

# Issues in Developing Comprehensive, Community-Based Service Systems

March 2000

# OCCASIONAL PAPER #23

## Family Service Systems Reform in Pennsylvania An Assessment of Impact and Opportunity



National Center for Service  
Integration Clearinghouse

*Occasional Paper Series*



Child and Family  
Policy Center

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Community-Based Service Systems**

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**Family Service Systems Reform in Pennsylvania  
An Assessment of Impact and Opportunity**

**by Charles Bruner**

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# Family Service Systems Reform in Pennsylvania

## An Assessment of Impact and Opportunity

### Executive Summary

In 1995, the Commonwealth of Pennsylvania initiated the Family Service Systems Reform Initiative. FSSR was designed to support community collaborative board activities that could draw from the earlier Family Centers grant program to reform larger public systems serving children. FSSR collaborative boards identify local assets, interests and needs; set priorities; and direct resources to build strong and integrated service networks. Fifty Pennsylvania counties now receive FSSR funding to better integrate service networks and improve child and family well-being across one or more of six broad outcome areas: prenatal and children's health, healthy development during childhood, school readiness, school success, family stability, and safe communities. The average annual grant to counties is \$150,000.

Through site visits with twelve FSSR Initiatives, this report assesses what Family Service Systems Reform has been able to achieve to date, drawing from onsite interviews and focus groups with a wide variety of stakeholders in children and family services in the FSSR County. The assessment involved "goal free" evaluation (where the evaluator does not look for impacts upon a set of pre-defined goals but instead looks for evidence of impacts wherever they might have occurred) and "triangulation" (where the evaluator combines subjective perspectives from multiple sources, much like a surveyor) to identify actual impacts.

Several themes emerged from the site visits and interviews that are general in scope and speak to the potential of such support to broad-based community planning and action.

1. Role in fostering entrepreneurship. The interviews from all sites and from the diverse array of stakeholders all indicate that, while modest, the commonwealth funding and support has enabled FSSR sites to undertake activities that otherwise would not have been possible. FSSR has created a stimulus for creative and entrepreneurial thinking, and a place for new ideas to be explored and developed.

2. Diverse systems reform activities and impacts. Both direct funding and the technical assistance provided to FSSR sites have fostered a diverse array of specific activities and impacts. Different sites reported gains or impacts as a result of FSSR in the following areas:

- ◆ improved results for children and families on one or more dimensions of well-being (child abuse, low birthweight, adolescent child-bearing, school achievement, etc.)
- ◆ improved cross-system coordination and integration
- ◆ greater attention to outcome-based planning and accountability
- ◆ increased consumer involvement and leadership
- ◆ frontline practice changes to be more strength-based, family-focussed, and comprehensive
- ◆ redirection of categorical funding resources toward and expansion of prevention

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activities, particularly through Family Centers

- ◆ broader community ownership and buy-in of support for children and families
- ◆ renewed hope and belief that change is possible and greater risk-taking upon the part of agency and community leadership

3. Special community projects and events. FSSRs also have sponsored a diverse array of special projects and community events, where ideas can be put into action without the administrative and bureaucratic challenges sometimes faced in mainstream public systems. While many of these activities may appear tangential to systems reform goals, they produce visible at the ground-level, often initiated by and response to parent and consumer voices.

4. Broadening the base of ownership and facilitating intra-organizational change. One of the values of FSSR has been to convene representatives from different systems — education, the courts, human services, early childhood — together to explore community issues and concerns. In many instances, involvement with FSSR has spurred leaders to change practices within their own systems, to reach out to other systems or to more concertedly engage families and consumers from an asset, as opposed to deficit, perspective.

5. Family Center Influence. Family Centers have contributed to the gains that many FSSR sites have achieved. They have provided a basis for systems change in at least two ways, by modelling new service approaches and by enlisting consumers and community residents in the process.

6. Impact upon sustainability. FSSR often has provided a visibility and recognition for the value of cross-systems work, as well as the resources to sustain collaborative planning processes. This has helped sustain activities that otherwise might have floundered. Collaboration is hard work and easily can become sidetracked by attention to other day-to-day activities.

7. Integration with other collaborative efforts. In general, FSSR sites felt they could connect their work with related collaborative activities and initiatives such as Communities that Care. In fact, many sites used FSSR resources to support community plans developed by CtC or used FSSR to secure additional grants that required collaborative planning.

In general, FSSR sites have not sought to tackle all potential issues at once or to address all systems reform goals at once. Instead, FSSR sites have taken on specific issues, as they have become visible to their communities and there appear to be possibilities for productive action.

There are two ways that the impacts of FSSR can be assessed. If assessed against the goal of developing a fully-realized and comprehensive, integrated, family-focused, asset-based system of health, education, justice, and human services with clearly improved results for children and families, all FSSR sites have a long way to go. They have taken first and second steps in this direction, but the journey is long.

If assessed against the investments made by the commonwealth in FSSR, however, FSSR sites have shown collective positive returns on the overall investment made in them. While not all FSSR sites have been equally successful, a number have achieved major gains

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on one or more system reform goals that much more than justify the investments that have been made in FSSR as a whole.

As FSSR continues, more impacts and additional tools and strategies will be developed at different FSSR sites. In terms of long-term goals for system reform, FSSR might look toward the following as logical next steps:

- ◆ scaling up investments in particular FSSR sites that show the most readiness for more comprehensive approaches to systems reform, and
- ◆ developing specific “diffusion of innovation strategies,” building upon site experiences, that enable peer-to-peer transferring of successful strategies to occur.

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# Family Service Systems Reform in Pennsylvania

## An Assessment of Impact and Opportunity

### Introduction

In 1992, the Commonwealth of Pennsylvania established competitive grants to counties for Family Centers. These Family Centers represented “a philosophy, a process, and a place.” The philosophy of the Centers was to work with families with young children from a comprehensive, strength-based, and preventive basis that ideally would be incorporated into other systems serving the same families. The process included a governing board for the Center that included parents along with key local government funders and providers of other children’s services. The place was the actual Family Center, located within the neighborhood of the families to be served. Initially, eight counties received Family Center funding, but the grant program has grown to include 48 of Pennsylvania’s 67 counties.

In 1995, the Commonwealth initiated the Family Service Systems Reform Initiative to support larger community collaborative board activities that would move beyond Family Centers as a focus of activity to reform larger public systems serving children. Drawing upon the experiences with Family Centers, the Commonwealth required that at least 25% of the membership of these collaborative boards be parents. FSSR collaborative boards identify local assets, interests and needs; set priorities; and direct resources to build strong and integrated service networks. FSSR also is a competitive grant program, with 50 counties now receiving funding to better integrate service networks and improve child and family well-being, as defined by the community across one or more of six broad outcome areas: prenatal and children’s health, healthy development during childhood, school readiness, school success, family stability, and safe communities.

Funding for FSSR sites averages \$150,000 and ranges from \$50,000 to \$500,000 annually. Funding is used both to support planning and collaborative board deliberations and for selective new projects or initiatives identified by the collaborative as necessary to move forward.

This report is an assessment of what Family Service Systems Reform has been able to achieve to date, and what opportunities and challenges lie ahead. The purpose of the assessment was to do the following:

- ◆ provide information to the Commonwealth on the range of impacts FSSR has produced and what FSSR sites can offer one another;
- ◆ describe how FSSR collaboratives have connected with other local initiatives with similar goals, particularly Communities that Care and Family Centers; and
- ◆ identify FSSR collaboratives’ perspectives on supporting roles the Commonwealth can play to further reform efforts and achieve better results for children and families.

### Assessment Approach (Methodology)

Given the complexity of systems reform and the diversity of actual approaches and focal areas for activity undertaken by different FSSR sites, a closed-end or highly structured set of questions was not employed in gathering information. Instead, the approach was designed to gather information from selected FSSR sites on their particular gains and impacts, based upon

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interviews and discussions with multiple stakeholders. The approach was a combination of “goal free” evaluation (where the evaluator does not look for impacts upon a set of outcomes that have been pre-defined but instead looks for evidence of impacts wherever they might have occurred) and “triangulation” (where the evaluator seeks subjective perspectives from multiple sources and, by examining these much like a surveyor, “triangulates” these perspectives to get a fix on the actual impacts).

Further, since one of the purposes of FSSR was to serve as a catalyst for innovation and change, the approach looked for what was tried and learned as well as what was achieved. In many respects, FSSR funding from the Commonwealth is analogous to venture capital funding in the private sector. It is not expected that all efforts will succeed, but those that do should justify the overall investments made in both successful and unsuccessful ventures. First efforts to address a challenge often will not succeed, but will provide lessons for more successful subsequent activities.

Because of this, FSSR sites this assessment were not selected randomly. Instead, initial selection of the twelve sites was based upon an analysis by Center for Schools and Communities technical assistance providers as representing diverse but positive experiences with FSSR while including communities across the state and of various population sizes.

From August through December, two-day site visits were conducted with these twelve FSSR sites. Two member teams from the Center for Schools and Communities technical assistance staff conducted the site visits, interviewing and conducting focus groups with diverse stakeholders according to a general interview protocol. FSSR sites themselves helped schedule the actual meetings and interviews. The technical assistance staff who conducted the visits were staff not previously assigned to provide assistance to the site under review. The protocol used in conducting the interviews and the list of stakeholders represented in the interview process are provided in the appendix.

## **Assessment: General Findings**

Several themes emerged from the site visits and interviews that are general in scope and speak to the potential of such support to broad-based community planning and action.

1. **Role in fostering entrepreneurship.** The interviews from all sites and from the diverse array of stakeholders all indicate that, while modest, the commonwealth funding and support has enabled FSSR sites to undertake activities that otherwise would not have been possible. In many instances, FSSR has provided staffing support that has created the time to plan, develop, and implement entrepreneurial efforts, drawing upon existing resources or securing new resources through grants or contributions. In other instances, the funding has been used strategically to address needs or finance activities that could not fall under existing funding resources. They have created a stimulus for creative and entrepreneurial thinking, and a place for new ideas to be explored and developed.

2. **Diverse systems reform activities and impacts.** Both direct funding and the technical assistance provided to FSSR sites have fostered a diverse array of entrepreneurial activities. In some instances, this has changed organizational cultures to be more risk-taking and proactive in their response to social issues, with many FSSR sites considering themselves to be “learning laboratories” for testing out new approaches. Sites reported gains or impacts as a result of FSSR in the following areas:

- ◆ improved results for children and families on one or more dimensions of well-

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being (child abuse, low birthweight, adolescent child-bearing, school achievement, etc.)

- ◆ improved cross-system coordination and integration
- ◆ greater attention to outcome-based planning and accountability
- ◆ greater consumer involvement and leadership
- ◆ frontline practice changes to be more strength-based, family-focussed, and comprehensive
- ◆ redirection of resources toward and expansion of prevention activities, particularly through Family Centers
- ◆ broader community ownership and buy-in of support for children and families
- ◆ renewed hope and belief that change is possible and greater risk-taking upon the part of agency and community leadership

3. Special community projects and events. FSSRs also have sponsored a diverse array of special projects or events, where ideas can be put into action without the administrative and bureaucratic challenges sometimes faced in mainstream public systems. These have included specific projects to create anti-truancy campaigns, Diversity Councils, and women in prison initiatives. They also have included county fair booths, public service announcements, and videos on how to choose a child care provider. They have resulted in the development of parents anonymous groups and parent information kiosks in malls. While many of these activities may appear tangential to systems reform goals and objectives, they produce results that are seen at the ground-level and often developed as a result of ground-level input and leadership.

4. Broadening the base of ownership and facilitating intra-organizational change. One of the values of FSSR has been to convene representatives from different systems — education, the courts, human services, early childhood — together to explore community issues and concerns. The interviews demonstrate that individuals from different systems see FSSR and its impacts differently, through the lens of their own systems and experiences. In many instances, involvement with FSSR has spurred leaders to change practices within their own systems, to reach out to other systems or to more concertedly engage families and consumers in their work. FSSR has not resulted in everyone looking at things the same but, but has resulted in people seeing their own system and its work in a broader context. This both has led to greater community commitment to collaborative actions and some very real and significant changes in the internal practices within systems.

5. Family Center Influence. Family Centers have contributed to the gains that many FSSR sites have achieved. They have provided a basis for systems change in at least two ways, by modelling new service approaches and by enlisting consumers and community residents in the process.

6. Impact upon sustainability. FSSR often has provided a visibility and recognition for the value of cross-systems work, as well as the resources to sustain collaborative planning processes. This has helped sustain activities that otherwise might have floundered by providing a recognizable locus for continuation. Collaboration is hard work,

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and easily can become sidetracked by attention to other day-to-day activities.

7. Integration with other collaborative efforts. In general, FSSR sites felt, at the community level, they could connect this work with related collaborative activities and initiatives such as Communities that Care. In fact, many sites used FSSR resources to support community plans developed by CtC or used FSSR to secure additional grants that required collaborative planning. FSSR sites noted that, when difficulties occurred in integrating efforts at the community level, it was primarily the result of commonwealth or federal policies rather than local turf issues.

## **Assessment: County-Specific FSSR Impacts and Peer-to-Peer Sharing Opportunities**

In addition to these general findings, the assessment identified a number of exemplary programs, activities, strategies, and tools for system change developed by individual FSSR sites. FSSR sites took many different approaches in their work, responding to local issues and the special interests and talents of individual leaders.

FSSR sites often acted opportunistically to take on a newly-identified community issue, as they were strategically positioned to accept this work. While the resulting actions could appear to be fragmented and ad hoc rather than comprehensive and the result of intensive strategic planning, they also have helped create successes for FSSR and provide energy for further actions.

The following discusses each of the twelve visited FSSR sites and highlights some of the impacts they have been able to achieve, along with some of the tools, experiences, and expertise they have developed that could be helpful to other FSSR sites pursuing similar objectives.

**Erie County.** Erie County is a diverse county, with thirty-nine municipalities including Erie, the third largest city in the state. Its population of 275,000 is involved in manufacturing, agriculture, and recreation. In Erie County, FSSR and Communities that Care were integrated into a county-level Policy and Planning Council that has also included other collaborative and preventive activities, including juvenile delinquency prevention and teen pregnancy prevention, strong participation from schools.

*Impacts.* Recognizing the value of collaboration with a strong outcome focus, the Erie Community Foundation has provided additional financial support and the Institute of Policy and Planning at Mercyhurst College has provided substantial technical assistance and analytic capacity, particularly around data-driven planning and policy-making. These partnerships and this support have enabled the Council to move more quickly and take on more collaborative tasks. The flexible funds also have enabled Erie to get around the rigidity of some categorical funding sources by filling needed gaps.

Through the Council's work, there has been an expansion of Family Centers and development of a teen pregnancy prevention initiatives and a father's initiative. The Council has been able to build consensus on an approach among diverse perspectives (e.g. developing an adolescent pregnancy prevention initiative with "the nuns and NOW"). The Council both has secured additional grant support for its work and been able to redirect some placement dollars to more preventive services, based upon the use of data and information.

One of the most concerted and successful efforts of FSSR and CtC has been work on

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juvenile delinquency prevention and work with incorrigible youth through partnerships across school, probation, and human service staff. Rather than simply using suspension or expulsion as deterrents to problem behavior, schools have developed additional programming and mentoring activities, joint staffing efforts with probation and other providers, and early referrals to Family Centers and other more preventive services, as well as making their facilities available for extended hours and for use by other programs. These efforts have helped produce improvements in academic performance and school attendance and reductions in county placement expenditures.

*Peer-to-Peer Sharing.* In addition to specific programmatic activities (Fatherhood Initiative, Adolescent Pregnancy Prevention), Erie County has developed a strong results- and evidence-based planning structure supported by foundation funding and Institute expertise. While not all FSSR sites have similar resources available in their communities, other sites may be able to draw from the experiences in Erie County in developing an infrastructure to make research-based evidence of effective strategies a part of their ongoing work.

Erie County also has created strong linkages across schools, courts, and human services for juvenile delinquency prevention and demonstrated the benefit of such collaborations to all parties. In tackling this issue, they have shown how this collaboration can draw upon the expertise within each of the systems to achieve its own goals more effectively by meeting the larger needs of children and their families for general guidance and support.

*Allegheny County.* Allegheny County is the second-largest county in Pennsylvania, including the city of Pittsburgh. It is generally affluent, but also has many neighborhoods with concentrations of poverty and distress as high as any in all Pennsylvania. Since the first Family Center grant, Allegheny County has placed a strong emphasis upon developing Family Centers as a primary source for more preventive services, with 28 Centers now operating, some funded with Family Center and FSSR funds but many funded with other public and foundation support.

*Impacts.* FSSR is one of a number of community efforts to build more comprehensive services for children and families, including a major early childhood initiative (ECI) sponsored by United Way, the Heinz Foundation, and business community. While it has not integrated its efforts with other initiatives, the FSSR Board is familiar with them and often collaborates on activities.

FSSR has played a major role in building a strong consumer base, through Family Centers, for ongoing development of Family Centers and the reform of other family-serving systems. Parent leadership has extended beyond Allegheny County to have a state presence in articulating the value of consumer-based reform efforts. Several of the Family Centers have established community hiring and staffing practices, which has contributed to local ownership and economic development. Parents, because they have had experience in Family Centers and FSSR, also have become forceful participants in other collaborative planning bodies in Allegheny County.

In addition, FSSR has developed outcome-tracking strategies for Family Centers, both for continuous quality improvement at Centers and to make the case for ongoing Family Center support.

*Peer-to-Peer sharing.* While many FSSR sites continue to see family and consumer engagement as a significant challenge, Allegheny County sees that engagement as a major strength and reason for success. Through this process, Allegheny County has developed a variety of tools and techniques for involving parents, developing parent leadership, and creating opportunities for parents to be effectively involved.

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McKean County. McKean County is primarily rural, with four different pockets of communities that traditionally have not been well-connected to one another. The FSSR in McKean helped establish an overall collaborative board that could connect the work of other collaborative efforts and build support across the county.

*Impact.* Through FSSR, McKean County has established three new family centers that also serve as branch human service centers, drawing resources from the Community Development Block Grant and Human Services Development Fund as well as FSSR. This has helped create a more comprehensive prevention-oriented service system throughout McKean County. Since FSSR began, McKean County has experienced declines in child abuse rates, foster placements, teen pregnancies, and school dropouts, which some have attributed to earlier interventions developed under FSSR.

In addition, establishment of a teen council has opened new opportunities in viewing teens as resources, with subsequent increased involvement of teenagers in positive activities in communities. Some of this was the result of the support provided through Family Centers and the level of family involvement in those Center's direction.

*Peer-to-Peer Sharing.* McKean County has built a strong base of teen involvement through the teen council and attendant Family Center activities that involve teens in decision-making and volunteer roles. McKean's FSSR can share not only the strategies that made this possible, but the value to the community of this positive youth development approach. Family Centers have councils that are entirely made up of parents, and Centers themselves have hired TANF recipient parents, with experiences in these areas that could be of benefit to other sites.

Clearfield County. Clearfield County is a primarily rural county which has experienced significant population loss over the last decade, with a current population of approximately 79,000.

*Impacts.* FSSR has developed an active board and new working relationships across child and family service systems in Clearfield County. Prior to FSSR, there was little cross-system communication or action. This work has resulted in successful grant applications that have focussed upon prevention-oriented activities rather than remediation or placement, including both major and mini-grants. FSSR also has provided exposure to new approaches, particularly around the use of data and attention to outcomes through an Outcomes College led by Fred Richmond, with participation by twelve different agencies.

*Peer-to-Peer Sharing.* One of the goals of FSSR in Clearfield County has been the development and implementation of a universal intake tool and process. In this process, Clearfield has encountered a variety of regulatory procedures and barriers, some local and some state or federal. While not yet completely successful in this activity, Clearfield's experiences can be helpful to other sites starting out in a similar pursuit, and Clearfield could be a learning partner with the state in addressing this issue.

In addition, the structure of the Outcomes College and its curriculum has proved to be very useful in developing a common language around outcomes and could be adapted in other FSSR sites or collaborative planning bodies.

Lancaster County. The Lancaster County FSSR has strong connections to the County Commissioners, who have incorporated FSSR goals into the Comprehensive County Plan. Lancaster also was one of the first counties to develop a Family Center, and the Family Center has been active both as a model for more preventive services and a source for consumer

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perspectives and leadership.

*Impacts.* Through an emphasis upon results oriented management accountability (ROMA) and substantial training and technical assistance on outcomes, Lancaster has developed an outcome focus to guide strategic actions and funding decisions, with a county-wide endorsement and adoption of outcomes. United Way, the City of Lancaster, and Lancaster County have developed a common application for funding, based upon achieving outcomes. With that, consumer satisfaction surveys have been implemented within all agencies in the county.

In addition to consumer satisfaction surveys, there is a strong consumer focus throughout Lancaster. Information on services is available to providers and the public through touchscreen kiosks and a "directory on a disk," with FSSR helping secure needed computers, software, and ongoing technical assistance to this process. Family Center funding support has been expanded through both CYS and the Human Services Development Fund, because of the ability to demonstrate outcomes.

*Peer-to-Peer Sharing.* Lancaster County FSSR can provide guidance and "lessons learned" on the steps and actions needed to make ROMA a "way of doing business" in a community. Lancaster County also made concerted efforts to develop a single point of entry for clients (e.g. common intake), which ultimately stalled, and could be a learning partner with other sites and the states on the actions needed to develop a common entry into multiple systems for families who need multiple services. Finally, Lancaster was successful in establishing a confidentiality waiver between MH/MR and CYS to enable the sharing of information, and has consumer satisfaction surveys that could be used in other FSSR sites.

Fayette County. Fayette County has experienced substantial changes and rebuilding efforts, as it has had to move, starting in the 1950's, from a coal mining base to other economic activities. While the decline in the coal mining industry led to a population loss, in recent years tourism has become a vital component of the county's economy. FSSR was built upon previous collaborative activities in Fayette County and established a strong and linked vision between child and family services and economic opportunity and development.

*Impacts.* Fayette's FSSR has responded to parent and consumer issues through developing a Parent Leadership Council that has organized to identify and meet specific needs — from a huge county event and family day, to a video to help parents in selecting day care, and to providing mini-grants for specific parent-initiated projects. The Council has served as the "eyes and ears" for how possible actions will work at the ground level.

FSSR also has established a cross-system training for all frontline workers and interagency confidentiality agreements to provide for sharing of needed information about clients. While they still have issues to resolve, FSSR also has developed a centralized intake process for more integrated delivery of needed services, including the use of technology to enable consumers to identify resources in the community.

*Peer-to-Peer Sharing.* Starting from a small number of parents, Fayette's Parent Leadership Council has developed into a strong force within its system reform work, with active participation of a diverse range of families. Fayette's experiences could be useful to other sites in developing stronger parent leadership — in terms of getting systems to recognize and value parental involvement, in supporting parent-led activities through mini-grants and other resources, and in offering specific parent-led activities or projects that proved successful and useful, such as video development or event organizing.

Fayette's work in developing an integrated service system, through cross-training,

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common intake, confidentiality agreements, and the use of technology could be very helpful to other communities tackling these issues.

**Indiana County.** Indiana County is a rural county in northwestern Pennsylvania which has experienced high relative rates of unemployment and child poverty, with children eligible for medical assistance doubling between 1988 and 1994. FSSR has been integrated with Communities that Care and served as an organizing force to establish its Family Center as a more preventive approach to meeting child and family needs and as a link to other services.

*Impacts.* The establishment of the Family Center at a mall, with co-located services, resulted in a user-friendly entry into a variety of services and helped establish a preventive focus to work with children and families. The leadership of the new Office of Children, Youth, and Families Director brought advocacy for using OCYF funding for more preventive services and the establishment of the Center. While collaborative activity had existed in Indiana County, FSSR helped to establish a reality base, through co-located services at the mall with the Family Center, to provide on-the-ground experiences with coordinated efforts to help children and families.

*Peer-to-Peer Sharing.* Indiana County's co-location of services with Family Centers has shown the potential for such an approach, as well as strategies for insuring that the Family Center retains a character as a voluntary and inclusive drop-in for families. The collaborative itself has used the "Together We Can" strategic planning process consistently for three years, with insights on how such strategic planning processes can be used effectively. FSSR also has developed a "resource mapping" model for use across systems both to inform planning and to provide information to the community.

**Columbia County.** Columbia County is a rural county, served by several school districts. When FSSR began, there was a Family Center supported in Benton, but it was viewed as serving that community and not the county as a whole.

*Impacts.* Columbia County has been successful in expanding the Family Center approach county-wide, primarily through developing three additional Centers as school-based programs within different schools districts. They have achieved this through blended or pooled funding from five sources — mental health; drug abuse; children youth and families; human services development funds; and school funding, with significant collaborations with Head Start. Individualized support and more preventive services provided through these services have helped to keep children out of the mental health system entirely. There has been substantial work redefining the role of Head Start as it relates to school-based services. While county-wide expansion of Family Centers has been the major focus of FSSR in Columbia County, committees are beginning to identify and tackle other issues, including access to dental care, transportation needs, and how to respond to mental health managed care.

*Peer-to-Peer Sharing.* Columbia County can provide guidance on strategies to pool and blend different funding streams to support more preventive services. Columbia County also could be a learning partner in developing responses to mental health managed care.

**Lackawanna County.** Lackawanna County is a relatively large (220,000) county with over one-third of the population living in Scranton, the county seat, and the majority living in the fertile valley in the middle of the County. FSSR funding helped initiate the Carbondale Family Center and FSSR is housed under the county's Family Council.

*Impacts.* The Family Center has become a focal point for reform activity and a one-stop shop for many services. For instance, the Family Center is working with the YMCA, Parks and Recreation, and the city police to create summer programs for youth. Ten agencies that

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provide services at the Family Center meet monthly to help shape new services and approaches, based upon experiences at the Center. This involvement with the Center has provided a grounding for reform activities based upon the experiences of parents and consumers, although the co-location also brings challenges to retaining the Family Center as an inclusive, nonstigmatizing place to go.

In addition, FSSR has worked to develop anti-truancy programs, with strong Family Court involvement, throughout the school districts in the county.

*Peer-to-Peer Sharing.* Lackawanna FSSR consciously developed a Family Center as a one-stop shop and can point both to the benefits that has produced in better referrals and coordination and the challenges it presents to maintaining an inclusive and non-stigmatizing place that parents can go. Lackawanna FSSR also has participated in the development of many collaborative activities under the Family Council (e.g. a Diversity Council and a Family Court Collaborative Council) and specific programs (e.g. a Women in Prison Program, and Anti-Truancy programs) that could provide models for other sites interested in similar efforts.

Bradford County. Bradford County has experienced a variety of starts and stops in its collaborative work and FSSR activities. The initial Board structure of sixty-seven people did not work out, with low attendance and limited action. Bradford recently reorganized to a thirteen-member executive committee and four subcommittees.

*Impacts.* Partners in Family and Community Development (the name of the restructured Board) has helped produce greater cross-system communication and joint activities around larger agendas than those pursued by individuals alone. As a result, Bradford County has secured additional state resources through Communities that Care and Family Literacy grants, as well as funding from the Health Alliance Charitable Foundation.

The Towanda Family Center Board's officers all are parents and have initiated fatherhood involvement programs locally and offered presentations on parent involvement to the state. The Center has been recognized as a place for prevention work and has partnered with the child welfare system on several projects, providing increased opportunities for families involved in the child welfare system to build natural support systems and networks.

*Peer-to-Peer Sharing.* Bradford County FSSR has established its governance structure as a 501(c) entity, with expertise in developing such a formal, legal structure for securing and managing funding. FSSR also has worked on strategies to make dental care more available to low-income children and families on CHIP, a challenge experienced in many jurisdictions. Bradford County has experience in seeking to revitalize stalled efforts to build community support for collaborative actions on behalf of children and families.

Venango County. Venango County is a small (60,000 population) mixed rural county where oil had been "king," which now has high unemployment and poverty, much of it multi-generational. It includes two distinct communities that often view themselves as competitive with one another. FSSR has been reorganized as a coordinating body for a variety of cross-system initiatives, including CtC, Early Head Start, and Welcome Every Baby, with county commissioners granting authority to the collaborative through a memorandum of agreement.

*Impacts.* Venango FSSR has helped produce greater commitment to prevention and the role it plays in avoiding crisis and treatment, with the new Children, Youth, and Families Director committed to requesting funding through OCYF for prevention services as part of its needs based budget.

Venango's annual "Focus on the Future" Forum has provided broad community

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education and planning input to the process. In part through the work of FSSR, Venango's "Welcome Every Baby" campaign has been coordinated with Early Head Start funding and 90% of new parents now are identified and contacted at the time of the birth of their child.

*Peer-to-Peer Sharing.* Venango County's work incorporating prevention-oriented services into its needs based budget for OCYF represents an approach that many FSSR sites could seek to develop, particularly as they are successful in reducing out-of-home placements and the re-occurrence of abuse. Over time, the annual "Focus on the Future" Forum has provided continuity and community involvement in collaborative planning work undertaken throughout the year and is a model that other FSSR sites might wish to explore.

Delaware County. In Delaware County, FSSR has been employed as a way to bring together a wide array of community-based initiatives, including Family Centers, Communities that Care, Family to Family, and Healthy Start and to help focus upon prevention as a means to address community concerns.

*Impacts.* Delaware County FSSR has been successful, through the cooperation and leadership of the CYS Director, in redirecting savings achieved from placement reductions to fund prevention activities, including Family Centers but also including other school-based activities.

Through collaborative work and understanding, Delaware FSSR also has used school safety as a rallying point to develop after-school programs related to delinquency prevention, involving prosecutors, police, the courts, and social services in the process. FSSR contributed to the successful application for a Safe Schools and Healthy Communities grant, made possible by this cross-system collaborative work. Further, through cross-training of staff coupled with agency leadership for service coordination, understanding has increased across systems with resulting greater and more effective use of referrals and joint staffing.

Finally, Delaware County FSSR has broadened the use of outcomes as an accountability tool in grants management and in developing grants applications and funding proposals.

*Peer-to-Peer Sharing.* Delaware County has developed particularly strong relationships with law enforcement in developing more preventive approaches, with experiences and strategies to share with other FSSR sites in this area. Its cross-training model and strategies also have been highly effective, and Delaware could serve as a resource in this area as well.

## **Conclusion**

Each of the systems serving Pennsylvania's children and families — education, health, child welfare, mental health, juvenile justice, child care, public welfare and workforce development, etc. — are large and complex. Together, they involve billions of dollars of annual public investments designed, implicitly or explicitly, to improve results for children and families.

Coordinating and connecting their efforts in a more seamless and effective way ultimately requires collaborative activities at the community level. The role of FSSR is to support this work. This can seem an overwhelming task, particularly given the modest funding support for FSSR in contrast with the size and range of the issues systems reform ultimately could address.

In general, FSSR sites have not sought to tackle all potential issues at once or to address all systems reform goals at once. Instead, FSSR sites have taken on specific issues,

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as they have become visible to their communities and there appear to be possibilities for productive action.

This assessment found many examples of impacts that FSSR has been able to make, often highly individualized to the opportunities the particular county provided. Some of these are worthy of replication and adaptation to other sites, to a conscious strategy of diffusing effective practice. Together, they constitute many of the pieces of the systems reform puzzle that must be put together to achieve the systems reform goals set out for FSSR.

There are two ways that the impacts of FSSR can be assessed. If assessed against the goal of developing a comprehensive, integrated, family-focused, asset-based system of health, education, justice, and human services with clearly improved results for children and families, all FSSR sites have a long way to go. They have taken first and second steps in this direction, but the journey is long.

If assessed against the investments made by the commonwealth in FSSR, however, FSSR sites have shown collective positive returns on the overall investment made in them. While not all FSSR sites have been equally successful, some have achieved major gains on one or more system reform goals. They have produced many specific and positive impacts that move in the direction of the longer goal, and they have created a committed core of leaders for continuing on that journey.

As FSSR continues, more impacts and additional tools and strategies will be developed at different FSSR sites. In terms of long-term goals for system reform, FSSR might look toward the following as logical next steps:

- ◆ scaling up investments in particular FSSR sites that show the most readiness for more comprehensive approaches to systems reform, and
- ◆ developing specific “diffusion of innovation strategies,” building upon site experiences, that enable peer-to-peer transferring of successful strategies to occur.

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## **Appendix One**

### **FSSR Site Visit Protocol**

From May through November, 1999, members of the TA Team conducted two-day site visits to approximately fifteen selected, "cutting edge" FSSR counties. These site visits were designed to gather site experiences to summarize some of the work to date, both documenting gains made for the field and identifying from the future role that FSSR can play in improving results for children and families. The specific purposes of these two-day site visits were to draw lessons and insights from FSSR experiences to:

- ◆ inform others (policy makers and other sites) of the range of impacts FSSR can make;
- ◆ describe how sites themselves see the potential for FSSR in producing better results for children; and
- ◆ identify particular roles that individual sites might assume in helping others through providing peer-to-peer technical assistance.

#### **Site Visit Interviews and Focus Groups**

The two-day site visit protocol was designed to include 5 to 7 individual interviews with stakeholders who could provide perspectives on FSSR and 2 to 3 focus groups of people who could provide grassroots and frontline perspectives on FSSR. In addition, the site visit team sought to have an informal dinner the first night with one to three FSSR leaders, in order both to debrief from the first day's visit and discuss what additional information was needed during the second day's visit.

The individual interview schedule necessarily varied from site to site but was planned to include such key stakeholders as:

- ◆ County Commissioner
- ◆ Family Center Director
- ◆ Human Service Director
- ◆ Collaborative Board Coordinator or Chair
- ◆ School Superintendent
- ◆ Communities that Care Director
- ◆ Health Administrator

In addition, depending upon the site, other key stakeholders that could have been individually interviewed included:

- ◆ Business leadership active in FSSR
- ◆ Judge
- ◆ Parent leader
- ◆ Community organizer

Focus group represented joint interviews of 3 to 8 people with similar backgrounds who had hands-on experience with reform efforts in the community. The focus groups also varied somewhat depending upon the site, but at least one focus group was designed to

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include parent participants.

Other focus groups recommended to sites included:

- ◆ neighborhood and community leaders, including representatives from faith ministries, neighborhood associations, and other groups; and
- ◆ frontline workers, including representatives from human service, health, education, and child care fields.

Both individual interviews and focus groups sought to identify what FSSR contributed to meeting their, and their community's, needs. The structure of interviews and focus groups was informal, designed to draw out the gains that FSSR has made and the challenges it has confronted and addressed.

### **Site Visit Scheduling and Schedule**

The current technical assistance person assigned to the county was responsible for arranging the site visit and briefing those conducting the visit, but did not participate in the visit. Two other members of the technical assistance team participated in the site visit. The sites were provided the following illustrative schedule for a site visit, to use as a general guide in planning the visit:

#### Day One

9:30 a.m.	Interview with Community Collaborative Coordinator
10:30 a.m.	Interview with Family Center Director, tour of Center
Noon	Lunch at Family Center and focus group with parent participants
2:00 p.m.	Interview with County Commissioner
3:30 p.m.	Focus group with frontline workers
5:00 p.m.	Free time
6:00 p.m.	Dinner with Community Collaborative Coordinator and Parent Leader

#### Day Two

8:00 a.m.	Breakfast with business leader
9:15 a.m.	Interview with Human Service Director
10:30 a.m.	Focus group with neighborhood and community leaders
Noon	Lunch
1:00 p.m.	Interview with health administrator
2:30 p.m.	Final debriefing and thank you with Community Collaborative Coordinator

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The actual schedule for each site then was worked out with the individual site.

### **General Questions for Use in Site Visit**

A set of general questions was provided for interviews and for focus groups, with those conducting the visit using these questions as a framework for the interviews and focus groups. The purpose of the questions was to collect information and perspectives from different stakeholders in FSSR. These questions were open-ended and designed to identify “what actually happened” rather than to determine whether or how well a site addressed what someone coming in from the outside might have wanted to see happen. This is a form of “goal free” evaluation, meaning that the evaluator does not impose his or her values in the process of gathering information, but rather seeks to record and synthesize what people involved in the process identify as important.

Analysis of the interview and focus group results involved a process of “triangulation.” From gathering perspectives from people with different ways of looking at these questions, it is possible to combine responses into some overall perspective on what is going on. Following are the general questions used as a framework for the interviews and focus groups.

1. General: The goal of the first set of questions is to let sites indicate what they think they have been able to accomplish, irrespective of anything they may have written in a proposal or progress report.

What do you think are your biggest accomplishments? What are you most proud of?

Who or what led you to be able to achieve them?

What have been your biggest challenges?

Who or what have helped you to make progress on them?

What would not have been done without FSSR? What unique role or stimulus did FSSR provide?

2. Relationship to Other Reform Work: FSSR is not the only game in town in most communities. These questions seek to determine how FSSR has fit in with other reform efforts.

How does FSSR fit in with other reform efforts underway in your community? What do you think is realistic to expect from FSSR relative to these other efforts? What role or niche do you see FSSR playing in overall reforms?

(if relevant) How have Family Centers and their development contributed to the systems work of FSSR?

(if relevant) How have you been able to connect FSSR with Communities that Care? What have been the benefits, if any, to both efforts?

(if relevant) How have you been able to connect FSSR with Head Start collaboratives? What have been the benefits, if any, to both efforts?

3. Reform Goals: These questions relate to different goals that are part of the stated

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objectives of FSSR. It is important to stress to sites that these may or may not be relevant to their particular FSSR work. One reason for visiting “cutting edge” sites is to determine how relevant these goals are to the work FSSR has been doing. *While these questions are general, it is important to get specifics; what the site actually did and what change this produced.*

Role of Consumers: What impact has the participation of consumers had on FSSR? What has been different as a result of consumer involvement? What has proved most successful in enlisting consumer participation? What have been the biggest challenges?

Cross-System Coordination: What impact has your work had on cross-system coordination and the development of a more seamless service system (specific examples)? What has proved most successful in making referrals and ensuring good follow-up in working with individual families? What have been the biggest challenges?

Community Education and Ownership: What impact has your work had on developing new community commitments to children and families (specific examples)? What has proved most successful in broadening interest in children’s issues at the community level? What have been the biggest challenges?

Resource Development: What impact has your work had on better deploying existing resources or securing new resources (specific examples)? What has proved most successful in getting groups to put resources on the table?

Frontline Practice: What impact has your work had on how children and families are served by public and voluntary systems (specific examples)? What has proved most successful in changing the manner in which workers respond to individual children and families? What have been the biggest challenges?

Policy Change: What impact has your work had on changing policies or identifying areas where policies need to change (specific examples)? What has proved most successful in identifying or changing policies? What have been the biggest challenges?

Results and Data Management Systems: What impact has your work had on setting measurable goals and results and using them to inform policy and practice (specific examples)? What has proved most successful in using results and outcomes? What have been the biggest challenges?

4. Closing Questions: These questions are designed to elicit information that can help the state and other sites in their work in developing FSSR further.

As FSSR continues, where do you think the state can be most helpful in furthering FSSR goals?

What revisions would you like to see in FSSR?

What do you think is the potential for FSSR, and how can it achieve that potential?

What types of outside help do you feel would be most useful in furthering your community’s work?

What type of help would your site be willing to provide other communities as they work on FSSR?

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## **Appendix Two**

### **FSSR Elements of Systems Reform**

The following are the general elements of systems reform, as identified by FSSR, along with some measurable indicators of progress for each element.

The following elements make up the operational definition of Family Service System Reform in Pennsylvania. The definitions are provided here, along with some indicators that reflect their incorporation into practice:

**Governance and Leadership:** Governance is the local decision making process by which a community takes responsibility for advancing broadly supported strategies aimed at achieving desired results for children, youth, and families. Leadership is the catalyst for building and sustaining a shared vision and for empowering all members of the collaborative to share responsibility for attaining desired results. Governance and Leadership includes the participation of consumer, parents, youth, community members, service providers and policy makers.

#### *Illustrative Indicators*

- ◆ An active governance structure is established that has set a vision, identified responsibilities for board members, and developed a broadened leadership base to include parents and consumers.
- ◆ The governance structure is viewed by the whole community as a place to resolve issues and is recognized as credible, legitimate, and representative of the community.
- ◆ The governance structure meets regularly, takes actions and makes recommendations that are implemented by individual organizations represented on the governance structure.
- ◆ Energetic leadership insures actions are taken, with an expanding pool of leaders identified and their leadership skills and roles developed.

**Systems Changes and Policy Reforms:** Systems changes and policy reforms are fundamental changes in the way agencies and resources are designed and utilized that support improved outcomes for children and families.

#### *Illustrative Indicators*

- ◆ Mainstream systems (health, education, child welfare, juvenile justice, etc.) have changed organizational practices to do one or more of the following:
  - Better coordinate with other systems when dealing with common clients (including providing a timely response when clients are referred from other systems)
  - Actively involve clients in actions/decisions affecting them
  - Recognize and draw upon natural support systems, including faith communities, neighborhood organizations, and friends and relatives of children and families served
  - Respond to findings and recommendations of the governance structure
- ◆ Family Centers and other more preventive services effectively advocate for change in mainstream services to more effectively meet child and family needs, at both an individual family and a more systemic level.

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**Results Based Accountability, Outcomes (Targets), and Evaluation:** Systems and the overall collaborative identify results to be achieved, linking strategies to achieve them, and tracking progress towards these results over time. Intended results include changes to service delivery systems as well as improved child and family outcomes (targets).

*Illustrative Indicators*

- ◆ A clear and measurable set of child and family outcomes (targets) is identified and a structure is developed to regularly collect and report of them
- ◆ Different systems cooperate in providing information needed for this accountability system
- ◆ Systems regularly use outcomes (targets) to identify trends and issues, red-flag specific cases for additional review, and evaluate progress in meeting goals
- ◆ Continuous quality improvement systems that are based upon achieving outcomes (targets) are established within programs and systems
- ◆ Decisions on funding and ongoing support are related to the ability to demonstrate the impact the program/service is having upon achieving results

**Capacity Building and Service Strategies (Products):** Capacity building involves giving the community tools to build capacity to plan and deliver programs, services, and practices that achieve positive outcomes (targets) for children and families. This should include an effective service design that is prevention focused and employs research-based practices that view whole families in their community and cultural context.

*Illustrative Indicators*

- ◆ New and effective service strategies, such as Family Centers, are used as models for changes in other systems and the development of other services
- ◆ Practice change occurs at the frontline level within mainstream systems to more holistically work with children and families and draw upon their strengths and assets
- ◆ Greater outposting of workers into schools and neighborhoods occurs, closer to the lives of the customers being served

**Financing Strategies and Resource Development:** Financing strategies maximize public and private, local, state, and federal funding sources to implement service strategies (products) to focus on outcomes (targets). This includes creative fiscal strategies that allow for greater flexibility, blend various public and private funding, pool existing resources across system, and redirect funds to effective approaches. Resource development includes both fiscal and other resources, particularly voluntary supports and in-kind contributions of nongovernmental organizations, in improving outcomes.

*Illustrative Indicators*

- ◆ Additional funding is leveraged at the community level through private sector involvement, grant and other funding opportunities, or leveraging additional federal funding
- ◆ Funding is redirected from or within existing systems to more preventive services, based upon cost-effectiveness

**Communications/Developing Public Will:** Communication and public education involves a process of building understanding and support from all appropriate stakeholders and

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community members to implement service strategies and systems changes to improve outcomes (targets).

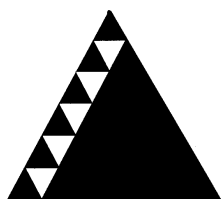
*Illustrative Indicators*

- ◆ Children and families are higher on the policy agenda, as indicated by one or more of the following:
  - Greater coverage in the media
  - Greater and more specific discussion in political campaigns
  - Presence on agendas of local boards and committees, civic groups, and other community meetings
  - Public opinion polling placing children and families higher on the policy agenda and demonstrating greater understanding by public of children and family issues

**Professional Development and Training:** Professional development and training involves the use of resources to enhance staff competency and to build capacity for communities and organizations to understand and apply knowledge, skills, and service strategies and system changes to improve outcomes (targets).

*Illustrative Indicators*

- ◆ Cross-system professional training is developed to produce a more holistic and collaborative approach to serving families
- ◆ Professional development and training within mainstream systems emphasize holistic, family-based, asset focus that draws upon natural networks of support in addition to public and professional services
- ◆ Customer participate as part of training and development activities.



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