, the Governor encouraged his Cabinet to consider pooling some funds to achieve better services for children and families.<sup>10</sup> The **West Virginia** Children's Cabinet has pooled funding across departments and from different federal sources to support the operational grants awarded to local Family Resource Networks, described previously. Federal funds pooled in West Virginia include Medicaid, TANF, Community Services Block Grant, Safe and Stable Families, and Community Based Family Resource and Support (Child Abuse and Prevention Treatment Act, Title II). The pooled funding also includes state and private foundation resources. In past years, the Cabinet also has pooled state appropriations, federal and foundation funds for specific initiatives. (See the case study on the Cabinet in Appendix A for more pooled funding examples with the state's Starting Points Centers.)<sup>11</sup>



◆ **Cabinets also recommend children's policies for the governor, legislature and member departments to enact, or they supervise local collaborative bodies' policy-making and planning.** They also can distribute federal or state funds to local organizations or support specific initiatives. **West Virginia's** Cabinet established Family Resource Network's (FRN's) in local areas and makes recommendations to the governor about the state budget with regard to improving service delivery and setting priorities for children and families. (See the case study in Appendix A for more information on the Cabinet's activities.) Similarly, **Maine's** Children's Cabinet approves plans of local collaboratives of stakeholders interested in improving children's mental health services, and distributes funding to the local collaborations. Another example is the Children's Cabinet in **Michigan** and its auxiliary coordinating body, the Children's Action Network, which piloted Family Resource Centers (FRC) in 20 public schools. The FRC's act as satellite offices for the Michigan Family Independence Agency and provide access to public benefits and services to families in the schools. The state plans to expand the FRC's to 20 additional schools in the coming year.<sup>12</sup>



## **NUTS AND BOLTS FOR BUILDING CHILDREN'S CABINETS**

Governors and their Cabinet leadership are faced with several key considerations in providing Cabinets with the necessary tools and resources to be effective coordinating bodies. These considerations include the following:

- √ dedicating staff and funding;
- √ strategically appointing members with decision-making authority who are representative of key stakeholder groups; and,
- √ formally launching the Cabinet with guidelines on how to do so, by executive order, legislation, or less formal means.

The following steps for the governor and cabinet leadership serve as a road map for governors and their staffs to follow in moving forward with a recently launched Cabinet:

1. Assign leadership roles.
2. Establish a meeting schedule and set clear expectations for participation.
3. Define a vision and identify potential goals, outcomes and measures, with input from stakeholders, including the public.
4. Survey the landscape of existing policies, programs and resources.
5. Complete the Cabinet's strategic plan.
6. Track outcomes and report progress.
7. Use results to periodically review the goals and to reexamine the priority of efforts.

### **STAFFING AND RESOURCES**

Providing a Children's Cabinet with dedicated and sufficient staff is an important consideration in fulfilling the goals the Cabinet has established. Some Cabinets have dedicated staff directors or support staff, while others expect Cabinet members to donate their own department's staff time to support Cabinet activities. Staff duties vary widely, including research, needs assessment, policy analysis and grants management. Staff often represent the Cabinet across the state, leading town hall meetings or other public forums to collect information and build public will for Cabinet efforts. The staff

can assure that the information provided to the Cabinet is correct and comprehensive and can provide support for the Cabinet meetings. Many Cabinets also deploy their staff to provide technical assistance to local initiatives.

Cabinet operations will require some financial or in-kind resources in order to implement their plans. Some cabinets are funded directly in the state budget, often with Tobacco settlement or general funds, while others receive funding or in-kind donations of staff time from member agencies. Some Cabinets also raise funds from private foundations or federal programs such as the Child Abuse Prevention and Treatment Act. Cabinets also can access in-kind resources or donations to support their work. One example of using in-kind resources exists in **Maine** where the Cabinet has used 38 VISTA volunteers through its statewide Communities for Children & Youth Initiative to supplement staff for its initiatives.<sup>13</sup> See the **Louisiana** and **West Virginia** case studies in the appendices for two different models of Cabinet funding.

Not all activities of the Cabinet require major financial investment for the governor's leadership to promote cross-system change. The governor can charge his or her departments with improving service delivery in a priority area (e.g., promoting early literacy; improving access to children's health insurance) and incorporate that priority into their own missions and strategic plans without passing legislation or securing additional resources. By providing a common focus, the Cabinet can assist its member departments with streamlining services and with making more efficient use of funds to the priority area. A governor's charge to the Cabinet and its members also can help mobilize local stakeholders to assist with the Cabinet's efforts in their own communities.

#### **WHO SERVES ON THE CABINET: MEMBERSHIP OPTIONS**

Cabinet composition varies widely across states. Membership should reflect the Cabinet's mission by including public and/or private stakeholders with authority over the agencies, resources, and programs that will have an impact on child and family outcomes. Cabinets with narrow missions may not necessarily have a more narrow scope of members than those with broader missions; even to accomplish a relatively narrow goal, such as promoting school readiness or child welfare system reform, a broad range of public and private stakeholders from the state and local levels may be required.

Regardless of its overall composition, a Governor's Children's Cabinet should report directly to the governor, with active involvement by the governor and his or her representatives (e.g., senior advisors). The involvement of the governor in the Cabinet's activities provides the necessary leadership to promote better coordination across departments and signals the governor's support for the Cabinet's initiatives. In order to give the Children's Cabinet sufficient power and to make the governor's strong support for it visible, the Cabinet can be located in the Governor's Office, reporting directly to him or her. For example, **Arizona** and **Louisiana** house the Cabinet in the Governor's Office.

Cabinets typically include top executives from relevant government agencies providing services to children and families. When considering which agencies should be involved, it is important to consider the Cabinet's mission statement. If a Cabinet aims to address service delivery issues more broadly, it is important to be inclusive in appointing members. For example, the transportation agency or higher education agency may provide the crucial solution to a certain problem. If the Cabinet is to be focusing on a more specific problem, such as improving the welfare-to-work system, then the selection of participating agencies may be different, but it remains important to think carefully about including all those that could contribute to better outcomes. For example, Governor Bill Richardson of **New Mexico** established a Children's Cabinet in 2003 composed of eleven cabinet secretaries to improve children's lives by "increasing interaction among state departments" in order to make service delivery more efficient, and to "reduce bureaucratic red tape."<sup>14</sup> The Cabinet membership includes directors from departments that are not often associated with children's issues such as Corrections, Economic Development, and Aging.

Some Cabinets also include government members from the legislative and judicial branch. Such members might bring in new resources, provide new perspectives and innovative ideas, and broaden support among all branches of government. Involving legislative and judicial representatives can promote a broader buy-in to the Cabinet's agenda. In addition to executive department heads, **Louisiana's** Children's Cabinet includes the Superintendent of Education, a member of the Louisiana Board of Elementary and Secondary Education, two state legislators and a representative of the Louisiana Supreme Court.

Often, private stakeholders such as parents, business and industry leaders, advocates, and the heads of community based organizations serve as Cabinet members. Involving private stakeholders can foster partnerships and build consensus at the state and local

levels. The Children's Cabinet in **New Jersey**, for example, includes clergy, judges, leaders in philanthropy, advocates, and business leaders, along with key departmental heads, legislators, and governor's advisors.<sup>15</sup> Of course, extending the Cabinet's membership beyond the Executive Branch has potential for both positive and negative results for a governor. An expanded Cabinet can bring new voices and ideas to address identified issues and perhaps create more support for a governor's positions, but it also can make political friction over the governor's positions more visible, complicate decision-making, and weaken the governor's control. The pros and cons of creating such a Cabinet should be considered carefully. But if improving outcomes for the state's children remains central, initial disagreements among partners likely can be overcome.

Another way for Cabinets to include a wide variety of stakeholders is through advisory boards, commissions or task forces. One alternative to a large Cabinet is to maintain a small Cabinet as a decision-making body and create a larger advisory group to provide input to the Cabinet itself. **Louisiana's** Cabinet includes an advisory board that drafts recommendations for the Cabinet through a consensus-setting process. The Cabinet then votes to approve these recommendations for the governor. Advisory board members include children's advocates and parents. Similarly, **Pennsylvania's** recently established Cabinet created an advisory commission of key stakeholders to help set its agenda.<sup>16</sup> **West Virginia** recently created a new Citizen's Advisory Board for its Cabinet, which brings diverse perspectives and more credibility to the Cabinet's decisions. (See the case study in Appendix A for more information on the Advisory Board).

### HOW TO LAUNCH THE CABINET

Governors can establish Cabinets through an Executive Order, through legislation, or through some combination of both processes. The question of which course to take depends largely on the state's governance rules, the long-term intent of the governor, and the political context. Each approach creates potential opportunities and challenges for the governor and his or her advisors.

◆ **Governors often establish Children's Cabinets through executive order**, as has been done in **Tennessee** and **Arizona**, for example. This approach ensures the governor's control over making appointments to the body and establishes a direct link with the Governor's Office. Using an Executive Order allows the governor to establish the Cabinet swiftly, with fewer administrative or political issues than might be the case

with legislation. One potential disadvantage to using an Executive Order is that the Children's Cabinet and its initiatives or policy agenda can become associated with the founding governor. As a result, the governor may not be able to preserve the legacy of his or her Cabinet's work if the next administration decides to discontinue the Cabinet.

◆ **Governors can also work with the legislature to create a Cabinet through legislation.** Authorizing legislation for Cabinets often includes specific requirements, such as membership, mission, staffing, or even a budget line appropriation. The Children's Cabinets in **Rhode Island** and **Louisiana**, for example, were established by legislation. A strong benefit to legislation is that it helps ensure continuation of the Cabinet across changes in administrations. Cabinets enacted through legislation may be more likely to survive if their membership includes real input from those beyond state government. Having legislative and appropriations support also provides more potential resources to the Children's Cabinets. Challenges of creating a Cabinet through legislation include a reduction in the governors' control over the Cabinet, since working with the legislature to create a Children's Cabinet likely will require compromise. Also, it can take longer to establish a Children's Cabinet legislatively than through an executive order.<sup>17</sup>

◆ **Governors can create a Cabinet via Executive Order, and then pass legislation to codify the Cabinet and to ensure its continuation beyond the current administration.** The history of Children's Cabinets reveals that those supported by legislation and by both the Executive and Legislative branches, most likely may survive over time, creating a legacy for a governor. For example, **Minnesota's** former Governor Arne Carlson established the state's Children's Cabinet by executive order in 1992, and the legislature formalized the Cabinet in 1994.<sup>18</sup> Even if a Cabinet is codified in law, legislation can include a limited time frame or the need for reauthorization to give future governors an opportunity to end the Cabinet if it is no longer meeting its intended purpose or to modify particular aspects of it.

◆ **In some cases, governors may establish Cabinets without executive order or legislation.** The governor can establish a Cabinet and require each member agency to contribute funds for Cabinet activities, unless state law prohibits governors from taking such actions. For example, **Alaska's** Children's Cabinet was established and its members were appointed by former Governor Tony Knowles in 1995 without any executive order or legislative action.<sup>19</sup> This approach may make sense when the governor is trying to start the Cabinet quickly, without public fanfare. Without legislation, the Cabinet will be difficult to maintain under subsequent administrations if the governor has not codified the body formally.

## MOVING FROM MISSION TO ACTION

While the Cabinet often receives its mission statement from the authorizing Executive Order or legislation, the Cabinet must define it more specifically by establishing goals and measurable outcomes. After appointing an Executive Director and/or hiring additional staff, Cabinets typically follow several steps in refining their mission and formulating their strategic plans:

*Step 1: Assign leadership roles.* After the appointment of members to a Children's Cabinet, the Chair and other officers must be appointed (unless they have already been specified in statute). In some states, the governor serves as the Cabinet chair (e.g., **West Virginia**), while in others the governor may appoint the Chair. Typical Chairs include the First Spouse (e.g., **Maine**), the Lt. Governor (e.g., **New Mexico**), or another senior state official (e.g., the Secretary of the Department of Public Welfare in **Pennsylvania** chairs the Cabinet), or even a private stakeholder (e.g., in **Kansas**, Governor Kathleen Sebelius appointed the Chief Operating Officer of the Kansas Children's Service League as the Children's Cabinet chair, in 2003). Many Cabinets also employ an Executive Director or other senior level staff, to act as the Cabinet's official liaison with the governor and other stakeholders. In **Louisiana**, for example, the Cabinet is chaired by its Executive Director.

*Step 2: Establish a meeting schedule and set clear expectations for participation.* The Children's Cabinets and its committees should plan to meet regularly, although the number of meetings required will vary according to the mission. Cabinets should meet often enough to make critical decisions about policy and funding recommendations, but staff also have to take into account competing demands on the time of high-level state officials who serve on the Cabinet. Expectations and rules for participation should be set clearly at the Cabinet's establishment (i.e., whether attendance at every meeting is mandatory, whether a proxy representative is permissible and is allowed an equal vote in decisions, etc.). In **Louisiana**, the Cabinet's authorizing law mandates that it meet at least quarterly. **Tennessee's** Cabinet meets as often as the Chairperson determines necessary.

*Step 3: Define a vision and identify potential goals, outcomes and measures, with input from potentially affected stakeholders, including the public.* The input can be collected in many ways—through focus groups, town meetings, written comments or e-mail, surveys, and discussions with experts. This input often helps the Cabinet to add specificity to its mission statement and provide objectives for its strategic plan. The Cabinet's staff also can gather available research or information about the Cabinet's key



issues to more fully understand available resources, potential problems, and existing initiatives. For example, **Tennessee's** Children's Cabinet decided to focus on truancy as its major issue in 2004-2005. The Cabinet recently held a roundtable on truancy issues with public officials, community members and students in order to collect background information and identify potential policy strategies for improving school attendance. Some Cabinets are required to prepare an annual state Children's Budget or make recommendations on the governor's budget. See the **Louisiana** case study in **Appendix A** for one state example of a Cabinet's role in creating a Children's Budget.

*Step 4: Survey the landscape of existing policies, programs and resources.* Cabinet members should develop a thorough knowledge of what exists currently across the entire range of agencies, programs and policies so they can make informed decisions about how to prioritize actions and where to focus recommendations. This is one area in which having a well-staffed Cabinet is extremely valuable. For example, staff of the **West Virginia's** Children's Cabinet worked with the NGA Center for Best Practices to assess existing state policies and programs across members' agencies that served low-income working families in order to identify potential gaps in service delivery for the working poor. The Cabinet members and staff have been exploring options to expand career advancement opportunities for working poor families as a result of their assessment.

*Step 5: Complete the strategic plan.* Armed with as much input and information as can be gathered, the Cabinet must create a strategic plan with clearly articulated measurable outcomes that can be tracked through a set of indicators or an evaluation. The strategic plan should focus on both short- and long-term outcomes. Often subcommittees are established to work on various aspects of the plan. Both the plan and measurable outcomes may change throughout the planning process since new information or unanticipated environmental changes (such as a reduction in the state budget) might require a change of course. While the governor would have representation from his/her office on the Cabinet, the governor will want input into the final version of the plan. **Oregon's Commission on Children and Families** works with local commissions in each county to create a comprehensive plan for integrating services, programs and strategies intended to improve outcomes for children and their families. State agencies and their representatives serving on the state level Commission are expected under legislation passed in 1999 to work with their local counterparts in creating the plans.<sup>20</sup>

*Step 6: Track outcomes and report progress.* Cabinets typically establish measurable outcomes to help them gauge progress toward intended goals and to judge whether mid-course adjustments to their plans are needed. Indicators, such as measures of health status, educational attainment, parental employment, or entrance into the foster care system, often are used to measure changes in child and family well being. Cabinets routinely produce annual reports and other publications to publicize their progress and to build support for continued action among the public, legislators, and other stakeholders. Cabinet representatives also can hold public events such as press or legislative briefings to keep the public informed about developing initiatives. **Maine's** Children's Cabinet tracks "Maine Marks," 80 indicators to measure the state's progress in improving child and family outcomes. The indicators cover a broad range of outcomes, such as child safety and health, education and school readiness, and youth readiness for the workforce. Sample indicators include the youth obesity rate, percentage of parents who read to their children, and percentage of youth not in the workforce and not in school.<sup>21</sup>

*Step 7: Use results to periodically review goals and reexamine the priority of efforts.* By routinely tracking and reporting progress on Cabinet goals and child and family outcomes for the state, Cabinet members can take stock regularly on whether a mid-course change in priorities or implementation of initiatives is required. Learning from regularly collected data about Cabinet successes and challenges will allow for flexible and responsive decision-making. As national and state priorities shift, effective Cabinets also will respond in kind, promoting a new focus or emphasizing a particular issue area. See Appendix A for the **West Virginia** Cabinet case study that serves as an example of a Cabinet currently reviewing and revising its goals and priorities.

## Guiding Principles for Children's Cabinets

In order for a Cabinet to achieve improved child and family outcomes, governors and their appointed Cabinet members should consider the following guiding principles, based on the experiences of Cabinet staff and members from **Louisiana, West Virginia**, and other states' Cabinets.

- √ **Gubernatorial leadership is critical to a Cabinet's success.** The governor's leadership is critical for establishing needed accountability and motivation for Cabinet members. If the governor chairs meetings, members will be more likely to attend. The Cabinet should report its recommendations, outcomes, and progress implementing its agenda to the governor on a regular basis.
- √ **Cabinet members must be committed to the mission and the intended outcomes.** Cabinet members should make a genuine commitment of time and resources, despite the competing demands for their time as senior state officials. Improving service delivery and children's outcomes across departments will benefit each department's performance individually as well as collectively. Addressing major problems—like the lack of readiness for school of a segment of the population—requires the involvement and true cooperation of multiple agencies.
- √ **Cabinets should have dedicated staff.** Dedicated program and administrative staff are necessary for organizing the work, preparing informational materials for members, conducting needs assessments, producing reports, and supporting Cabinet members in carrying out their responsibilities. In states where there are local Cabinet affiliates, staff members play a critical role in connecting local members to the state Cabinet. Staff also can provide continuity for the Cabinet during changes in leadership and administrations. Some states create distinct positions for Cabinet staff, some designate staff in key agencies with responsibility for particular tasks, and some states combine both approaches by hiring Cabinet staff as well as designating agency staff to provide specific assistance.
- √ **Including the private sector can lead to improved outcomes by fostering a sense of shared responsibility.** While creating a public/private sector Children's Cabinet gives a governor less control over its recommendations and may open its deliberations to the media and to the public, taking those risks can increase

the resources and ideas available to carry out the Cabinet's and governor's agenda. An open process also allows the public to understand that solving large problems is difficult, often costly, and requires public and private sector involvement. For example, it may become clear to businesses that they could improve employment retention by providing workers with flextime arrangements or time off for parents to attend teacher conferences. Involving faith-based institutions may provide access to a broader array of relevant programs or services (e.g. faith-based mentoring for youth aging out of foster care) than public agencies alone can provide. Private foundations might provide resources to help communities create ways to measure and track outcomes. Finally, involving the public will provide opportunities to build political will for major policy changes or reforms recommended by the Cabinet.

- √ **A Children's Cabinet must have a clear mission with specific objectives and measurable outcomes.** Even Children's Cabinets with broad mission statements for improving services for children and families must define a specific set of objectives and measurable outcomes if they are to achieve real success and keep members committed and engaged. For example, an objective might be to identify and reduce administrative barriers for families who are applying for programs and benefits. The Cabinet might respond by creating a cross-agency work group to explore the current application forms and enrollment processes for various public benefits, gathering information from focus groups, town hall meetings or public hearings, and directing the Cabinet staff to draft recommendations based on these exploratory activities. The Cabinet could further refine and present these recommendations to the governor, who could propose administrative or legislative changes to make public benefits and programs more accessible.

Cabinets usually identify a set of measurable outcomes for their initiatives and track indicators for those outcomes on a regular basis. In addition, if the Cabinet shares power with local collaboratives, they too can track indicators for their own related initiatives. Often, Cabinets publish their progress in improving their outcomes. However, it can take time to improve outcomes, and tracking short-term, interim indicators of progress offers an opportunity to allow course corrections when necessary. Interim indicators also allow for celebration of progress and address the interests of elected officials and voters in seeing some evidence of success within a fairly short time frame.

- √ **Cabinet members and staff should solicit the public's input at regular intervals, and consider such input seriously.** In order to build public will for Cabinet recommendations, the Cabinet can discuss its work and solicit comments in public forums. Children's Cabinet Directors or other representatives can participate in public forums (e.g., town meetings) and formally request public input. Key stakeholders likely will be able to support the Cabinet if they feel they are really partners in a public process. At the same time, Cabinet members can share credit with all partners for its successes. Many participants may have to overcome turf issues to realize the Cabinet's goals. Celebrating Cabinet successes can be effective in building public support. Likewise, maintaining a relationship with the media is helpful in furthering the governor's agenda for the Cabinet . If the media lacks sufficient information, the Cabinet's agenda and related initiatives may not be portrayed in an accurate light. Publishing a Cabinet's annual report that includes indicators of progress will help this process, but it cannot substitute for regular on-going contact with media who report on children's issues.
- √ **Governors must ultimately make the difficult decision whether to sustain or eliminate a Children's Cabinet.** Experience shows that systemic change is a long-term process; therefore, there may be a continuing role for a Children's Cabinet in overseeing collaborative efforts for many years. If a Cabinet is not convened to address a short-term issue, such as an immediate crisis in the child welfare system, then it could be worthwhile for the governor to work with the legislature to pass legislation authorizing the Children's Cabinet to ensure its sustainability over the long term. Such legislation often includes a budget that can sustain staffing. Institutionalizing a Children's Cabinet could be a means to creating a legacy for the governor, particularly if the Cabinet remains focused on promoting positive outcomes (rather than becoming an end in itself). In some cases, however, governors may want to design their Cabinet as a time-limited initiative in order to generate and maintain energy and action around a particular issue, or to tailor the Cabinet to their administration's particular goals and needs.
- √ **The real measure of a successful Children's Cabinet is whether it promotes improved outcomes for the children and families on which it focuses.** This could mean an improvement in a single area. For example, more children are reading on grade level at the end of the third grade or fewer children are living below the poverty level. Generally, however, any of these changes will produce more than one positive outcome since such improvements build upon each

other. Process changes that improve collaboration are often necessary to achieve positive outcomes (e.g., outreach workers are out-stationed in community locations such as family support centers or child care centers to work with families to ensure their children are enrolled and re-enrolled in health programs). However, while process changes are important, the ultimate goal should remain improving outcomes for children and families.

## Conclusion

Children's Cabinets have become a popular mechanism for governors to coordinate cross-department activities and to improve results for children and families. As this guide indicates, Cabinets vary greatly in composition, activities, structure and other characteristics across states. This Guide concludes with two case studies of long-standing Cabinets in **Louisiana** and **West Virginia**. These case studies offer examples of the types of successes and challenges governors will face in establishing or revitalizing existing cabinets. As the case studies illustrate, Cabinets can be mechanisms to improve communication and coordination across departments and may lend support to larger efforts of system or service integration at the state and local levels.

The overall success of a Cabinet depends on a number of factors, including establishing a clear mission, goals and measurable outcomes. Also, its success will depend on Cabinet members' and key stakeholders' level of commitment to achieving those outcomes. Ultimately, a Cabinet's effectiveness will be judged by the public on improvements in the well-being, educational attainment, and other key outcomes for the state's children and families.





# Appendix A

## TWO CASE STUDIES OF GOVERNORS' CHILDREN'S CABINETS

The following case studies of Governors' Children's Cabinets in Louisiana and West Virginia provide an in-depth look at the creation, purposes, outcomes, and experiences of the Cabinet model in two states. While Cabinets differ from state to state, these Cabinets represent two design options for governors. The Louisiana Cabinet, for example, has a broad mission, while the West Virginia Cabinet has a narrower scope. Also, both Cabinets have existed a relatively long time, and, in the case of West Virginia, the Cabinet has endured over the terms of multiple administrations. Unlike other states' Cabinets, both were established via legislation instead of by Executive Order or some combination of the two approaches, but they are representative of other states' Cabinets in many other ways. These case studies highlight the two Cabinets' successes and explore the challenges that Cabinets in other states may be likely to face.

### LOUISIANA CHILDREN'S CABINET

The Louisiana Children's Cabinet plays a major role in making recommendations and setting children's policy and financing for the state. The Cabinet, created in 1998, has a broad mission. While its membership is relatively small, it works with a much larger advisory board that provides the perspectives of a wider group of stakeholders. The Cabinet also serves as an example of how tracking children's indicators and using data (and now, research) can provide a basis for accountability and can inform policy decisions. The Cabinet originally was established with a short-term lifespan, but recent legislation has extended its operations for another five years. The case study explores the:

- Cabinet's creation by the governor's proposal to the legislature;
- Cabinet's mission, vision, goals, guiding principles, and accountability measures;
- Cabinet governance and structure;
- recent and anticipated changes to the Cabinet and its founding legislation;
- Cabinet initiatives and successes; and
- Cabinet challenges and lessons learned.

## CREATING THE CABINET

During the 1998 legislative session, former Governor Mike Foster of Louisiana proposed, and the legislature enacted, Act 5 to establish the **Louisiana** Children's Cabinet.<sup>22</sup> The Act also established an Advisory Board whose chair is a member of the Children's Cabinet. Both entities were charged with working together to create a statewide plan to provide services to children. Former Governor Foster's goal was to break down the isolation of the work in agencies and departments to (1) reduce the duplication or overlap in programs and prevent inefficiencies and waste; and (2) to develop programs where none existed to help children most in need of assistance.

As then Governor Foster stated, "Every time a child falls through the cracks, an opportunity to better a child's life is missed. That is not acceptable to me, and I don't think it is acceptable to Louisiana citizens either. I think that the Children's Cabinet can help seal those cracks and save our children."<sup>23</sup>

### *Cabinet Vision, Mission, Goals and Principles*

The Cabinet established a vision statement that guided its original strategic planning: "Louisiana will be a state where all its children and youth can reach their full potential."<sup>24</sup> The Cabinet also follows a mission statement with measurable goals:

"The mission of the Children's Cabinet will produce measurable improvements for children in: Education, Health Care and Family Life."<sup>25</sup>

### *Cabinet Goals, Objectives and Indicators:*<sup>26</sup>

**Goal I. Education:** All Louisiana children and youth will have access to the highest quality education at every state of their development.

Objective I.1 Ensure all children arrive at kindergarten ready to learn.

Objective I.2 Ensure all children have access to and are receiving a high quality education.

Indicators:

- ◆ Percentage of childcare centers that are nationally accredited;
- ◆ Percentage of at-risk four-year olds enrolled in high quality, developmentally appropriate early education classes;
- ◆ Percentage of Highly Qualified/Certified teachers in the classroom;
- ◆ Percentage of Louisiana schools that meet or exceed their School Growth Targets;

- ◆ Percentage of fourth- and eighth-graders scoring proficient or higher on National Assessment of Educational Proficiency tests in reading and math; and
- ◆ Percentage of students who drop out before completing a high school diploma or GED.

**Goal II. Health:** All Louisiana children and youth will have access to comprehensive health services.

Objective II.1 Strengthen the coordination of health services available to children.

Objective II.2 Increase access to health care services for children.

Objective II.3 Increase health knowledge for children and families.

Indicators:

- ◆ Percentage of low birth-weight babies;
- ◆ Neonatal and infant mortality rates;
- ◆ Percent of children fully immunized by age two;
- ◆ Child death rate;
- ◆ Teen birth rate;
- ◆ Percentage of women receiving prenatal care;
- ◆ Percentage of children without health insurance;
- ◆ Number of school-based health clinics; and
- ◆ Number of Medicaid providers.

**Goal III. Family Life:** All Louisiana children and youth will live in a family environment that promotes stability and safety.

Objective III.1 Establish a system of comprehensive services for families that reduces exposure of children to violence, substance abuse, neglect and poverty.

Objective III.2 Strengthen and coordinate services for those children entrusted to the state.

Objective III.3 Provide funding and staff commitment for the provision of programs and services aimed at encouraging positive youth development.

Indicators:

- ◆ Percent of children in poverty, and extreme poverty;
- ◆ Rate of child abuse and neglect;

- ◆ Births to unmarried women or single parent households;
- ◆ Percentage of teens not attending school and not working;
- ◆ Rate of teen deaths by accident, homicide and suicide; and
- ◆ Juvenile violent crime arrest rate and recidivism rates.

The Cabinet and Advisory Board also adopted a set of eight principles to guide their work. These principles reflect the Cabinet's and governor's priorities, and establish a means of measuring outcomes and establishing accountability, through the adoption of 13 specific well-being indicators to monitor child, youth and family well-being.

*Guiding Principles for the Louisiana's Children's Cabinet*

1. The State of Louisiana must aggressively fund primary prevention programs.
2. Existing services for children should be evaluated and those that do not produce measurable, positive outcomes should not continue to receive funding.
3. All future programs and services for children should be based on scientifically evaluated models.
4. A seamless system of services should be provided that offer a continuum of care for children and families.
5. Services for children and families in Louisiana should be provided through an aligned system of regional offices.
6. A comprehensive plan that melds the strategic plans of the state departments with responsibility for child and family services should be developed.
7. Barriers to coordination and collaboration must be identified and torn down by the Cabinet.
8. The Cabinet should measure its success through ongoing review of the 13 benchmarks for collaboration through data elements as developed by the Office of Data Bases Commission.<sup>27</sup>

*The 13 data elements used for the Louisiana Children's Cabinet's policy and planning are:*

1. Percentage of teens who are high school dropouts (ages 16-19);
2. Percentage of teens not attending school and not working (ages 16-19);
3. Percentage of children in poverty;
4. Percentage of children in extreme poverty;

5. Teen birth rate (birth per 1,000 females ages 15-17);
6. Juvenile violent crime arrest rates (arrests per 100,000 youths ages 10-17);
7. Percentage of low birth-weight babies;
8. Infant mortality rate (deaths per 1,000 live births);
9. Child death rate (deaths per 100,000 children ages 1-14);
10. Rate of teen deaths by accident, homicide and suicide (deaths per 1,000 teens, ages 15-19);
11. Percentage of children without health insurance;
12. Percentage of two-year olds who are immunized; and
13. Rate of child abuse.<sup>28</sup>

### **CABINET GOVERNANCE AND OPERATIONS**

The Louisiana legislature's Act 5 established the Cabinet as a state agency located within the Office of the governor in 1998. The governor was given the responsibility to appoint the executive director. The Children's Cabinet's two staff positions are located in the Governor's Office, and the Cabinet is well-integrated in the Governor's Office. The Executive Director can draw on the governor's policy advisors for information and support and participates in the larger senior staff meetings as well. The governor also attends some of the Children's Cabinet meetings.

#### *Funding*

Cabinet funding is provided through interagency transfers from a number of departments at a level determined by the Commissioner of Administration, with a total budget of \$100,000 representing \$20,000 transfers from the Departments of Labor, Education, Health and Hospitals, Social Services, and Public Safety and Corrections. The Cabinet also is able to accept grants and private donations.

#### *Composition*

By law, the Cabinet consists of the secretaries of the following Departments:

- Social Services;
- Health and Hospitals;
- Correction; and

- Labor.

It also includes:

- the Superintendent of Education;
- the Commissioner of Administration;
- two state legislators; and
- a representative of the Louisiana Supreme Court.

#### *Advisory Board*

The Advisory Board for the Cabinet is composed of 32 members representing state-wide child advocacy organizations, assistant secretaries of departments, postsecondary education institutions, and several parents. The Advisory Board creates the strategic plans, recommendations, and Children's Budget and submits them to the Cabinet. The members either accept or modify them before submitting them to the governor and then sharing them with the legislature. The Cabinet has seldom rejected an Advisory Council recommendation. This is a way to capture a broader perspective by involving a wide range of stakeholders in formulating recommendations and the Children's Budget. It also has overcome many of the turf problems that can be caused by asking the heads of agencies to create the recommendations and the budget alone since the Council is more likely to focus on the outcomes without considering which agency has which program.

The law establishing the Children's Cabinet was to be repealed on August 15, 2003, but was recently reenacted and amended based on recommendations from the Advisory Board (see "Recent Changes" section on the next page for more on the reenactment of the Cabinet this past year).

#### *Process*

Meetings are held quarterly. The Cabinet originally was charged with creating an annual comprehensive plan for coordination of policy making and planning for all state agencies and programs serving children and families, but the new legislation prolonging the Cabinet removed the annual requirement. Accomplishments also were to be submitted annually both to the legislature and to the governor. The Cabinet members are committed to making this process work and understand the need for cross-agency collaborations. The Legislators who supported the creation of the Cabinet are deeply engaged in its work.

In addition to its role in drafting the Children's Budget, strategic plan and recommendations for the Cabinet, the Advisory Board also creates councils to work on special issues. Many of the issues are priorities of the governor's, such as juvenile justice reform. If there is a need to focus on a particular issue, a subcommittee or task force might be created to gather information and bring recommendations back to the Advisory Board. However, these subcommittees are temporary since the goal is to focus not on the normal silos but across programs and populations. Advisory Board and Children's Cabinet meetings are always open, but there is no organized mechanism to solicit additional public or provider input.

### *Children's Budget*

The Cabinet also prepares and submits an annual Children's Budget. The Children's Budget cuts across multiple funding streams and programs to improve coordination and reduce duplication across services and to explore options for pooling funds. The authorizing legislation for the Cabinet directs the Cabinet members to consider a number of policy priorities, including directing funds towards family preservation and nonresidential options for long-range savings, for example. The Budget also includes a ratings system to reflect the priority given to each budget item by the Advisory Board and Cabinet. Historically, the Advisory Board ranks and scores the Children's Budget's New and Expanded Requests based on information presented by the agencies and forwards them to the Children's Cabinet. The Children's Cabinet then votes on the priorities prior to sending them to the governor for consideration in the Governor's Executive Budget. The Children's Budget priorities also are forwarded to the legislature. The Governor's Executive Budget includes the recommended Children's Budget, while the General Appropriation Act enacted by the legislature also includes the Children's Budget.

### **RECENT CHANGES: CABINET IS AMENDED AND EXTENDED**

In 2003, then Governor Foster signed Act 245, reauthorizing the Children's Cabinet and making several changes to Cabinet administration.<sup>29</sup> The Act designated the governor's appointed Executive Director as the Chair of the Cabinet. Other changes for the Cabinet included:

- a new requirement that the Cabinet create a "framework for decision making to assure that all services for children meet the goals and objectives of the cabinet" and that the Cabinet "monitor indicators of child well-being, as determined by the

cabinet, and utilize these data for evaluation and planning;”

- emphasis of the need for regional interagency service coordination to address particular child or youth issues (e.g., mental health needs of children and youth);
- ensuring that agencies providing child and family services develop transition plans for children and youth reintegrating into their communities; and
- coordination with the Office of Planning and Administration in the Division of Administration to track all changes in the Children's Budget throughout the fiscal year.

The Cabinet will be terminated on August 15, 2008, unless the bill is reenacted at that time.

### *An Administration Change*

Former Governor Foster's term of Office ended in January 2004. The new Governor, Kathleen Blanco, may make some changes in the Cabinet membership and propose other related changes. The Children's Cabinet appears to be institutionalized both within the Governor's Office and in recent legislation that reflects the state legislature's ongoing support. Governor Blanco issued the following statement in support of the state's Children's Cabinet and her plans moving forward:

“It is one thing to say that children are our most precious resource, but quite another to make their health and welfare the top priority of our government. I view the Children's Cabinet, Children's Cabinet Advisory Board and Children's Cabinet Research Council as effective instruments to help keep the interests of children at the forefront of Louisiana's government. In addition, my Children's Cabinet is working hard to address children's policies and services in a comprehensive way, and to reduce unnecessary duplication of these services. I have asked my department secretaries to participate fully in the Children's Cabinet and I anticipate an increased spirit of cooperation among departments as we work together to improve the well being of our children.”<sup>30</sup>

### *Using Research to Guide Policy and Practice*

The legislature also expanded the Cabinet by adding the new Children's Cabinet Research Council—university-based “centers of excellence”—to provide information on research-based programs and strategies and assist in monitoring and evaluating the efforts of the Cabinet. The Research Council also will help the Cabinet identify the key indicators to measure progress in improving the well being of children and in meeting the goals of the state's juvenile justice reform efforts.



**WHAT THE CABINET DOES: MAJOR CABINET INITIATIVES**

Given the Cabinet's broad mission, the Cabinet has tackled a broad range of children's issues, including:

- increasing the number of children in LaCHIP (children's health insurance);
- supporting the Department of Education in implementing the LA4 program that provides high quality pre-kindergarten opportunities and wrap-around care, health and family support services to at-risk children;
- creating a Nurse Home Visitation program targeting at-risk, young mothers during pre-natal care and birth through age two;
- expanding School Based Health Clinics for primary and preventive physical and mental health services for school age children at their schools;
- creating Early Childhood Supports and Services such as community-based mental health services for at-risk youths focusing on early intervention and prevention; and,
- supporting the implementation of the state's juvenile justice reform legislation.

**CABINET SUCCESSES**

The Cabinet has achieved a number of successes in implementation of its initiatives and overall goal of improved children's outcomes. Despite the relatively long tenure of the Louisiana Cabinet, there remains a strong commitment to the Cabinet by its members, with the understanding that each can achieve agency goals better through collaborations. For example, the Secretary for Corrections is a strong supporter of early childhood investments, sometimes at the risk of losing some funding for his agency's priorities because he understands the value of early intervention in preventing criminal behavior and reducing the level of prison costs. Other successes include:

- facilitating regional coordination to manage supports for young children with mental health problems and their families;
- improving the quality of early childhood programs: in 2001, Louisiana launched its LA 4 preschool program for at-risk four-year-olds. A recent evaluation shows that children who participated in the program had strong gains in print recognition, reading achievement, and mathematics skills. In all three areas, the majority of participating children who entered the program performing well below the national average finished the program with skill levels above national norms;<sup>32</sup>

- piloting Early Childhood Supports and Services, a community-based, comprehensive, initiative in the Office of Mental Health for children aged 0-5 in six parishes;
- reducing the number of children without health insurance by more than 220,000 kids through LaCHIP and LaCHIP expansions, representing a 70% increase in enrollments;
- accomplishing numerous legislative priorities for children, i.e., Safe Haven laws, Hearing Aid coverage, and safety belt use;
- influencing the state's Juvenile Justice reform effort;
- adding children's indicators to Vision 2020, the State's Strategic Plan for Economic Development; and
- increasing the number of School based health clinics by 43 percent.

#### CHALLENGES AND LESSONS LEARNED

While the Cabinet has accomplished a great deal in its first six years, Cabinet members and staff also have learned a great deal about the challenges involved in trying to coordinate a wide-range of services and programs in order to improve outcomes for the state's children and families.

- √ **Since the Cabinet's formation, members realized that it is crucial to have clear goals and measurable outcomes by which the Cabinet can hold itself accountable.** These principles, indicators and objectives are now defined and public.
- √ **The Cabinet recognized the need for research to make informed decisions.** The re-authorizing legislation for the Cabinet created "Centers of excellence" which will be housed in state universities to conduct research that will provide an evidence-base for decision-making.
- √ **The Cabinet's Advisory Board serves like a powerful staff to the Cabinet.** The downside for a governor is that he/she has less direct authority over recommendations. The upside is that this mechanism has provided broad buy-in to legislative initiatives and budget proposals. In Louisiana, this strong Advisory Board structure has worked well and serves to provide broader perspectives and buy-in.

- √ **The governor's continued leadership and genuine interest in the Cabinet's activities and accomplishments leads to greater success.** The Cabinet credits former Governor Foster and current Governor Blanco with providing the leadership to convene the critical members, empowering the Cabinet to promote real change, and working with the legislature to institutionalize the Cabinet to ensure sustainability over the long-run.

### **CONCLUSION**

The Children's Cabinet will likely continue to promote better outcomes for children in the state given the strong interest of the legislature. Clearly, the strong support of the former and current governors and the involvement of many public and private stakeholders created a positive feeling about the Cabinet and its approach for solving problems for children and families in Louisiana.

## **WEST VIRGINIA'S CABINET ON CHILDREN AND FAMILIES**

West Virginia's Cabinet on Children and Families was a groundbreaking initiative when the governor and legislature created it 13 years ago. On its 10<sup>th</sup> anniversary, a Task Force was convened to assess both the accomplishments of the Cabinet and propose recommendations to strengthen it. The Task Force praised the major successes the Cabinet has had over multiple administrations, hailing the Cabinet for its "significant progress in improving services to children and families over the past 10 years as a direct result of the legislation establishing the Governor's Cabinet on Children and Families."<sup>33</sup> During its tenure, the Cabinet established local Family Resource Networks (FRN's) across the state. A FRN consists of service providers, consumers and other community members who collaborate to coordinate and expand available services, address emerging policy issues (e.g., welfare reform), improve public awareness, identify new fundings sources, and mobilize community members.<sup>34</sup> The Task Force also recommended many changes to the Cabinet. The Cabinet's recent reauthorization and reorganization, which is discussed at the end of this case study, serves to underscore the need to fine tune and adjust even a successful Children's Cabinet over time.

The case study explores the:

- Cabinet's creation collaboratively by the governor and legislature;
- Cabinet's mission;
- Cabinet governance and structure;
- Task Force Report and Cabinet's Current Status;
- Cabinet initiatives and successes; and
- lessons learned and challenges.

### **CREATING THE CABINET**

West Virginia's Cabinet on Children and Families was established in 1990 by the legislature during a special legislative session for education reform, and grew out of former Governor Gaston Caperton's Task Force on Children and Families.<sup>35</sup> The authorizing legislation assigns responsibilities to the Cabinet, including a focus on:

- prevention, education, early intervention;
- assistance for parents (particularly in rural areas);

- coordination of services and sharing of data across state departments;
- simplified applications for public programs to improve access; and
- the development of family resource networks as the way to coordinate services at the local level.

The authorizing law mandated that the Cabinet be located in the Governor's Office, independent of any state agency. The Cabinet was intended to create a more comprehensive and unified system of programs and services for children and families which would reduce duplication of services. Another role for the Cabinet was to promote greater cooperation among state agencies and regional, local and private service providers. The law also emphasized that the Cabinet should promote voluntary prevention and community-based services. Perhaps the most innovative suggestion in the law is for the Cabinet to identify new and flexible funding sources, such as interagency funding or reimbursement and joint funding pools. The Cabinet is expected to publish an annual progress report on its activities.<sup>36</sup>

#### *Mission Statement, Goals and Guiding Principles*

The Cabinet is guided by a mission statement, specific goals, and a set of eleven guiding principles. These statements help shape the Cabinet's priorities and strategic plan. The statements also allow the Cabinet to communicate its purpose and agenda to the public. The goals are not measurable, but the Cabinet will be devising measures as a result of the reauthorization and revision of its founding legislation (discussed on page 43). Even though the original Cabinet goals are not linked to measurable outcomes, the Cabinet clearly intends to have a measurable impact in a number of areas, such as reducing the number of teen pregnancies and the prevalence of substance abuse.

The mission, goals and principles for the West Virginia Cabinet are as follows:

“The Governor's Cabinet on Children and Families is state government's connection to families and communities. The Cabinet helps to bring state and local groups together to promote the well-being of West Virginia's citizens.”

#### *Cabinet Goals*

1. Children will be ready to succeed in school, possess marketable skills and have access to good jobs.
2. Children will achieve and maintain good physical and mental health.

3. Parents will have adequate resources to protect, nurture, educate and support their children.
4. Children will live in permanent stable homes and be safe in their homes and communities.

#### *Cabinet Principles*

1. Providing a neutral table for planning and problem solving in local communities through Family Resource Networks.
2. Maximizing coordination and efficient service delivery through local Family Resource Network teams.
3. Convening interagency forums to address issues of concern.
4. Assisting state agencies in meeting federal collaboration requirements.
5. Supporting local citizens and groups in their efforts to improve their communities.
6. Building the capacity of families to meet their own needs.
7. Supporting the Governor's Agenda for Children and Families.
8. Modeling innovative, research-based strategies in service delivery.
9. Leveraging private and public resources to meet the needs of families and communities.
10. Providing budget and policy analyses for state government agencies.
11. Integrating the needs and voices of families in policy, planning, and implementation.<sup>37</sup>

### **CABINET GOVERNANCE AND OPERATIONS**

#### *Cabinet Composition*

The Cabinet previously was designed with a larger overall membership of state officials, but under recent legislation the governor is directed to appoint a smaller Cabinet with a larger advisory council to support its efforts. Under the new law, the governor serves as the Cabinet Chair and appoints an Executive Director to implement the Cabinet's agenda and oversee its staff. In addition, the governor appoints directors from the following departments to the Cabinet:

- Health and Human Resources;
- Military Affairs and Public Safety; and
  - Administration.

In addition, three members of the Advisory Council (described below) also must be appointed to the Cabinet, along with the Superintendent of Schools, the Attorney General, and one member each from the Senate and the House of Delegates (who serve only in an advisory capacity). The governor also may appoint additional government agency officials in an advisory capacity. Current Governor Bob Wise and former Governor Cecil Underwood both appointed representatives of community organizations to serve on the Cabinet in the past, and the recently passed legislation reauthorizing the Cabinet continues that practice through appointment of three members of the new Citizens Advisory Council to serve on the Cabinet.

### *Process*

The Cabinet used to meet quarterly, and is now expected to meet at least six times each year, according to recent legislation passed (see Recent Changes section below).

### **CABINET FUNDING AND STAFFING**

The Cabinet budget for FY04 is \$3.8 million, with \$2.6 million of those funds coming from state sources and the remainder from Federal sources (e.g., Medicaid administration funds, Community Based Family Resource and Support Program—CAPTA Title II). The Cabinet also has received private foundation funding for specific initiatives. The Cabinet staff has been reduced in recent years or reassigned to member agencies. Currently, there are two professional level staff positions and four support staff.

### **CURRENT STATUS OF THE CABINET**

In response to Governor Wise's call for a streamlined and improved Cabinet, the legislature recently passed reauthorization legislation for the Cabinet, which the governor signed on April 6, 2004. Under the new legislation, HB 4259, the Cabinet will dissolve on July 1, 2007 unless reauthorized by the legislature. The new legislation formally codifies the local FRN's: local networks of service providers, consumers and other community members who collaborate to coordinate and expand available services, address emerging policy issues, improve public awareness, identify new fundings sources, and mobilize community members.<sup>38</sup> One key project for the re-organized Cabinet will be to promote delivery of comprehensive services (e.g., health care, dental care, mental health, and social services) through school-based centers.<sup>39</sup>

At the request of the governor, the new legislation established a Citizen's Advisory Council for the Cabinet consisting of at least 12 and up to 30 members. Governor Wise and his advisors have been pleased with the addition of the Advisory Council that contributes a critical public perspective to the Cabinet's deliberations. The advisory council has multiple purposes, including:

- to provide a forum for statewide discussion of child and family issues;
- to share information on best practices and available research on the delivery of child and family services;
- to make recommendations to the Cabinet on policy and resource allocation;
- to create a larger focus on accountability and measuring results for the Cabinet;
- to help the Cabinet draft a multi-year state plan to improve children's and their families' lives across state agencies;
- to connect policymakers and state officials with citizens and engage local communities; and
- to promote family support practices in public agencies.

The governor is charged with selecting three council members to serve on the Cabinet, and specifies that two members be family representatives receiving public services or benefits, and a third community representative who is not employed in the public sector.

#### **WHAT THE CABINET DOES: INITIATIVES**

The Cabinet has launched initiatives and campaigns in a number of areas, such as:

- developing Family Resource Networks (FRN's) to allow services to be provided at the local level in a coordinated way that serves the varied needs across the state;
- developing program standards for early childhood programs;
- identifying barriers to effective service delivery and to waive rules and regulations creating barriers;
- improving enrollment in children's health insurance;
- creating local Starting Points Centers in schools or other neighborhood locations which coordinate existing early care and education services to promote school readiness; and



- making recommendations to the governor about changes and redirections of funding in his budget to assure better service delivery and focus on priorities.

The Cabinet's main focus for this fiscal year is to improve the effectiveness and integration of health care, mental health, dental and social services through school-based centers.<sup>40</sup>

### CABINET SUCCESSES

At the 10<sup>th</sup> year anniversary of the Cabinet on Children and Families--which had been expanded by former Governor Underwood to include non-government representatives--a Task Force was convened to review its successes and recommend ways to strengthen the work on behalf of the state's children.

◆ **The Cabinet fostered effective local-level coordination through the Family Resource Networks.** The Task Force noted that the FRN's (Family Resource Networks) had been successful in creating local level coordination among local government, providers, and citizens. The FRN's improve families' access to the public and community-based services they require, and they provide a local system capable of adapting quickly and effectively to major federal or state policy changes such as welfare reform and SCHIP. For example, West Virginia has one of the highest uptakes on enrollment in SCHIP because of this infrastructure. They cited the FRN's as the "catalyst for greater awareness and practice of family centered approaches to service delivery and the growth of family resource and support programs across the state."

◆ **The Cabinet utilized the FRN's to increase citizens' knowledge about and involvement in government programs.** The FRN's provided education and information to the public, increasing general knowledge of child development in the community. Citizens had been involved in creating an early childhood quality initiative, helping welfare recipients move from public assistance to work and enrolling more eligible children for health insurance.

◆ **The Cabinet created a network of local Starting Points Centers through the FRN's: family support centers for families with pre-school age children.** There are now 17 of these local centers around the state, in convenient neighborhood locations, providing health and nutrition referrals, developmental screenings, pre-school and parent education, home visiting and other services to families.<sup>41</sup>

- ◆ **The Cabinet also developed and implemented program standards for early childhood programs through the pilot Educare program in several counties.** Although this program is no longer in operation, it has been credited with creating state and local leaders in the early childhood standards area, and provided program models that localities or other interested states could build on in the future.
- ◆ **The Citizen's Advisory Council has proven to be an effective addition to the Cabinet, bringing citizen's experiences and opinions to department secretaries in Council meetings.** The real strength of the Advisory Council has been in empowering citizen members to make decisions jointly with state officials, lending credibility to Cabinet decisions. The process of selecting advisory council members is an important one, however, and selecting the right combination of members is important.

### CHALLENGES AND LESSONS LEARNED

The Task Force also identified a number of ongoing challenges and lessons learned from the Cabinet's relatively long existence.

- √ **Gubernatorial leadership is critical.** The Governor's Children's Cabinet has sustained strong gubernatorial leadership over many years. As a result, the Cabinet has been able to make major changes to service delivery for children and families, by encouraging state agencies to share more responsibility with localities and promoting opportunities for innovation.
- √ **The Cabinet must focus on outcomes.** West Virginia was a pioneer in the area of Children's Cabinets and started its journey before outcomes measurement had been widely adopted in the public sector. The Cabinet's reauthorizing legislation includes a strong outcomes-based focus for the Cabinet's efforts. Further, FRN's requested that the Cabinet provide information on research-based best practices to help them better develop their strategies.
- √ **Cross-systems coordination at the state-level is difficult but necessary.** While the Task Force hailed the local-level FRN's as a Cabinet success, they identified challenges with cross-system coordination at the state level. Local communities expressed the perception that their voice was "often not heard" at the state level. The Task Force recommended increased state-local level partnerships, the promotion of "one-stop" service delivery models, and common intake procedures across state systems as well as other cross-agency activity focused on

achieving desired outcome for children and families. The Task Force also recommended “peer review” of programs to improve quality and a process for the Cabinet members to assess additional state rules and regulations that may be barriers to effective service delivery.

- √ **A clear communication strategy is essential to engaging the public and key stakeholders.** The Task Force found that, while there had been some attempt to accomplish this communication role, there remained a need for the Cabinet clearly to identify “priorities, desired outcomes, and a common vision and mission through state government and to all West Virginians.” In addition, the Task Force emphasized that the Cabinet should make the public feel their participation is valued, and create and publish regularly key indicators of child and family well-being as well as best practices adopted in the state.
- √ **Stakeholders need a better understanding of existing programs and resources across systems for children and families.** Finally, the Task Force concluded that few state officials, much less the broader public, are aware of the wide range of publicly and privately funded programs for children and families that currently exist in the state. The Cabinet plans to address this concern by conducting an analysis of existing programs and resources to improve outcomes for children and families.

Many of these concerns are addressed in the Cabinet's reauthorizing legislation, and the advisory council is intended to broaden the involvement of local community members and other relevant stakeholders in the Cabinet's decision-making process.

### CONCLUSION

West Virginia's Cabinet for Children and Families was ground-breaking and innovative in 1990. It was established to work on social problems that often cannot be addressed by a single program or an agency working alone. Former Governor Caperton and the legislature recognized that cross-agency work was needed. The Cabinet's role in making recommendations to the governor on pooling or redirecting funding across systems became crucial to its success over time. Further, the Cabinet's authorizing legislation reflected the realization that there was a need to promote better coordination of services and supports at the local level, and that there was an important role for state agencies to play in removing barriers to coordination and the provision of technical assistance.

However, the West Virginia Cabinet was created in an era before measuring outcomes and tracking state and local indicators became the norm. The Task Force's evaluation and the resulting reauthorizing legislation clearly are the beginning of a longer process to update and modify the Cabinet, to better suit the current needs of the State, and to establish more emphasis on accountability and outcomes measurement. The Task Force also affirmed that the Cabinet has had some major successes. By creating the FRN's, the Cabinet and the several governors who chaired it, have built a legacy and an infrastructure for the state to implement rapidly new state or federal programs for children and their families. Current Governor Wise has expressed his commitment to re-invigorate the Cabinet and to build stronger links with his office as a way of building upon its earlier successes. The recent reauthorization of the Cabinet reflects the governor's commitment and lays the groundwork for building a greater emphasis on stakeholder input and outcomes measurement as the Cabinet enters its next phase.

## Appendix B

### GOVERNOR'S CHILDREN'S CABINETS (OR SIMILAR BODIES)

#### **Arizona**

##### *Governor's Children's Cabinet*

Established January 2003 by Governor Napolitano by Executive Order: [http://www.governor.state.az.us/eo/2003\\_4.pdf](http://www.governor.state.az.us/eo/2003_4.pdf)

Web site: [http://www.governor.state.az.us/cyf/boards\\_commissions/index\\_boards\\_commissions.html](http://www.governor.state.az.us/cyf/boards_commissions/index_boards_commissions.html)

Contact: The Governor's Office for Children, Youth and Families

Lisa Glow, Director

(602) 542-4043

#### **Kansas**

##### *Children's Cabinet and Trust Fund*

Established 1999 by the legislature to oversee the expenditures from the Master Tobacco Settlement.

Web site: <http://www.kschildrenscabinet.org/>

Contact: Joyce Cussimano, Executive Director

(785) 368-7044

#### **Louisiana**

##### *Governor's Children's Cabinet*

Established by former Governor Mike Foster through the legislature in 1998: [http://www.legis.state.la.us/leg\\_docs/981ES/CVT1/OUT/0000CYWK.PDF](http://www.legis.state.la.us/leg_docs/981ES/CVT1/OUT/0000CYWK.PDF)

Web site: <http://www.gov.state.la.us/ldbc/childrenscabinet/childrenshome.htm>

Contact: Suzy Sonnier, Executive Director

(225) 342-3327

#### **Maryland**

##### *SubCabinet for Children, Youth, and Families of the Governor's Office of Children, Youth and Families*

Web site: <http://ocyf.state.md.us/>

Contact: Terri Garland, Special Secretary

(410) 767-4160

**Maine***Governor's Children's Cabinet*

Established by former Governor Angus King in 1995

Authorizing Statute: <http://www.state.me.us/cabinet/statute.html>

Web site: <http://www.state.me.us/cabinet/homepage.htm>

Contact: Lauren Sterling, Cabinet Senior Staff

(207) 287-4349

**Michigan***Children's Cabinet*

Established by Governor Jennifer Granholm in 2004

Contact: Kristen McDonald-Stone, Federal Liaison and Policy Advisor

[McDonald-StoneK@michigan.gov](mailto:McDonald-StoneK@michigan.gov)

**Montana***Governor's Council on Families*

Established by former Governor Marc Racicot in 1996 and continued in 1998 and 2001 via executive order

Most recent enabling statute:

[http://www.dphhs.state.mt.us/about\\_us/advisory/Councils/DIROffice/gcof.htm](http://www.dphhs.state.mt.us/about_us/advisory/Councils/DIROffice/gcof.htm)

The Council is currently redefining its role.

Contact: Director's Office, Montana Department of Health and Human Services

(406) 444-5622

**New Jersey***Governor's Cabinet for Children*

Established by Governor James McGreevey through Executive Order in May 2003:

[http://www.state.nj.us/cgi-bin/governor/njnewsline/view\\_article.pl?id=1212](http://www.state.nj.us/cgi-bin/governor/njnewsline/view_article.pl?id=1212)

Expanded through executive order by the Governor in November 2003:

<http://www.nj.gov/infobank/circular/eom83.htm>

Contact: New Jersey Department of Human Services

(609) 292-3717

**New Mexico***Governor's Children's Cabinet*

Established February 2003 by Governor Bill Richardson through executive order:

<http://www.governor.state.nm.us/lrgov/pdf/CCexecorder.pdf>

Web site: <http://www.governor.state.nm.us/lrgov/childrenscabinet.html>

Contact: Office of the Lt. Governor, Diane Denish

(800) 432-4406

**Ohio**

*Family and Children First Cabinet Council*

<http://www.ohiofcf.org/main.asp>

Contact: Jessica Cannon, Chief of Staff  
(614) 752-4044

**Oregon**

*Commission on Children and Families*

Web site: <http://www.ccf.state.or.us/pageoccf.html>

Contact: Donna Middleton, Executive Director  
(503) 373-1283

**Pennsylvania**

*Governor's Cabinet on Children and Families*

Established by Governor Rendell in September 2003 through Executive Order:

<http://www.dpw.state.pa.us/exec/ExecutiveOrder.pdf>

Web site: [http://www.dpw.state.pa.us/exec/GovCab\\_ChildrenAndFamiliesHome.asp](http://www.dpw.state.pa.us/exec/GovCab_ChildrenAndFamiliesHome.asp)

Contact: Estelle Richman, Secretary of the Pennsylvania Department of Public Welfare and Cabinet Chair  
(717) 787-2600

**Rhode Island**

*Children's Cabinet*

Web site: <http://www.planning.ri.gov/children/default.htm>

Contact: Mike Burk, Assistant to the Director and Executive Director  
Rhode Island Department of Children, Youth and Families  
(401) 528-3576

**Tennessee**

*Children's Cabinet*

Established in March 2003 by Governor Phil Bredesen through Executive Order:

<http://www.state.tn.us/governor/newsroom/Executive%20Orders/Executive%20Order%207.pdf>

**Utah**

*Families, Agencies and Communities Together*

Established as an Executive Branch initiative by former Governor Norman H. Bangerter, and expanded by legislation in 1989; additional legislation was passed in 1993 and 1996.

**West Virginia**

*Governor's Cabinet on Children and Families*

Established 1990 by former Governor Gaston Caperton and the legislature:

Web site: <http://www.wvchildrenandfamilies.org>

Reauthorizing legislation passed in 2004: H.B. 4259 available on Cabinet Web site

Contact: Steven Heasley, Senior Assistant for Planning and Development

304-558-0600



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