

**INITIAL ANALYSIS OF SURVEY  
ON PUBLIC AGENCIES SERVING  
CHILDREN UNDER AGE SIX  
*BUNCOMBE COUNTY, NORTH CAROLINA***

**Prepared for**

**CHILDREN FIRST  
UNITED WAY OF ASHEVILLE AND BUNCOMBE COUNTY  
Asheville, North Carolina**

**By**

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**MARCH 1996**

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**INITIAL ANALYSIS OF SURVEY ON PUBLIC AGENCIES  
SERVING CHILDREN UNDER AGE SIX**  
*Buncombe County, North Carolina*

**BACKGROUND**

In September 1995, Children First of the United Way of Asheville and Buncombe County contracted with the Southern Institute on Children and Families to provide technical assistance in the collection and analysis of data on services for children under age six.<sup>1</sup> Public and private agencies in Buncombe County have demonstrated a commitment to work together on behalf of children and families. In order to work more effectively across agency lines to plan and deliver services for young children and their families, it was decided that an organizational assessment was needed.

The purpose of the organizational assessment is to better understand how much and where local, state and federal funding is being used to serve young children. The organizational assessment will help to identify areas where collaboration could reduce costs and/or enhance service delivery and to identify unmet needs. Specifically, the organizational assessment will further the work of planning for Smart Start in Buncombe County.<sup>2</sup>

This report presents a preliminary analysis of organizational data provided by participating public agencies. It also sets forth recommendations for "next steps" as the Buncombe County community strives to make services more effective and responsive for children under age six.

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<sup>1</sup>The Southern Institute on Children and Families is a nonprofit organization based in Columbia, South Carolina. The Southern Institute conducts public policy research on issues of significance to the southern states and provides technical assistance to states and communities working to improve services for children and families.

<sup>2</sup>Smart Start is an early childhood initiative that seeks to bring high quality early childhood and family support services to children and families who need and want those services. The goal of Smart Start is for all of North Carolina's children to begin kindergarten healthy and ready to succeed in school. The initiative provides state funding for local partnerships to plan and implement creative, collaborative strategies to meet the needs of children and families.

## SURVEY PROCESS

To assess the programs and services offered to children under age six in Buncombe County an organizational survey was developed by the ARC Work Group with the assistance of the Southern Institute on Children and Families. The ARC Work Group was composed of the following members:

Elaine Barnes, Buncombe County Health Department  
Sam Dempsey, Asheville City Schools  
Joyce Greene, Developmental Evaluation Center  
Camille Hawks, Buncombe County Child Development Center  
Jerrie Honeycutt, Opportunity Corporation of Madison-Buncombe Counties  
Alecia Ralston, Blue Ridge Center  
Tim Rhodes, Buncombe County Department of Social Services  
Jane Stephens, Buncombe County Schools  
Vicki Grant, Southern Institute on Children and Families

Prior to development of the survey, the Southern Institute on Children and Families contacted regional and national experts on collaboratives to obtain information and copies of survey instruments used for organizational assessments. Very little information was found that was helpful in designing an organizational survey.<sup>3</sup> The ARC Work Group met five times over a four month period (November 1995 through February 1996). The first three meetings were devoted to survey construction. The two meetings in February were for the purpose of reviewing the initial data output and making necessary adjustments to assure accuracy.

The organizational survey of children under age six in Buncombe County was completed by the following agencies:

- Asheville City Schools
- Bethany Christian Services
- Blue Ridge Center for Mental Health, Developmental Disabilities and Substance Abuse Services
- Buncombe County Child Development
- Buncombe County Department of Social Services
- Buncombe County Health Department
- Buncombe County Schools
- Developmental Evaluation Center
- Opportunity Corporation of Madison-Buncombe Counties
- Professional Parenting

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<sup>3</sup>Southern Institute on Children and Families, Briefing Report on Similar Projects, prepared for Children First, Asheville, North Carolina (November 1995).

In order to focus on the eight public agencies responding to the survey, this preliminary analysis excludes Bethany Christian Services and Professional Parenting.

The survey was constructed to obtain information at three levels of each organization: (1) agency level; (2) program level; and (3) service level. Most of the information is at the service level to allow for aggregation at the program and agency levels. In developing the survey instrument, the ARC Work Group identified and categorized 83 services for children under age six. The identification of services gave the participating agencies a common language to use in completing the survey and, more importantly, to use in working together in the future. The seven service categories are as follows:

- Screening (for eligibility or need) - 17 services
- Diagnostic/Evaluative Services - 14 services
- Treatment/Therapy - 14 services
- Educational Development Services - 7 services
- Support Services - 13 services
- Economic Assistance Services - 12 services
- Other Specialized Care - 6 services

The list of services and the organizational survey instrument are provided in Appendix A.

This report presents a preliminary analysis of survey information on children under age six in Buncombe County, as follows:

- Number of children under six served during FY 1995
- Estimated expenditures during FY 1995 by each agency
- Source and type of funds expended
- Program governance
- Specific services provided by each program and agency
- Estimated FTEs assigned to specific services by program and agency
- Specific services currently provided where expansions are needed
- Services not available or accessible
- Case management
- Participation on interagency groups

The survey produced a great deal of detailed organizational information comparable across agencies. The agencies participating in the survey worked diligently to provide accurate responses to the survey. Some questions required agencies to provide their best estimates, particularly on questions related to expenditures and FTEs. Estimates were necessary for agency programs which

serve a broader population than children under age six, serve residents of a broader geographic area than only Buncombe County or provide services to specific children who receive services across agencies. Since time was limited, it is important to note that the findings below represent a first cut on the analysis. Additional analyses will yield more indepth information for decision making.

## **FINDINGS**

### **Children Served**

In Buncombe County, there are 12,908 children ages 0 through five years, of whom 2,303 (17.8%) live in families with incomes below the poverty level. The eight public programs responding to the survey provided organizational information related to this population only.

- The eight public agencies operate 51 programs which serve children under age six in Buncombe County.
- Of the 51 programs, only 15 are exclusively for children under age six.
- Almost half of the programs are mandated.
- During FY 1995, the agencies screened 38,215 children under age six (duplicated count) to determine eligibility or need for services prior to providing services.
- Services were provided to 59,065 children under age six (duplicated count).
- Only Asheville City Schools and Buncombe County Schools actually provide more children with screening services than direct services.

Table B-1 in the appendix displays the numbers of children under age six served and screened for each program.

### **Estimated Expenditures**

During FY 1995, the agencies expended an estimated \$33,781,771 on children under age six, ranging from a low of \$435,096 by the Developmental Evaluation Center to a high of \$21,714,575 by the Buncombe County Department of Social Services. The table below provides expenditures by agency.



Table 1  
 Ranking of Agency Estimated Expenditures on Children Under Age Six  
 in Buncombe County, FY 1995

Agency	Estimated Expenditures on Children Under Age Six
Buncombe County Department of Social Services	\$21,714,575
Buncombe County Child Development	\$3,746,784
Buncombe County Health Department	\$2,325,000
Opportunity Corporation of Madison-Buncombe Counties	\$1,879,769
Buncombe County Schools	\$1,689,130
Asheville City Schools	\$1,323,987
Blue Ridge Center for Mental Health, Developmental Disabilities and Substance Abuse Services	\$667,430
Developmental Evaluation Center	\$435,096

Table B-2 in the appendix provides estimated expenditures by program for each agency. An average of \$572 was expended per child. The averages ranged from a low of \$74 by the Health Department to a high of \$1,531 by the Blue Ridge Center.

The North Carolina Department of Human Resources directly provides over \$22 million in federal and state funds. Buncombe County directly provides almost \$3.5 million in county funds, followed by the State Department of Public Instruction at \$2.5 million in federal and state funds. For all services, federal funds account for 58%, state funds for 21%, and county funds for 10%. The remaining 11% is composed of small amounts from other sources, plus funds which were not separately identified by type. Of all funds expended, approximately 11% are local sources. (Some duplication in expenditures may exist as agencies contract with each other and each reports the expenditure.)

### **Program Governance**

Only five of the 51 programs are governed solely by local board or agency policy. This is largely a result of the source of funding. The programs under local discretion are as follows:

- Asheville City Schools Preschool Local Program
- Buncombe County Child Development Resource and Referral Service
- Health Department Dental Clinic
- Health Department School Health Program
- Health Department Day Care Service Program

In contrast, federal law governs 18 programs and state laws and/or regulations govern 26 programs. Table B-3 displays the type of funds by the amount each agency expended during FY 1995 for children under age six.

## **Services**

The information on services is presented by service category.

### Screening Services

All agencies perform two or more screening services. Buncombe County Child Development provides the fewest screening services (2) and the Health Department provides all 17 screening services. Financial Eligibility Determination is performed by all agencies in 18 of the 51 programs. Nonfinancial Eligibility Determination is performed by seven agencies across 14 programs. Asheville City Schools and Buncombe County Schools provide the same screening services, except that Asheville City Schools also screen for Self-Help skills. The table below shows the number of agencies providing screening services. Table B-4 in the appendix identifies the specific agencies.

Table 2  
 Screening Services Provided by Agencies and Programs  
 Ranked by Number of Agencies

Screening Services	Number of Agencies	Number of Programs
Financial Eligibility Determination	8	18
Nonfinancial Eligibility Determination	7	14
Social/Emotional	6	15
Educational/Developmental	6	13
Hearing	6	12
Speech/Language	6	12
Motor	6	11
Cognitive	6	10
Sensory Motor	6	10
Nutrition	6	9
Vision	5	10
Health Screening	5	9
Self-Help	5	9
Abuse and Neglect Intake	4	5
Dental	4	5
Mental Health Intake	3	5
In-Home Maternal and Newborn Assessments	2	2

### Diagnostic/Evaluation Services

Diagnostic/evaluative services are offered by each of the agencies. The table below displays the services by the number of agencies and programs offering the service. Table B-5 in the appendix identifies the specific agencies.

Table 3 Diagnostic/Evaluative Services Provided by Agencies and Programs Ranked by Number of Agencies		
Diagnostic/Evaluative Services	Number of Agencies	Number of Programs
Social/Emotional	5	13
Educational (Readiness Skills, "Ages & Stages")	5	10
Motor	5	8
Sensory Motor	5	7
Speech/Language	4	8
Hearing	4	7
Psychological Testing	4	5
Nutrition	3	5
Vision	3	5
Medical	3	4
Health Screening	3	4
Self-Help	3	4
Abuse and Neglect Investigation	3	3
Dental	1	2

### Treatment/Therapy Services

Treatment/therapy services are offered by each of the agencies as displayed in the table below. Table B-6 in the appendix identifies the specific agencies.

Table 4 Treatment/Therapy Services Provided by Agencies and Programs Ranked by Number of Agencies		
Treatment/Therapy Services	Number of Agencies	Number of Programs
Parent Training	7	20
Nutritional Counseling	7	8
Counseling	6	14
Educational (Special Instruction)	6	13
Physical Therapy	4	7
Assistive Technology	4	6
Nutritional Treatment	4	4
Speech Therapy	3	7
Occupational Therapy	3	6
Medical Treatment	3	5
Family Therapy	2	5
Play Therapy	2	5
Immunization	2	3
Dental Treatment	1	1

### Educational Development Services

Educational Development services are offered by five agencies (Asheville City Schools, Blue Ridge Center, Buncombe County Child Development, Health Department and the Opportunity Corporation). The table below displays the number of agencies and programs providing Educational Development services. Table B-7 in the appendix identifies the specific agencies.

Table 5 Educational Development Services Provided by Agencies and Programs Ranked by Number of Programs		
Educational Development Services	Number of Agencies	Number of Programs
Fine and Gross Motor Skills	5	11
Social Skills (Behavioral, Interpersonal)	5	11
Cognitive (Educational Development)	5	10
Self-Help Skills (Dressing and Feeding)	5	10
Academic Readiness Skills	5	9
Language Acquisition	5	9

### Support Services

Support Services are offered by all of the agencies. The table below displays the number of agencies and programs providing Support Services. Table B-8 in the appendix identifies the specific agencies.

Table 6 Support Services Provided by Agencies and Programs Ranked by Number of Agencies		
Support Services	Number of Agencies	Number of Programs
Referral/Accessing Resources	8	36
Home Visitation	6	23
Co-Visitation with Client to Agencies	6	20
Treatment/Transition Planning	6	18
Transportation	6	17
Food and Clothing	6	11
Observation/Verification of Service Delivery	5	22
Health Care Education	5	12
Follow-up, Aftercare	4	16
Breastfeeding Encouragement and Support	2	7
Respite Care	2	3
Housing/Shelter	2	2

The ARC Work Group defined case management as the provision of all of the following support services:

- Co-Visitation with Client to Agencies
- Referral/Accessing Resources
- Treatment/Transition Planning
- Observation/Verification of Service Delivery
- Follow-up, Aftercare

Economic Assistance Services

Economic Assistance Services are provided by five agencies (Asheville City Schools, Buncombe County Child Development, Developmental Evaluation Center, DSS and the Health Department). The table below displays the number of agencies and programs providing Economic Assistance. Table B-9 in the appendix identifies the specific agencies.

Table 7 Economic Assistance Services Provided by Agencies and Programs Ranked by Number of Agencies		
Economic Assistance Services	Number of Agencies	Number of Programs
Emergency Assistance	2	3
Child Care Subsidy	2	2
School Health Money	1	2
Aid to Families with Dependent Children (AFDC)	1	1
Child Support Enforcement	1	1
Children's Special Health Services	1	1
Food Stamps	1	1
Meal Cost Reimbursement	1	1
Medicaid	1	1
Vocational Rehabilitation	1	1
Special Supplemental Food Program for Pregnant Women, Infants and Children (WIC)	1	1



Other Specialized Care Services

Other Specialized Care Services are provided by six agencies (Asheville City Schools, Blue Ridge Center, Buncombe County Child Development, Buncombe County Schools, DSS and the Opportunity Corporation). The table below displays the number of agencies and programs providing these services. Table B-10 in the appendix identifies the specific agencies.

Table 8 Other Specialized Care Services Provided by Agencies and Programs Ranked by Number of Agencies		
Other Specialized Care Services	Number of Agencies	Number of Programs
Intensive Residential/Day Services for Children with Severe and Profound Mental Retardation	3	3
Crisis Care (Temporary)	2	2
Custodial Care, Substitute Care	2	2
In-Home Family Preservation	2	2
Permanency Planning	1	1

## Service Staffing

There are an estimated 373 full time equivalent (FTE) staff providing services to children under age six in Buncombe County. The table below shows the distribution of FTEs by agency.

Table 9 Agencies Ranked by Estimated Number of FTEs Providing Services to Children Under Age Six in Buncombe County	
Agency	Estimate of FTEs
Opportunity Corporation of Madison-Buncombe Counties	78.00
Buncombe County Department of Social Services	59.64
Buncombe County Schools	57.09
Buncombe County Health Department	49.05
Asheville City Schools	45.45
Developmental Evaluation Center	37.70
Buncombe County Child Development	32.86
Blue Ridge Center for Mental Health, Developmental Disabilities and Substance Abuse Services	12.95
<b>Total</b>	<b>372.75</b>

Of all of the FTEs, 245 (66%) were identified by services provided. The table below groups and ranks the estimated number of FTEs by service category.

Table 10 Service Category Ranked by Number and Percentage of Estimated FTEs Providing Services to Children Under Age Six in Buncombe County		
Service Category	Estimate of FTEs	Percentage
Support Services	61.8	25.3%
Treatment/Therapy	54.5	22.3%
Diagnostic/Evaluative	35.9	14.7%
Screening	34.5	14.1%
Educational Development	24.7	10.1%
Economic Assistance	22.3	9.1%
Other Specialized Care	10.9	4.5%
Total	244.6	100.0%

### Services Needed

The agencies responded to a question which asked them to identify specific services they offer which need to be expanded to serve more children under age six. Sixty (60) services were identified and are listed in Table B-11 in the appendix. The services mentioned most often were: (1) Referral/Accessing Resources, (2) Parent Training, (3) Educational (Special Instruction), (4) Home Visitation, (5) Health Care Education and (6) Treatment/Transition Planning.

Agencies were also asked to identify services needed for children under age six in Buncombe County which were not available or were inaccessible. Six services were listed as nonexistent and 52 services were listed as not available or inaccessible because of insufficient quantity. Twenty (20) services were identified as not available or inaccessible due to inadequate quality or because they were cost prohibitive. Table B-12 in the appendix provides the list of services not available or inaccessible.

## **Case Management**

The survey requested agencies to answer a series of questions on case management if the agency employed case managers to serve children under age six in Buncombe County. For purposes of the survey, the ARC Work Group defined case management as provision of all five of the following support services:

- Referral/accessing resources
- Treatment/transition planning
- Observation/verification of service delivery
- Follow-up, aftercare
- Co-visitation with client to agencies

While each of the above support services is discrete and can be individually provided, when organized together they comprise a service package called case management.

The survey data provide conflicting results. A common issue in case management is the lack of a uniform definition across program lines. It may be that agency unfamiliarity with the uniform definition for case management used in the survey is the cause for the conflicting results.

With the exception of Buncombe County Child Development, all agencies completed the case management portion of the survey. A frequent comment made during meetings of the ARC Work Group was that case managers were “everywhere” and thus duplication of effort may exist. The responses as displayed below indicate a significant amount of activity involving more than 41.25 FTEs devoted to case management services.

Table 11 Responses to Survey Questions on Case Management				
Agency	Type of Service	Average Caseload per Case Manager	Case Management FTEs	Focus
Asheville City Schools	Ancillary	45 (Even Start) 10 (Student Services)	1.4	Family
Blue Ridge Center	Primary	25	125 Case Managers for Four Counties	Depends on Program
Buncombe County Department of Social Services	Primary	12.8-40	12.69	Family
Buncombe County Health Department	Primary	60-70	15.6	Family
Buncombe County Schools	Ancillary	Not Available	5.96	Child
Developmental Evaluation Center	Ancillary	30-40 (Evaluation Staff) 70-100 (Case Coordinators)	5.6	Child
Opportunity Corporation	Primary	35	11.0	Family

The responses to the case management questions conflict with the data on services and FTEs. By defining case management as a program which delivers the five services mentioned above, only four programs in three agencies meet the definition of case management. These programs are:

- Asheville City Schools - Preschool Local
- Health Department - Child Services Coordination
- Blue Ridge Center - DD Early Childhood Intervention (PACT)
- Blue Ridge Center - In-Home Family Preservation

Although the Carolina Alternatives Program at Blue Ridge Center met the definition of case management, it was excluded from further analysis because it did not serve any children under age six in FY 1995.

The staff perception of duplication and case managers “everywhere” may stem from the number of programs and FTEs which provide one or more of the five case management services. The data show that 17 programs across six agencies provide at least three of the five case management services. In

addition, the data on FTEs assigned to the five services and the number of programs providing at least one of the services justifies staff perceptions related to case management. As the table below reflects, 25.6 FTEs are associated with delivery of at least one of the five case management services and that 36 programs are involved in making referrals and accessing services for children under six.

Table 12 Number of FTEs, Programs and Agencies Providing Support Services Which Comprise Case Management			
Service	Number of FTEs	Number of Programs	Number of Agencies
Referral/Accessing Resources	7.9	36	8
Treatment/Transition Planning	10.8	18	6
Observation/Verification of Service Delivery	4.2	22	5
Follow-up, Aftercare	1.3	16	4
Co-Visitation with Client to Agencies	1.4	20	6

### Interagency Groups

All of the agencies participate on interagency work groups, coordinating groups, advisory councils or boards. The agencies are represented on 26 groups which focus on children in Buncombe County under age six. Each of the agencies is represented on the Child Protection Team, Children First and the Preschool Interagency Coordinating Council. The table below shows the 26 interagency groups ranked by the number of agencies participating.

Table 13  
Interagency Groups Ranked by Number of Agencies Represented

Interagency Groups	Number of Agencies
Child Protection Team	8
Children First	8
Preschool Interagency Coordinating Council	8
Council for Interagency Collaboration	7
Partnership for Children Board (Smart Start)	7
Youth Services Action Group	7
Community Alternative Program Interagency Committee	6
Head Start Health Advisory Committee	6
Treatment Teams	6
Advisory Council for Child and Family Services	5
Buncombe County Consortium (0-3)	5
Child Help and Parent Support Advisory Council	5
American Red Cross Health and Safety Committee	4
Child Development Resource and Referral Advisory Committee	4
DSS Permanency Planning Committee	4
Head Start Policy Council	4
Program Advisory Council for AB Tech Childcare Program	4
Developmental Disabilities Advisory Council	3
Mountain Area Perinatal Substance Abuse Advisory Council	3
Health Partners	2
Project Access Advisory Council	2
Project Kutana Advisory Council	2
Very Special Arts Festival Committee	2
Buncombe Emergency Assistance Coordinating Network	1
Friends of Black Children	1
Mountain Area Perinatal Substance Abuse Program	1

## RECOMMENDED NEXT STEPS

The literature on collaboration endeavors to achieve some clarity among the terms “cooperation,” “coordination” and “collaboration.” Oftentimes the terms are considered interchangeable ideas, even though they have different meanings.

Charles Bruner defined collaboration as follows:

Collaboration is a process to reach goals that cannot be achieved acting singly (or, at a minimum, cannot be reached as efficiently). As a process, collaboration is a means to an end, not an end in itself. The desired end is more comprehensive and appropriate services for families that improve family outcomes.<sup>4</sup>

Sharon Kagan describes the relationship between the concepts in the following way.

Best envisioned as a pyramid, cooperation forms the base because it is the most widespread and the easiest to achieve. Cooperation involves informal relationships that exist without any defined structure and without mutual goal understanding. Coordination, the middle level, involves individuals and organizations that come together to meet a mutual goal. At this level, agencies retain their autonomy, though they engage in sustained joint planning. Collaboration, at the apex, represents the most complex and difficult to achieve of the three relationships. Here, joint goals and strategies are agreed on, resources and leadership are shared, and an identifiable durable collaborative structure is established.<sup>5</sup>

During the period of working with the ARC Work Group, it was clear that the public agencies in Buncombe County have a productive history of working together and that each has an appreciation of and respect for the work of others. This is a needed strength as the Children’s Services System Council pursues its stated goal of identifying areas in which to work collaboratively for the benefit of children specifically and the community in general.

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<sup>4</sup>Charles Bruner, Thinking Collaboratively: Ten Questions and Answers to Help Policy Makers Improve Children’s Services (Washington, DC: Education and Human Services Consortium, 1991), 6.

<sup>5</sup>Sharon L. Kagan, “Collaborating to Meet the Readiness Agenda: Dimensions and Dilemmas,” in Ensuring Student Success Through Collaboration: Summer Institute Papers and Recommendations of the Council of Chief State School Officers, Council of Chief State School Officers (Washington, DC: 1993), 59-60.



Based on the findings of the organizational assessment, the following actions are recommended as “next steps” for the Children’s Services System Council:

**1. Develop a working definition of “duplication” to use in the indepth analysis of the organizational assessment findings.**

If duplication is defined as two or more agencies delivering the same service, then the findings present many areas where duplication appears to exist. If duplication is defined as a client receiving the same service from multiple agencies, then additional research is needed to determine the extent that this occurs. Until a working definition is developed and careful and objective analysis is conducted, it will not be clear where duplication actually exist.

Where survey findings show that the same service is delivered by multiple agencies, questions should be raised about the feasibility of fewer agencies or one agency delivering the service on behalf of all agencies. It should be noted that centralizing a service under one agency does not necessarily mean that the service is provided in only one location.

Olivia Golden explains that what could appear as duplication on the surface may be differentiation of services:

...differentiation of mission, expertise, and outlook among organizations (or even parts of organizations) is precisely what makes it difficult to work together. At the same time, this differentiation is there for a reason: the different organizations are responding to different technologies, different environments, different problems. A terrific surgeon can’t work in exactly the same way as a terrific classroom teacher: the tasks are too different, and so the approach is different. An organization made up of terrific surgeons will, as a result operate quite differently from an organization made up of terrific classroom teachers.<sup>6</sup>

A guiding principle for the duplication analysis should be to question whether there is an advantage to the child for multiple agencies to deliver the same service or is it in the child’s best interest for the service to be provided by a single agency?

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<sup>6</sup>Olivia Golden, “Collaboration as a Means, Not an End: Serving Disadvantage families and Children,” in Effective Services for Young Children: Report of a Workshop, ed. Lisbeth B. Schorr, Deborah Both and Carol Copple (Washington, DC: National Academy Press, 1991), 88.

**2. Develop a system wide definition of case management specifying under what circumstances case management is needed and conduct an examination to identify systemic barriers that create an increased need for case management.**

As discussed in the findings section, there currently is no uniform definition of case management across programs. An indepth examination of case management is needed to include identification of system barriers which can be removed, thereby lessening the need for case management.

The following questions should be helpful in the development of the definition for case management:

- Who needs case management? For example, should the target population be client-centered so that children with specified illnesses/conditions are case managed or should the target population be system-centered so that all children who receive multiple services from multiple agencies are case managed?
- Who delivers case management? For example, should each agency continue to case manage its clients, or should the case manager be independent of any service agency?
- What is the purpose of case management? Whose behavior requires management? For example, do certain parts of the service delivery system need management or does the child's family need to be managed?

**3. Using the findings of the organizational assessment, the agreed upon definition of duplication and the system wide definition of case management, identify areas where coordination, integration and possibly consolidation of services can be achieved thereby resulting in reduced costs and improved service delivery for children under six.**

The survey results identify numerous opportunities for targeting of efforts to reduce costs, enhance services through collaboration and identify areas of unmet or underfunded priorities for children under age six. Armed with this information and the valuable learning experience of the ARC Work Group having worked together on the organizational assessment, significant improvements are possible.

In addition to the specific steps outlined above, it is advisable for the public and private agencies in Buncombe County who have come together on behalf of children under six to clarify in writing the policies which will govern

their work and the specific outcomes they are attempting to achieve. Written policy guidance will provide the clarity of intent and purpose that will make it possible to transcend agency boundaries on behalf of the children of Buncombe County.

**APPENDIX A**  
**LIST OF SERVICES TO CHILDREN AND**  
**SURVEY QUESTIONNAIRE**

**CODES FOR SERVICES TO CHILDREN YOUNGER THAN SIX**

<b>A - SCREENING</b>	<b>B - DIAGNOSTIC/ EVALUATIVE</b>	<b>C - TREATMENT/ THERAPY</b>	<b>D - EDUCATIONAL DEVELOPMENT</b>	<b>E - SUPPORT SERVICES</b>	<b>F - ECONOMIC ASSISTANCE</b>	<b>G - OTHER SPECIALIZED CARE</b>
A1. Financial eligibility determination	B1. Health Screening	C1. Medical treatment	D1. Language acquisition	E1. Referral/accessing resources	F1. AFDC	G1. Custodial care, substitute care
A2. Nonfinancial eligibility determination	B2. Medical	C2. Immunization	D2. Social skills (behavioral, interpersonal)	E2. Treatment/transition planning	F2. Food Stamps	G2. Crisis care (temporary)
A3. Health Screening	B3. Nutrition	C3. Nutritional counseling	D3. Cognitive	E3. Observation/ verification of service delivery	F3. SSI (cash payment)	G3. In-home family preservation
A4. Mental health intake	B4. Psychological Testing	C4. Speech therapy	D4. Fine and gross motor skills	E4. Follow-up, aftercare	F4. Medicaid	G4. Permanency planning
A5. Abuse and neglect intake	B5. Social/emotional	C5. Occupational therapy	D5. Self-help skills (dressing and feeding)	E5. Home visitation	F5. Child care subsidy	G5. Institutionalized care
A6. Nutrition	B6. Educational (readiness skills, "ages & stages")	C6. Family therapy	D6. Academic readiness skills	E6. Co-visitation with client to agencies	F6. WIC	G6. Intensive residential/day services for children with severe and profound mental retardation
A7. Cognitive	B7. Self-help	C7. Educational (special instruction)	D7. English as second language	E7. Food and clothing	F7. Emergency Assistance	
A8. Social/emotional	B8. Vision	C8. Nutritional treatment		E8. Transportation	F8. Child Support Enforcement	
A9. Educational/ developmental	B9. Hearing	C9. Assistive technology		E9. Housing/shelter	F9. Children's Special Health Services	
A10. Self-help	B10. Motor	C10. Physical therapy		E10. Drug rehabilitation	F10. School Health Money	
A11. Vision	B11. Sensory motor	C11. Counseling		E11. Health care education	F11. Vocational rehabilitation	
A12. Hearing	B12. Speech/language	C12. Parent training		E12. Breastfeeding encouragement and support	F12. Meal cost reimbursement	
A13. Motor	B13. Abuse and neglect investigation	C13. Dental treatment		E13. Respite care		
A14. Sensory motor	B14. Dental	C14. Play therapy				
A15. Speech/language						
A16. Dental						
A17. In-home maternal and newborn assessments						

**The Survey Questionnaire was omitted in this second printing of the report. It is available from the Southern Institute on Children and Families.**

**APPENDIX B**  
**DATA TABLES**

Table B-1  
Children Under Age Six in Buncombe County  
Screened and Served by Program

Agency	Program	Children Under Six Served	Children Under Six Screened
Asheville City Schools	Even Start	64	64
	Parents as Teachers	35	35
	Preschool Exceptional Children	145	349
	Preschool Local	0	0
	School Age Exceptional Children	127	60
	School Food Service	403	600
	Student Services	430	430
	Title I	128	75
Blue Ridge Center	1:1 Aide Services	3	0
	Carolina Alternatives	79	3
	Child and Family Services, Infant & Preschool Program	22	0
	Child and Family Services-Case Management	33	15
	DD Early Childhood Intervention-PACT	132	53
	DD-Case Management	3	2
	In Home Family Preservation	13	0
	Intake and Emergency Services	119	135
	Outpatient Mental Health	29	30
	Psychological Services	3	0
Buncombe County Child Development	Child Care Center Operations	308	681
	Child Care Food Program Sponsor	400	10
	Child Care Subsidy Program	1,796	2,698
	Resource and Referral Service	3,013	0
Buncombe County Schools	Child Nutrition	727	1,977
	Preschool Special Education	223	1200
	School Age Exceptional Children	320	1997
	Student Services	1,977	1977
	Title I	28	38



Table B-1 Continued  
 Children Under Age Six in Buncombe County  
 Screened and Served by Program

Agency	Program	Children Under Six Served	Children Under Six Screened
Developmental Evaluation Center	Developmental Evaluation Center	517	99
	Speech and Hearing Clinic-Children's Special Health Services	61	10
Buncombe County Dept. of Social Services	AFDC	1,808	1,808
	Child Support Enforcement	2,722	2,722
	Children Services	4,488	0
	Emergency Assistance	1,771	1,824
	Food Stamps	2,883	2,883
	Medicaid	2,200	2,200
	Work First	130	190
Buncombe County Health Department	Child Service Coordination	580	580
	Day Care Service	3,000	0
	Dental Clinic	430	0
	Dental Screening	700	1,500
	Health Check	4,000	4,000
	Immunization	12,610	40
	Maternal and Child Outreach Worker	75	75
	Medical Screening	2,248	2,248
	Medical Treatment	2,586	2,586
	Personal Health Services-Home Visits	1,500	0
	School Health	1,000	0
	WIC	2,500	2,520
	Opportunity Corporation	Child Care Food Prog	328
Head Start		328	173
Wrap Around Child Care Services		40	0

Table B-2 Total Estimated Expenditures for Children Under Age Six in Buncombe County, FY 1995		
Agency	Program	Total
Asheville City Schools	Even Start	\$211,488
	Parents as Teachers	\$49,950
	Preschool Exceptional Children	\$234,868
	Preschool Local	\$126,001
	School Age Exceptional Children	\$132,638
	School Food Service	\$249,347
	Student Services	\$62,280
	Title I	\$257,415
<b>Asheville City Schools Total</b>		<b>\$1,323,987</b>
Blue Ridge Center for MH/DD/SAS	1:1 Aide Services	\$480
	Carolina Alternatives	\$962
	Child and Family Services-Infant & Preschool Program	\$20,114
	Child and Family Services-Case Management	\$7,498
	DD Early Childhood Intervention-PACT	\$563,101
	DD-Case Management	\$11,163
	In Home Family Preservation	\$19,082
	Intake and Emergency Services	\$25,733
	Outpatient Mental Health	\$18,780
Psychological Services	\$517	
<b>Blue Ridge Center for MH/DD/SAS Total</b>		<b>\$667,430</b>
Buncombe County Child Development	Child Care Center Operations	\$1,204,186
	Child Care Food Program Sponsor	\$253,206
	Child Care Subsidy Program	\$2,246,152
	Resource and Referral Service	\$43,240
<b>Buncombe County Child Development Total</b>		<b>\$3,746,784</b>
Buncombe County Schools	Child Nutrition	\$288,460
	Preschool Special Education	\$654,595
	School Age Exceptional Children	\$484,580
	Student Services	\$206,667
	Title I	\$54,828
<b>Buncombe County Schools Total</b>		<b>\$1,689,130</b>
Developmental Evaluation Center	Developmental Evaluation Center	\$396,467
	Speech and Hearing Clinic- Children's Special Health Services	\$38,629
<b>Developmental Evaluation Center Total</b>		<b>\$435,096</b>
Buncombe County Dept. of Social Services	AFDC	\$2,043,731
	Emergency Assistance	\$105,009
	Food Stamps	\$3,103,133
	Medicaid	\$12,429,069
	Work First	\$132,085
	Child Support Enforcement	\$324,057
	Children Services	\$3,577,491
<b>Buncombe County Dept. of Social Services Total</b>		<b>\$21,714,575</b>
Buncombe County Health Department	Dental Clinic	\$56,000
	Dental Screening	\$10,000
	Health Check	\$24,000
	Immunization	\$50,000
	Medical Screening	\$65,000
	Medical Treatment	\$151,000
	School Health	\$16,000
	WIC	\$1,680,000
	Child Service Coordination	\$200,000
	Personal Health Services-Home Visits	\$15,000
	Day Care Service	\$26,000
	Maternal and Child Outreach Worker	\$32,000
<b>Buncombe County Health Department Total</b>		<b>\$2,325,000</b>
Opportunity Corporation	Child Care Food Prog	\$87,180
	Head Start	\$1,700,589
	Wrap Around Child Care Services	\$92,000
<b>Opportunity Corporation Total</b>		<b>\$1,879,769</b>
<b>Grand Total</b>		<b>\$33,781,771</b>

Table B-3  
 FY 1995 Estimated Expenditures on Children Under Age Six in Buncombe County by Type of Funds

Type of Funds	Asheville City Schools	Blue Ridge Center for MH/DD/SAS	Buncombe County Child Development	Buncombe County Schools	Developmental Evaluation Center	Buncombe County Dept. of Social Services	Buncombe County Health Department	Opportunity Corporation	Grand Total
Federal	\$854,327	\$163,347	\$329,026	\$609,157	\$0	\$14,197,056	\$1,680,000	\$1,700,589	\$19,533,502
County	\$76,920	\$0	\$490,933	\$98,818	\$0	\$2,789,203	\$45,000	\$0	\$3,500,874
State	\$253,234	\$503,796	\$147,427	\$980,855	\$370,702.8	\$4,728,316	\$43,000	\$179,180	\$7,206,510.8
Federal, State and County	\$0	\$0	\$0	\$0	\$0	\$0	\$547,000	\$0	\$547,000
Revenue	\$0	\$0	\$161,074	\$0	\$0	\$0	\$10,000	\$0	\$171,074
City Board of Education	\$145,927	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$145,927
Federal and State	\$0	\$0	\$2,605,579	\$0	\$0	\$0	\$0	\$0	\$2,605,579
Other	\$0	\$287	\$12,745	\$0	\$0	\$0	\$0	\$0	\$13,032
State and Revenue	\$0	\$0	\$0	\$0	\$64,393.2	\$0	\$0	\$0	\$64,393.2
Grand Total	\$1,330,408	\$667,430	\$3,746,784	\$1,688,830	\$435,096	\$21,714,575	\$2,325,000	\$1,879,769	\$33,787,892

























