



## 2001-02 Profile: FSSR Collaboration Efforts

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Among the many initiatives that were reported in FSSR-funded counties in 2001-02 were Family Centers, Communities That Care (CTC), Statewide Health Improvement Plan (SHIP), Child Care Resource Developers (CCRD), Weed and Seed, America's Promise and Healthy Community Partnerships. While this list is not all-inclusive, it includes some of the more frequently reported initiatives in FSSR counties. The accompanying chart shows the number of counties that report the existence of these initiatives in their communities.

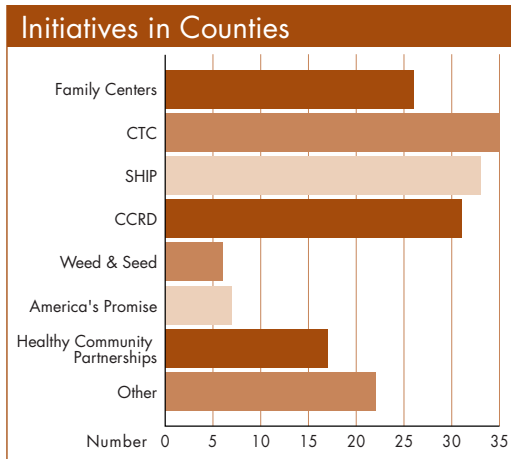
Only Dauphin and York counties reported all seven of these initiatives. Only Butler and Fulton counties reported having a Family Center but no CTC.

CTC was the most frequently reported initiative, existing in 36 of 39 reporting counties, followed by SHIP in 35 counties and CCRD in 32.

This chart indicates that there has been a great deal of success in coordinating the work of collaborative initiatives at the community level. For example, in those counties where one or more of these seven initiatives existed in 2001-02, 86 percent of the time they were represented in the FSSR collaborative.

Further, it is clear that some of the initiatives work very closely with FSSR. In the 27 FSSR counties where a Family Center was reported, the Center was more actively involved in all measured aspects of collaboration than any of the other six initiatives listed here. Family Centers were represented on the board 96 percent of the time, shared a combined collaborative structure 85 percent of the time, jointly implemented projects 93 percent of the time, and jointly funded projects 89 percent of the time.

The nine counties reporting the existence of America's Promise reported 100 percent participation in joint implementation of projects



Initiative	Number that report the initiative exists in the county	Is initiative represented in the FSSR Collaborative?	Do you share a combined collaborative structure?	Do you jointly plan and implement projects?	Do you jointly fund projects?
Family Center	27	96%	85%	93%	89%
CTC	36	94%	75%	89%	69%
SHIP	35	80%	46%	57%	37%
CCRD	32	88%	38%	63%	25%
Weed & Seed	8	50%	25%	38%	13%
America's Promise	9	89%	67%	100%	67%
Healthy Community Partnerships	20	85%	45%	70%	35%
Other	23	83%	43%	78%	48%

and 89 percent participation on the FSSR board. In counties where CTC existed, it was represented on the FSSR board 94 percent of the time.

On the average, across all 39 reporting counties, initiatives shared a combined collaborative structure with FSSR 57 percent of the time. This would indicate that there are two or more collaboratives in many counties with similar objectives and interests which function independently of each other. The result is fragmentation of community planning and service delivery. In addition, only half of these initiatives indicated that they jointly funded projects with FSSR.

### Community and System Partners

Who is at the table in our local communities?

The premise of FSSR is that local collaboratives will include a diverse group of system leaders and professionals working along with parents/citizens to improve the service delivery system for families. It is this interaction — coupled with planning and implementing strategies, based on identified needs — which moves collaboratives forward.

The collaboratives identified many community partners involved with FSSR efforts across the state. When the project began, involvement from education, health, county government, and parents/consumers was mandatory. These system partners remained active on Pennsylvania collaboratives.

All 39 reporting counties noted parent/consumer involvement in FSSR. More than 100 parents were actively involved on the 39 collaborative structures statewide.

If service system reform is to be effective, it is important to include schools, the system where children spend most of their time. A total of 176 educators — from programs ranging from preschool and Head Start to higher education and career and technology centers — were represented on

collaboratives. Also included in this number are representatives of public and private school districts and Intermediate Units. Ninety-five percent of the collaboratives reported involvement from public school districts.

In addition, collaboratives reported deploying agency staff to school settings, designating agency staff to work exclusively with schools, integrating family support services with instructional support team meetings, and implementing school-based outreach and prevention services. School systems across the state were joining with collaboratives to eliminate barriers to services for their students and families.

There were 117 health representatives on collaboratives in 2001-02. These included representatives from county and state health departments, local hospitals and healthcare systems, community health consortiums, family health councils, and home nursing agencies. All FSSR collaboratives had representation from the health field.

This representation has resulted in programs such as Potter County's implementation of a Mobile Family Center project, which features the ongoing collaboration of FSSR, the Statewide Health Improvement Plan (SHIP), and the Children's Health Improvement Project (CHIP). The Mobile Family Center provides a location to host children's dental screenings, for which a local dentist volunteers his services. A CHIP coordinator is present to see if the child is insured and/or can qualify for medical assistance or CHIP. If the child's parents are unable to pay for dental work and no insurance is available, the SHIP coordinator schedules an appointment with a dentist and uses a SHIP grant to pay for the treatment.

Thirty-seven of 39 collaboratives reported involvement from county commissioners or the county executive. In addition, all but two FSSR collaboratives had Children and Youth representation. Other county services, such as

### Community Partners

Community Partners	Number of Boards Reporting Involvement	Number of Individuals
Parents/Customers	39	111
Education	39	176
Health	39	117
County Services	39	259
Faith Based Religious Institutions	29	64
Law Enforcement	29	60
Community Organizations	39	230
Business and Civic Organizations	36	76
Total		1093

Human Service Departments, MH/MR, County Assistance, Juvenile Probation, Domestic Relations, Data Processing, Housing, Community Development and Transportation, were also represented on FSSR collaborative boards. In total, 259 representatives of county government/county services dedicated their time and energy to local collaborative efforts.

Faith-based institutions (such as faith-related social service agencies, local churches, and the Salvation Army) represented informal helping networks in the FSSR communities. A large part of the FSSR Initiative includes linking with these informal systems to improve services for children and families. Sixty-four representatives from these systems were serving on FSSR collaboratives statewide. Twenty-nine of thirty-nine collaboratives reported active involvement from their local churches and ministeriums.

Law enforcement representatives were dedicating time to local collaborative experts as well. Across the state, 60 individuals involved with collaboratives represented local and state police offices, judges, district magistrates, district attorneys, county sheriffs, the prison system, and the courts.

The range of community organizations that dedicate time and energy to the FSSR Initiative is quite impressive. Eighty-three representatives from mental health and drug and alcohol provider agencies were sitting on collaboratives, as well as representatives from United Way, YMCA/YWCA, Big Brothers/Big Sisters, Boy/Girl Scouts, community action agencies, public libraries, domestic violence programs, victim assistance organizations, AIDS organizations, Urban Leagues, economic development organizations, and the childcare system. Representatives from community organizations serving on collaboratives totaled 230 individuals. All collaboratives reported some representation from this group.

Many communities have been very successful in obtaining involvement from the business and civic sector. Seventy-six professionals representing banks, foundations, insurance companies, public utilities, retail organizations, industry and private enterprise, the media, chambers of commerce, and service clubs were providing support to local collaboratives.

The collaboratives reported 1,093 individuals offering support to the FSSR Initiative across the state. We know that this number is smaller than actual, since many entities reported that the profile did not allow them to include all the major players in their communities. This effort is touching thousands of community members and engaging them in a process to improve outcomes for children and families.

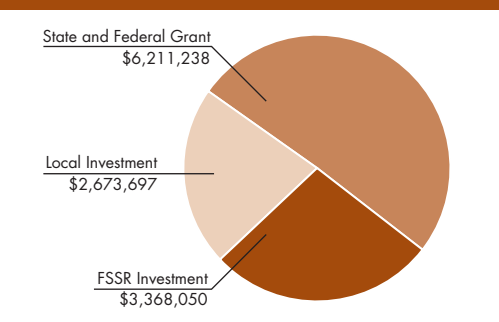
### Leveraging Resources

From 1995 to 2002, 50 counties received FSSR grant funds for the development of collaborative partnerships to improve child and family well-being. These grant funds represent a seven-year state investment totaling \$27 million. In fiscal year 2001-02, 39 grantees involving 40 counties received nearly \$3.3 million in grant funds to sustain these efforts. The average annual grant given to each county was \$82,500.

The DPW investment represents only a portion of the funds available to and utilized by local collaboratives to achieve their outcomes. Based on information provided by the counties, the collaboratives have combined these FSSR funds with a total of \$8.9 million in realigned or additional local funds and with state and federal grants. This means that for every FSSR dollar, the counties now have three dollars of additional funds available, thereby significantly enhancing their ability to address local needs and outcomes. Of the \$8.9 million, \$2.7 million was obtained from local sources, and over \$6 million was leveraged through state and federal grants.

The source and amount of local funds varied greatly by county. The most common source of local funds in 2001-02 was county categorical funding (\$1.2 million), with 28 of 38 counties reporting that they received these funds. County categorical funds may include dollars that originate at the state or federal level but have come through the county to the collaborative (or a member of the collaborative) by a decision made at the county level. These funds may come from the child welfare, mental health, or drug and alcohol systems. The largest remaining sources of local funds include business and industry, school districts, foundations and private non-profit agencies.

### State and Local Investment in Community Collaborative Outcomes Fiscal Year 2001-2002

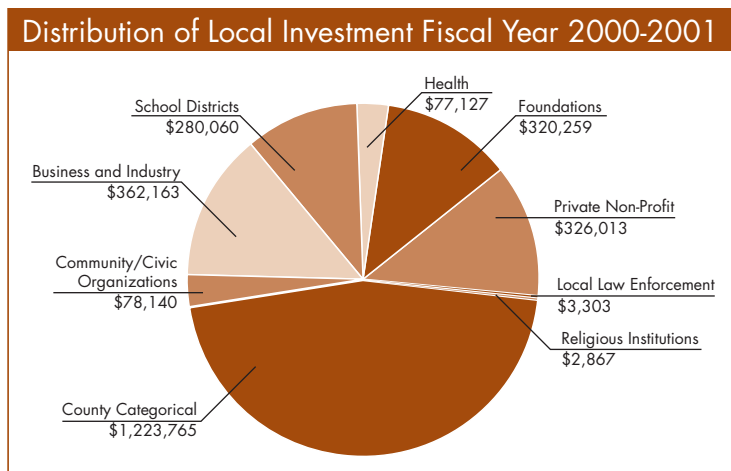


The Lehigh/Northampton Collaborative, for example, obtained close to \$224,000 in private non-profit funding, and more than \$47,000 from local school districts. In support of work with low-income housing, Lawrence County obtained \$312,000 from business and industry, and Lawrence County Housing Starts Partnership has built seven homes. Five homes were sold to single mothers having dependent children, earning less than

60 percent of the county median income, and living in public housing. Today, each family, on average, is saving \$105 per month by paying a mortgage versus paying rent. Additionally, LCHSP has spent \$500,000 for construction materials, generated more than \$420,000 in new mortgages, and developed more than four acres of low-tax-generating land into a new neighborhood (higher-tax-generating land), thus increasing the local tax base.

Counties obtained over \$6 million (67 percent) from state and federal grants during the 2001-02 fiscal year. State and federal grants refer to funds received by the collaborative (or a member of the collaborative) directly from the funding source at the state and federal level. These funds were from a wide variety of sources, including the Pennsylvania Department of Public Welfare (e.g., Parent Child Home Program and Children's Trust Fund), the Pennsylvania Department of Health (e.g., SHIP and Tobacco Use Prevention), the Pennsylvania Commission of Crime and Delinquency (e.g., CTC), the Pennsylvania Department of Education (e.g., 21st Century Grants and the Mentoring Initiative), and the federal Health Resources and Services Administration. These grants varied in size from several thousand dollars to over \$600,000. Thirty-five of 39 counties indicated that they received SHIP grants from the Pennsylvania Department of Health. Eleven counties reported that they received grant funds from the Department of Public Welfare. Many counties indicated that they received funds from the Pennsylvania Commission on Crime and Delinquency.

In Bucks County, two elementary schools were outfitted with kitchen facilities, which enabled them to offer a lunch program. The director of the YWCA solicited the funds for the equipment. Once a lunch



program was in place, the school was able to qualify as a Title I school and receive assistance for a variety of student programs and services. Not only were there short-term benefits — children were not going hungry —but there were also long-term benefits provided by the additional programs and services. Plans are now under way to initiate a breakfast program so children can start their day better prepared to learn and achieve their potential.

### **Building a Continuum of Service Delivery**

While many families have multiple needs, the social service agencies have frequently divided the problems of children and families into rigid and distinct categories that fail to reflect interrelated causes and solutions. It is the complexity of both the service system and family needs that frequently results in the fragmentation of services and creates challenges and/or barriers to service access for families.

The role of the local collaboratives has been to understand the service system in their communities and seek methods to improve the coordination of services. As a result, in 2001-02 counties reported that improvements have been made in the local service delivery system. Sixty-eight percent of counties said that policy or front-line practices have changed as a result of collaborative efforts. For example, having identified lice infestation as an area of concern, the Bedford County collaborative is working closely with local pharmacies and school nurses from each school district to make lice products available free of charge to children in the county. Funds are also earmarked for robi-combs, lice lights, educational materials, and other supplies for each school site.

One quarter of the collaboratives reported that they have created a single access route to services. This

is beneficial because families are able to enter the local service system from any point and have access to a wide range of services. In Huntingdon County, the Family Service Liaison (FSL) program assesses family strengths and needs, provides support to families accessing and navigating their way through the family service system, and monitors family stability, quality, and progress toward individualized goals. Participating families are more likely to complete services and to require less intensive levels of service than those not involved in the program.

Collaboratives are also focusing on the development of system-wide coordination models and procedures. Counties, for instance, are frequently offering training to direct-care staff across systems. Twenty-three collaboratives reported that they were engaged in cross-system training events within their counties, and some collaboratives have built cross-system training into every collaborative meeting. These training programs provide an opportunity for communication among staff of different systems working with the same families. By building relationships among juvenile probation officers, children and youth staff, school staff, and mental health staff, families benefit from a system that is more connected and efficient.

As another example of system-wide coordination, 23 collaboratives reported that they were engaged in the development of coordinated client and/or outcome tracking across initiatives in their counties. These tracking systems help to coordinate services for families provided by several different agencies, and assist counties and communities with assessing the impact and effectiveness of their services and planning for future improvements. For instance, some counties have created common intake forms that are being used across systems and have developed common authorization forms for the release of client information. In relation to outcome tracking, some counties have developed “report cards” that reflect their progress in improving the well-being of children and families. These report cards are frequently available to local policy makers and the general public.

In York County, a significant accomplishment is the development of the Common Intake and Data System. The cooperative efforts of 11 agencies identified more than 200 data elements that will be shared with client consent. Collaborative partners created procedures that protect clients’ rights and privacy. Information regarding the primary need will

be gathered using the Human Service Taxonomy. This ensures that each agency is consistently communicating information and enables York County to compare needs to those nationally.

*As a result of improvements in service coordination that have occurred through the efforts of local collaborative boards, James and Elise’s family situation looks much brighter. They are fortunate to live in a county engaged in a system reform process designed to streamline the provision of services to children and their families. Providers of services including child welfare, health, employment and income maintenance, emergency food, fuel and housing, transportation, education, and mental health/mental retardation meet monthly to determine ways in which they can integrate services for families facing multiple challenges.*

*With the support of the Family Center, (funded through FSSR, state, and local dollars) the family was empowered to prioritize and address its needs. Following a Family Center child health and developmental screening, Jill was referred to the Intermediate Unit, where she now receives early intervention services and is transported to special classes four days a week. Also through the Family Center, the family was able to receive assistance in completing forms to qualify for medical transportation, children’s health insurance, low-income housing, Head Start, and a budget payment plan for their utilities.*

*Because of the initial efforts of the county collaborative, the family is living in stable housing, and the children’s medical needs are being met by a primary care physician. James and Elise attend monthly parenting classes at the Family Center. Elise feels more competent and confident of her parenting skills. Matt’s behavior has improved with realistic parental expectations and consistent limits. The family qualifies for subsidized child care for Maggie, who is enrolled in Head Start. As soon as Elise gets her driver’s license, she will begin community college classes needed to obtain work as an office assistant. James reports that his attendance at work is much improved. He is even accumulating sick and vacation days.*

*In their county, most of the publicly funded services for families operate out of the same office building, yet until recently these service providers had seldom communicated with one another about families they served in common. Through the efforts of the county collaborative, these providers are now meeting regularly to determine ways in which they can jointly offer services to families with multiple needs. As James and Elise’s improved family situation shows, the collaboration is working.*