



Connecting Residents to Integrated Neighborhood Services

A MAKING CONNECTIONS PEER TECHNICAL ASSISTANCE MATCH BETWEEN
WHITE CENTER/SEATTLE, WASHINGTON AND SAN MATEO AND
FREMONT, CALIFORNIA

PEER TECHNICAL ASSISTANCE LEADS TO ACTION

*Part of a Series from the
Technical Assistance Resource
Center of the Annie E. Casey
Foundation and the Center
for the Study of Social Policy*

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The Annie E. Casey Foundation

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The Center for the Study of Social Policy, based in Washington, D.C., was established in 1979 with the goal of providing public policy analysis and technical assistance to states and localities. The Center's work is concentrated in the areas of family and children's services, income supports, neighborhood-based services, education reform, family support, community decision-making, and human resource innovations. The Center manages peer technical assistance as part of the Foundation's Technical Assistance Resource Center (TARC).

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BACKGROUND

The White Center/Seattle team requested the peer match to further assess options for promoting the development of a resident-friendly, integrated neighborhood services model in White Center.

Through the *Making Connections* initiative, the Annie E. Casey Foundation is working with White Center (a neighborhood located in the Seattle/King County, Washington metropolitan area) and several other communities across the country to improve outcomes for children and families living in tough neighborhoods. One of the principal aims of *Making Connections* is to link neighborhood residents with economic opportunities, enhance social networks, and improve services and supports that can help families grow stronger and achieve what they want for their children.

As part of this initiative, the Foundation offers participating sites access to technical assistance that can help them reach their goals for strengthening families and neighborhoods. Peer matches, a powerful form of peer-to-peer assistance that allows communities to capitalize on the practical knowledge gained by those who have successfully achieved similar goals in other places, is a particularly valuable resource *Making Connections* sites draw upon to learn about innovative strategies that are useful in advancing their own neighborhood efforts.

On March 11–13, 2003, a diverse team from White Center/Seattle, Washington, traveled to California’s San Francisco Bay Area to participate in a peer technical assistance match involving two organizations that have implemented comprehensive service integration initiatives: the Human Services Agency in San Mateo County and the Fremont Family Resource Center in Alameda County. The White Center/Seattle team requested the peer match to further assess options for promoting the development of a resident-friendly, integrated neighborhood services model in White Center. This report summarizes the results of that peer consultation, highlighting the main lessons learned and next steps the White Center/Seattle team committed to pursue in order to realize its vision.

SETTING THE CONTEXT FOR THE MATCH

Working in partnership with neighborhood groups, government, the private sector, and foundation leaders, the White Center/Seattle *Making Connections* site team is committed to improving results for neighborhood children and families. White Center is located in part of the unincorporated area of King County adjacent to Seattle, Washington. Known for its rich and diverse cultural heritage, the growing neighborhood of 22,000 is home to a significant number of recent immigrants and refugees who now account for 25 percent of residents. Newcomers are primarily from Asian, Latino, and African nations, and an estimated one-third of local residents speak a language other than English at home. As in other *Making Connections* communities, poverty is persistent. One-third of White Center children live in poverty and many working adults struggle to earn family-supporting incomes. In addition to the challenges faced by other low-income families, many immigrants and refugees remain disconnected from American systems of support and assistance.

In an effort to increase access to the full range of services families need to become economically self-sufficient, the *Making Connections* site team assisted community partners in creating a Neighborhood Service Integration Work Group. The work group's priorities include:

- Increasing resident access to employment, training, and social services;
- Strengthening coordination and integration among service providers;
- Improving communication between regional service providers and community-based organizations;
- Connecting immigrants and refugees to established networks of service providers and other resources;
- Building better linkages between informal and formal service providers;

- Pursuing service integration opportunities presented by a number of new and planned neighborhood facilities (e.g., a community elementary school, the Boys & Girls Club, and an employment center); and
- Encouraging a diverse group of residents, business leaders, politicians, government officials, and community-based organizations to take an active role in supporting the development of a resident-led, innovative CDC.

In November 2002, the work group developed a preliminary set of guiding principles to anchor its service integration efforts. Participants agreed that it was fundamental to promote:

- Culturally competent services, including language capacity;
- Comfortable, resident-friendly services that are inviting to families;
- Multiple points of access to service providers;
- Greater synergy between family-centered and employment-focused services;
- Collaboration and partnership among providers; and
- Services and supports that are responsive to community priorities and needs.

The next few months were spent exploring different approaches to service integration in an attempt to identify concrete examples of best practices that are consistent with the work group's goals. In February 2003, the work group requested the Casey Foundation's support in organizing a peer match to observe firsthand how its guiding principles could be implemented in existing programs. Major priorities included learning more about space considerations, funding issues, and the inclusion of employment supports.

To provide a broader sense of its strategic options, a peer match was organized with two organizations in California that have established contrasting service integration models:

- The *County of San Mateo Human Services Agency* in San Mateo County, California, manages a comprehensive range of youth and family services, income support programs, and employment initiatives for a network of over 30 community- and school-based locations. For a comprehensive list of services, visit www.smchsa.org.
- The *Fremont Family Resource Center* (FFRC) is a collaborative effort between the city of Fremont, California, and 22 state, county, and nonprofit agencies co-located under one roof. FFRC provides a “one-stop shop” for families seeking employment assistance, child care referrals, mental health assistance, and a variety of other resources. For a complete list of the agencies and services offered, see www.ci.fremont.ca.us/Community/FamilyResourceCenter.

THE CONSULTATION

White Center/Seattle participants included representatives from the Neighborhood Service Integration Work Group, county and state human services agencies, the local school district, nonprofit organizations, and neighborhood groups. Also participating in the match was Gail Hayes, the Annie E. Casey Foundation’s Technical Assistance Resource Center liaison for White Center/Seattle. Both the San Mateo and Fremont peer consultant teams were comprised of senior agency administrators, multidisciplinary service providers, public officials, school district staff, and community partners. Rosa Briceno and Kara Coleman, associates with the Center for the Study of Social Policy, facilitated the match.

The consultation began on the 11th of March with a welcoming breakfast at the San Mateo Human Services Agency (HSA) Southern Region facility in Redwood City. The day consisted of focused, facilitated discussions on the learning objectives, and included a walk-through of their PeninsulaWorks employment facility and visits to two family resource centers.

On the 12th of March, peer match proceedings continued at the Fremont Family Resource Center. The exchange began with a breakfast and welcome by the mayor of Fremont, followed by a tour of the facilities. Consultations with core staff and various partners then took place over lunch and throughout the afternoon.

By integrating most public and private supportive services via a network of over 30 community-based sites, HSA offers a holistic approach to meeting the multiple service needs of families.

During the morning of March 13, White Center/Seattle participants reconvened to reflect on key lessons and map out next steps.

Learning Objectives

Key learning objectives that were identified in advance for the peer match include:

- What are the guiding visions, desired results, and core elements for success of these initiatives?
- What is the range of services provided and how are they specifically linked or integrated? How are employment issues dealt with?
- Who are the collaborative partners? How are information sharing and confidentiality addressed?
- What is the management and decision-making structure?
- What efforts are made to ensure that services are resident-friendly, accessible, and responsive to a culturally and ethnically diverse community?
- What is the continuing role of community in the design, governance, delivery of services, and/or evaluation of operations?
- What kinds of budgeting and funding strategies have proven effective?

LESSONS LEARNED

This section captures the key lessons highlighted during the exchange and concludes with a description of strategies White Center/Seattle participants cited as most helpful.

I. The County of San Mateo Human Services Agency

The County of San Mateo Human Services Agency (HSA) strives to promote self-sufficiency, increase family strength and stability, and improve community health within a 700-square-mile area that is home to 720,000 residents. By integrating most public and private supportive services via a network of over 30 community-based sites, HSA offers a holistic approach to meeting the multiple service needs of families.

Agency values include:

- Attributing goodwill to people’s actions and fostering a high level of honesty, openness, free dialogue, integrity, and trust.
- Valuing individuals and their diversity and treating each other with respect and dignity.
- Promoting partnerships and expecting a maximum contribution from employees, customers, and communities.
- Committing itself to promoting the highest level of customer service—being knowledgeable, proactive, and continuously improving its services.
- Promoting innovation and effective leadership that is guided by fact, encourages rewards based upon merit, and holds the agency accountable for its actions.

The Evolution of HSA

HSA attributes its success in integrating and managing a wide array of services to a strong community-driven vision and a decade’s worth of sustained commitment, which is chronicled below:

1992 HSA was established as part of a **comprehensive service reform effort** spearheaded by committed members of the San Mateo County Board, the

County Manager's Office, and the Health and Human Services Departments' leadership. As described by HSA Southern Region Director Mark Lane, *"The county board felt the need to evaluate the health and human services system, which was somewhat convoluted and difficult to deal with. We wanted to make it more responsive to community needs and build on existing assets."* Initial action steps included opening four pilot Family Resource Centers in Daly City.

- 1993** The County Board conducted a **broad-based strategic planning process**. Community leaders, nonprofit organizations, neighborhood groups, and several public agency administrators participated in a series of focus groups to discuss shared priorities and goals related to developing an integrated, comprehensive network of human services. Recognizing that families in need often come to the attention of neighborhood providers more quickly, HSA sought to identify ways it could provide resources to help community partners meet such demands.

Early on in the strategic planning process, **a heavy focus was placed on prevention and early intervention**. Toni Wallace of Connect Family Services noted that directing resources to family centers and schools is a better investment because, *"those organizations can more readily identify problems early on due to the consistent nature of their relationships and interaction with families."* Children who exhibit problematic behavior signal an opportunity for early intervention that may reduce the need for more intensive services in the future. It follows that the most significant opportunity human services agencies have to impact the enormous cost of crisis intervention and treatment services to communities are family support programs that emphasize prevention.

- 1994** HSA devoted a year to convening cross-programmatic meetings to examine how families access services and its approach to measuring the impact of initiatives. This process resulted in the agency's decision to focus on children and family services, as opposed to adult services, which led to a

major reorganization and consolidation of programs. The shift included substance abuse and housing programs that had traditionally been managed separately but were viewed as integral to the overall concept of what families needed to be self-sufficient.

1995– HSA developed the SUCCESS (Shared Understanding to Change the
1996 Community to Enable Self-Sufficiency) service model in anticipation of the passage of welfare reform legislation. The initiative represented an intentional **shift away from deficit-oriented strategies toward a strengths-based approach** designed to help families move from public benefits to self-sufficiency.

1997 The HSA governing structure was reorganized into three regions: North, Central, and South. Each region is managed by a director and permitted to **allocate resources and implement policies in ways that meet more localized needs.**

HSA instituted the **“no wrong door” approach** to intake and assessment, thereby affording all families the opportunity to access all of its resources regardless of their point of entry into the agency network. Screening and assessment specialists were employed to assist families with identifying the full scope of their resource needs, determining their eligibility for benefits, and securing specialized supports as appropriate.

Faced with inconsistencies in data collection methods across its programs and collaborative partners, HSA designed and implemented **SMART (Service Management Access and Resource Tracking)**, a universal system to facilitate shared case management responsibilities and monitor intake, assessment, service planning, referrals, and outcomes.

1999– In order to achieve a shared vision for San Mateo County, the Board of
2000 Supervisors engaged the public in a visioning process and established the goals shared by the community along measurable outcomes that could allow them to track progress.

“The County Board felt the need to evaluate the health and human services system, which was somewhat convoluted and difficult to deal with. We wanted to make it more responsive to community needs and build on existing assets.”

Mark Lane, Director,
HSA Southern Region

Many of the goals set by the community coincided with those set in the Year 2000 Strategic Plan for Human Services in San Mateo County. In 1999, HSA began phasing in the **Outcome-Based Management and Budgeting (OBM)** goal-setting and planning framework in the area of alcohol and drug services.

In 2000, HSA began implementing OBM agencywide, starting with a series of meetings of staff and community partners to develop program outcome and vision statements describing the conditions of well-being they help their clients achieve. The agency also conducted assessments of its internal operations and environmental factors that affect its performance and set priorities for the next two years. The OBM process has challenged the agency to think about how it delivers services and how it decides on the best use of resources to serve the community in ways that are meaningful and that help create a brighter future.

Program Structure

HSA's initiatives fall under three targeted outcome areas:

- *Economic Self-Sufficiency* programs promote economic independence for individuals and families in need by providing employment-related supports, career development services, and temporary financial assistance.
- *Family Strength* programs promote individual and family strength by providing a continuum of prevention, assessment, intervention, and treatment services that maximize child well-being, family stability, and self-reliance. Supports include the Family to Family Initiative, Family Resource Centers, Medi-Cal, alcohol and other drug services, and child care services.
- *Community Capacity-Building* programs provide funding, resources, services, and leadership to county residents, organizations, businesses, and cities to promote a diverse, healthy, and thriving community. Efforts include funding technological improvements for community-based partners, outreach

campaigns to promote state and federal rental assistance programs, and the expansion of year-round emergency shelter assistance.

The agency has implemented a service network that individuals and families can access through multiple, countywide entry points, including:

- Seven **core community-based service agencies** that provide county residents with information and referral, emergency assistance, and case management services. Though agency resources are offered on a case-by-case basis, typical family needs include food, housing assistance, rental assistance, shelter referrals, infant care, clothing, transportation, landlord/tenant mediation, utility assistance, and translation support.
- Sixteen **school-based family resource centers** (FRCs) that the agency established in partnership with several school districts, cities, and local non-profits. Agency staff are co-located at each school site, working collaboratively with administrators and instructors to ensure the health, safety, and educational success of children from prekindergarten through the third grade. Centers provide access to public benefits programs as well as counseling, home visiting, and enrichment classes.
- **Regional service centers.**
- Many contracted **community-based organizations** and service providers.

Engaging Schools as Partners

During the peer match, HSA staff emphasized the importance of schools as partners that provide a natural link to the community and are strongly committed to helping children succeed. Peer consultants noted that the schools want social services to help those families who are struggling so their kids are better prepared to learn and succeed. They have a vested interest. So it is very important to build on that partnership and share some of the management and fiscal responsibility.

School officials participated in the initial planning discussions that led to the reorganization of the county's human services system in 1992. Given the similarity of

their goals, HSA and the school district agreed to establish a formal partnership by launching the FUTURES programs in four Northern Region sites—a pilot project that represented a first attempt at offering employment and benefit eligibility services to local families via school venues.

Since that time, the collaboration has resulted in 16 full-service, school-based family resource centers offering a comprehensive range of supports. Each center is staffed by an interagency team of bilingual family advocates who work with families and children to find solutions to challenges they face. Referrals primarily come from Student Study Teams and a variety of other resources, including Children and Family Services. Most services are provided free of charge.

White Center participants visited two of these facilities: the Connect Family Resource Center in East Palo Alto and the Hoover Family Center in Redwood City.

FAMILY CENTER

the HOOVER

The Hoover Family Center is one of four school-based facilities in Redwood City offering integrated health and human services to local children and families. The center was designed with a considerable amount of community input, including several focus groups that helped to identify health services as a major neighborhood priority. Services provided by the Hoover Family Center include: a pediatric health clinic, a youth health center, mental health services for young children and for adolescents, home visiting, parent involvement and leadership, Healthy Family application assistance, county welfare intake services, basic needs assistance, and an after-school program.

Hoover staff stressed that it takes a lot of effort to establish school-based centers, suggesting that it is best to start with only a few facilities and scale up. Critical elements for success include:

- *Having the support of the leadership at the school site.* Maintaining a strong relationship with the principal is critical.

- *Offering something that the community really wants.* It really pays off to start with focus groups and surveys of community members to determine their wants and hopes. Creating a family resource center should be an organic process.
- *Having a financial strategy in place.* The Hoover Family Center uses its core funding to help leverage other resources.

The main challenges the center faces include:

- *A lack of space.* The Hoover Family Center operates in trailers adjacent to the school, which hampers interaction with school staff.
- *Culture clashes that sometimes exist between school and family center staff because they employ differing approaches to working with families.* In order to strengthen relationships between the two groups, senior administrators meet weekly, and site team meetings including staff from all of the partner agencies are held monthly.

Managing Integrated Services

Once individuals or families access the HSA system, an assigned specialist utilizes a standard screening and assessment tool to identify the goals and objectives of service delivery. The specialist then works together with the client to devise a *service plan* outlining what resources are needed (such as referrals for more specialized actions or assessments) and who will provide them.

Service plan components vary in complexity according to a person's need. Recommended actions might be as simple as writing a letter requesting verification needed to process a job application, or they may involve multiple referrals for substance abuse treatment, housing, child care assistance, and employment. Overall, the scope of services provided is determined by point of entry; eligibility and service needs; federal, state, or local mandates or regulations; and a client's ongoing needs.

In some cases, various staff may be responsible for managing different components of a plan for the same individual or family. Therefore, each worker is responsible for determining the course of action within his or her area of expertise and ensuring consistency with other plans to avoid conflicting directives.

HSA clients are also aided by the continual evaluation of service plans to gauge their effectiveness or address new developments. Workers routinely reassess identified needs, the status of referrals, and progress toward desired outcomes in order to determine whether plans should be modified or a case can be closed.

Family Self-Sufficiency Teams

In 1998, HSA developed Family Self-Sufficiency Teams (FSSTs) in an effort to address the needs of CalWORKs (TANF) clients with multiple barriers to employment, such as domestic violence, substance abuse, and mental health issues. FSSTs are comprised of multidisciplinary groups of professionals from various county and community-based organizations who assist clients in obtaining the resources and referrals they need to reach family self-sufficiency.

HSA coordinates weekly FSST case meetings in each of its four regional offices. Participating partners offer families expertise related to:

- Counseling and therapy services;
- Drug and alcohol services;
- Mental and public health services;
- Domestic violence treatment providers;
- Education, employment, and training information;
- Emergency cash funds; and
- Housing resources.

Over the past two years, these teams have served 1,600 families. Although HSA continues to explore assorted team compositions, staff highlighted the following benefits of an expanded planning process:

- A multidisciplinary team working together is better able to effectively identify and address the complex needs of a family.
- Staff can better support each other in monitoring referrals and family progress.
- Costly, duplicated services are eliminated.
- Families and staff have greater access to countywide expertise.

Incorporating Employment Services

Comprehensive job search, training, and support programs are offered at four regional *PeninsulaWorks* one-stop employment centers that are co-operated by HSA and its partners. PeninsulaWorks centers offer individual and group career counseling, skill assessments, and financial management services on-site during day and evening hours.

Programs are structured to provide a professional and supportive environment for those who are actively seeking employment. At no cost to the public, assigned employment specialists assist customers with various job search activities. Individuals are also granted access to Internet job and career sites, printers, fax machines, phones, and copiers.

Information Management

HSA is a statewide leader in the use of information systems for developing and managing human services programs. Key features include:

- A standardized *Screening and Assessment Tool (SAT)* to ensure consistency in client data gathered across network partners.

“It is clear that we also need to utilize a common assessment tool across partner organizations. No matter what the model looks like, that should be a given.”
Kim Nguyen, Seattle YWCA

- A voluntary *Consent for Release of Information or Records Form* that clients sign to authorize the exchange of information obtained in the course of counseling and casework between service agencies. Clients provide their approval by initialing those agencies and organizations that are to be granted access to their records. The release is valid for 12 months from the signature date of the client or until revoked by the client.
- The *SMART (Service Management Access and Resource Tracking) Database*.
- The *SHARP (San Mateo Human Services Analytical Reporting Project) Data Warehouse*.
- An *Outcomes-Based Management (OBM) System*.

SMART DATABASE

HSA instituted the SMART system in 1997 with the assistance of a multiagency development team. Its goal was to create a new automated client/server system that would:

- Improve communications and facilitate the sharing of client data across network agencies and multidisciplinary teams;
- Link preexisting legacy systems and databases together to help maintain client history;
- Reduce duplicate data entry;
- Refer people in need to available services; and
- Track outcomes of services provided.

SMART has provided a common database that enables both intra- and interagency case management and outcome tracking. However, the system is a work in progress and continues to be upgraded in response to challenges involving:

- Deployment and maintenance among community partners;

- Maintaining confidentiality and security;
- Adherence to HIPAA (Health Insurance Portability and Accountability Act) privacy requirements; and
- Limited hardware and technical support capacities.

SHARP DATA WAREHOUSE

Although HSA provides integrated services to its clients, its multiple funding sources utilize separate information and tracking systems. To better understand and manage disconnected data sources, HSA implemented SHARP—an automated data warehouse able to identify trends in client needs and outcomes across disparate services.

Currently, SHARP extracts and synthesizes data from five different information management systems and provides over 200 reports for service and policy analysis. For instance, the data warehouse can identify clients served by both Child Protective Services and CalWORKs (TANF) tracking systems and funding streams. In time, all HSA information systems will contribute data to the warehouse.

OUTCOMES-BASED MANAGEMENT

HSA utilizes Outcomes-Based Management (OBM), which links its budget to program plans, performance targets, and overall performance improvement. Guided by priorities established by community partners and HSA staff during the annual budget planning process, agency resources are allocated to programs that can significantly contribute to three primary client and community outcomes: economic self-sufficiency, family strength, and community capacity building.

HSA was chosen by the San Mateo Board of Supervisors as one of three departments in the county to implement OBM agencywide in 2000. While this has been a tremendous undertaking, it has also presented a fresh opportunity for staff to think about how their jobs contribute to specific program outcomes. It has also challenged the agency to assess how well it delivers services and makes the most of its resources.

“We believe the more money we can push to the community and family centers, the better it will be for the community.”

Mark Lane, Director,
HSA Southern Region

Funding Strategies

HSA finance staff shared several insights about effective strategies for securing sufficient resources to support a broad network of integrated human services:

- The identification of potential funding sources is driven by targeted program enhancements that are closely aligned with established agency goals. *“We don’t chase after funding. We figure out what we want to do first and then see what funding can support our mission,”* explained John Meermans, deputy director of HSA Financial Services.
- Finance personnel utilize a *braided funding* approach to maximize HSA’s resources. Although regulations prevent the agency from directly blending many of its program grants, it has developed a method of “intertwining” revenue streams to support overlapping activities while continuing to track expenditures and impacts for each individual funding source.
- HSA broadly defines targeted program impacts to “stretch” the use of categorical funding.
- HSA works closely with prospective partners and funders to develop innovative resource development strategies in a collaborative, coordinated manner. Staff strive to establish consistent communication directly with budgeting staff who can offer guidance around translating programmatic priorities into viable revenue options.
- Despite significant budget deficits, the agency’s leaders are dedicated to maintaining funding levels for integrated, community-based family services. When budget constraints forced HSA to cut 10 percent of its discretionary funding, it chose to leave support for its family resource centers fully intact and make the cuts within more specialized adult services. Director Mark Lane noted that, *“No cut is ever popular, but we have to keep our commitment to our basic core, to what we said we are going to do.”*

- In an effort to simplify budget reporting, HSA is piloting a community case management model for Medi-Cal with two nonprofit partners. Rather than tracking costs for individual family visits or actions, the nonprofits have established a flat monthly reimbursement rate using the following formula:

$$\frac{\text{Cost of Annual Operations}}{\text{The Number of Families Served in Year}} \div 12 = \text{Monthly Rate}$$

- HSA often provides community partners that may have a limited capacity for intensive fundraising with grant writing support along with research-driven data on best practices and revenue trends so that they are better able to match funding to their needs.

II. The Fremont Family Resource Center

Housed in two adjacent buildings, encompassing 55,000 square feet, in the city of Fremont's Central Business District, the Fremont Family Resource Center (FFRC) is at the forefront of leading innovative efforts to integrate the services of different agencies to improve outcomes for local residents. Owned and maintained by the city, the center offers a warm, family-friendly atmosphere and has been designed with special attention to facilitating ease of access to services. The center co-locates 22 nonprofit, city, county, and state agencies serving individuals and families.

FFRC's primary goals include:

- Meeting the needs of families, focusing on family strengths;
- Providing families with information and access to services that strengthen family and community life;
- Supporting cultural sensitivity and diversity;
- Strengthening collaboration and connection among agencies to better serve families;

- Providing a visible community presence for action on behalf of families; and
- Advocating for a healthy community for children and families.

Guiding Vision and Principles

FFRC seeks to “improve the quality of life in the community and strengthen individuals, teens, and families through services and activities.” The center’s work is deeply rooted in an understanding that the needs and ideas of the community and a belief in people’s abilities to make desired changes in their lives are critical to creating and managing successful programs.

Guided by the following principles, center staff work together with residents to clarify community needs and develop solutions to create desired change:

- All people deserve to be treated with dignity and respect.
- Everyone’s strengths should be recognized and appreciated.
- Every individual family is unique. Therefore, flexibility and creativity are essential to best serving them.
- Listening is the key to understanding.
- People possess an innate ability to find answers to their own problems.
- Families can be a help to their own members, to other families, to programs, and to communities.
- Feedback from individuals and families should be sought continually and responded to positively.
- Respect for all people, of all cultures, should be supported and demonstrated.
- There is no “wrong door”; anyone who walks into the center will be helped by all.
- Collaboration is key to providing responsive and comprehensive services.

In summary, FFRC strives to be an advocate for the people it serves while empowering them to advocate for themselves. Key strategies include:

- Working with people in a holistic way;
- Building neighbor-to-neighbor connections; and
- Taking the initiative to craft answers together with the community.

Getting Started

Fremont Mayor Gus Morrison joined the exchange to brief White Center participants on the steps that led to FFRC's creation. He credited Suzanne Shenfil, the city of Fremont human services director, in addition to a few other committed public officials, with encouraging community leaders to think about how to improve service delivery.

Local proponents of service integration understood the importance of enlisting other champions from government, the social services community, and private organizations to support their vision for reform. As a beginning step, city staff invited local community nonprofit representatives and other governmental agency administrators to participate in a "dreaming session" to consider the question: *"If money were no object, what is it that we would do together to provide better services to local residents?"* Peer consultants noted that this initial exchange evolved into a series of dialogues to explore co-location *"so that families didn't have to go all over the place to get the services they needed."*

In addition to issues of accessibility, planners focused on finding ways to work better together, create systems change that would improve and streamline the process of families getting the support and services they needed, and be more family friendly. Participants were also excited about the opportunity integration presented for building the capacity of neighborhood-based organizations.

By December 1997, the Fremont City Council had approved the financing needed to establish FFRC. Seven months later, the construction contract was finalized and all of the center renovations were completed as of June 1999.

Managing Integrated Services

GOVERNANCE

FFRC's governing body consists of:

- *An executive council* that meets four times a year and is made up of the chief executive officers of each co-located organization. Council members function as “*bureaucracy busters*” by leading efforts to address obstacles to collaboration within their respective agencies (sorting through barriers and roadblocks), keeping their constituents and community partners informed about center activities, and sharing best practices.
- *A leadership team* comprised of eight state, county, city, and nonprofit agency representatives elected by FFRC staff that meets monthly to preside over major funding and program decisions and to develop policies that help the 22 co-located organizations live together under one roof. Its role is, therefore, comparable to that of a traditional agency board of directors.
- *Standing FFRC committees* that focus on service integration, community engagement, facility use, training, and operation of the on-site drop-in child care center.
- *Community action teams* that are ad hoc committees that come together to work on a particular issue such as homelessness or community building in a particular neighborhood.

STAFFING

- Although most FFRC staff are employed by independent partner agencies, a *core team*, which operates under the auspices of the city of Fremont's Human Services Department, was established to build collaboration among those providing direct services and oversee the day-to-day management of the center. This central team is structured to ensure a more coordinated approach to serving all FFRC customers from the moment they enter the center until their needs are fully met. “*The core team is the glue. Originally, it was only composed of an administrator and an assistant but it soon became apparent*

that you needed a larger group of folks to serve over 20 partners,” said FFRC Administrator Judy Schwartz.

- A center administrator directs activities related to internal governing councils and committees, maintaining facilities, program budgeting, fund development, and community outreach. In turn, a service integration coordinator, an administrative support specialist, an office and facilities manager, a community organizer, and two senior consultants directly support the administrator.
- FFRC’s service integration coordinator serves as the clinical supervisor for a *centralized case management* team staffed by Healthy Start family resource specialists and the FFRC clinical case managers.

The FFRC Family Service Team

The FFRC Family Service Team (FST) was created in July 2001 as a pilot multi-agency, multidisciplinary project to assist CalWORKs families in becoming more self-sufficient and eventually transitioning off welfare. Assigned team members include:

- *An employment counselor/case manager* from Welfare to Work (Alameda County Social Services Agency);
- *A family case manager* from FFRC (city of Fremont Human Services Department);
- *A registered nurse* from Public Health Nursing (Alameda County Health Services Agency);
- *An employment specialist* from Tri-Cities One Stop Career Center (state of California Employment Development Department);
- *A mental health specialist (LCSW)* from FFRC (funded by Alameda County Behavioral Health Care Services);

- *A Ph.D. psychologist (consultant)* who serves as the FST facilitator; and
- Other agencies within and outside of the center may be brought in for consultation, depending of the nature of the problem being addressed.

Collectively, FST staff offer comprehensive evaluation and service planning to ensure a high level of coordinated assistance covering a broad spectrum of needs. Eligible service recipients must be unemployed or underemployed and have at least one other major barrier to financial independence. Many participants have as many as seven to nine barriers to employment. Because individuals must voluntarily agree to work with the FST, program applicants must also demonstrate that they are motivated to work on their challenges. *“Working with motivated clients is important since the client has to be the main driver of the process,”* said Lawrence Shweky, the FFRC service integration manager/clinical supervisor.

Once enrolled, each participant receives a thorough assessment to identify challenges as well as strengths that may be built upon. The FST, which meets weekly, then works with each participant to identify and successfully complete goals that the participant selects. After an initial service plan is developed:

- Each member lends his or her own particular professional expertise to problem solving and assisting the participant in identifying resources. The participant, in turn, learns how service systems work.
- Each team member takes a special interest in the success of the participant and brings the knowledge and resources of his or her organization to the assistance of the individual. This may include special efforts to “expedite” services, or to “flex” program requirements, or utilize systems to best meet the needs of the participant.
- Participant and family input and collaboration in the FST service delivery process is developed.
- The FST supports and monitors the participant’s efforts to reach his or her goals.

Since beginning its work in July 2001, the FST has served an average of 50 families per year. Team members agreed that the project enhances communication among multiple service providers and allows for the maximum coordination of service delivery with minimum duplication of effort. In the absence of such collaboration, families must repeatedly “tell their stories” and are frequently faced with disorganized or conflicting service plans that may further complicate their problems. Detailed below are additional team observations regarding the benefits of the process:

- *“As an employment specialist, the addition of a mental health person has taught me a tremendous amount. I now know about severe depression and other intervening factors,”* said a peer consultant.
- *“The learning from the diversity of clients and team members is like having on-the-job training on a daily basis,”* said another.
- *“As a public health nurse, it has opened my eyes to many resources I didn’t know about. It has been helpful knowing that I don’t have all the answers but can look to others for help with sustaining the client.”*

Establishing Collaborative Partnerships

ENGAGING AGENCY PARTNERS

- FFRC benefited from a proactive outreach strategy to engage prospective partners—many of which were sought out and screened during the early stages of planning. *“Getting started required a big leap of faith on the part of the nonprofits and many of the government agencies. We found an ideal building we could purchase...but to close the deal, organizations had to state in writing that they were willing to move in and pay rent when we hadn’t even created the FFRC yet,”* said Human Services Director Suzanne Shenfil.
- In looking at the mix of services, FFRC wanted agencies that met the following criteria:
 - Provided direct services, as opposed to solely administrative functions;

- Had demonstrated collaboration in the past and were willing and enthusiastic about building new partnerships; and
 - Were able to pay rent.
- The planners also wanted to create an opportunity to “incubate” new nonprofits who really needed space and who were just getting started in the community.
 - Center staff emphasized the importance of learning enough about community issues and dynamics to be strategic about building the necessary bridges to meet family and agency needs.
 - Formal agreements about being a partner agency and expectations about collaboration were created after the FFRC got started and all of the agencies were on board.

BUILDING A COMMON ORGANIZATIONAL CULTURE

FFRC Senior Consultant Len Kruszecki spoke about the need for all the different co-located agency staff to see themselves as part of a common culture and continuum of support. *“A lot of people thought once we were co-located that was it; the work was finished. But it was really just beginning in terms of building the collaborative. We needed to create a new cultural environment about working together, a governing structure, and integrated services.”*

Effective strategies for promoting cohesion across partner agencies include:

- Sponsoring inclusive, fun activities that provide opportunities for staff to build trust and strengthen personal relationships. For example, Fremont holds raffles during open houses and puts a lot of creative energy into planning the annual staff day. (The 2003 staff day theme was *“A Space Odyssey: Go Where No Other Family Resource Center Has Gone Before!”*)
- Providing agencywide training initiatives to bolster staff familiarity with the scope of in-house services and crosscutting program goals.
- Developing clear guidelines for case management and information sharing that can be distributed via an agency handbook.

- Creating consistent avenues for communication among partners (e.g., an Intranet e-mail system, a quarterly newsletter) to provide program updates and address emerging issues.

SUPPORTING CAPACITY BUILDING

FFRC believes the nurturing of up and coming community-based organizations is an important part of its mission. In addition to providing internal staff and support in response to a range of family needs, the center also strives to connect neighborhood providers with a broader network of resources. To learn more about such efforts, White Center participants met with staff from *The Afghan Coalition*—an on-site partner agency that has directly benefited from the FFRC’s capacity-building efforts.

The Afghan Coalition is a nonprofit umbrella agency for ten associated organizations dedicated to helping people of Afghan descent, who currently account for about 15,000 city residents. Created five years ago, the coalition seeks to empower the Afghan community and sustain its heritage via the provision of educational instruction, women’s rights training, support for new refugees, pre-marriage and family counseling, youth mentorship, health resources, and advocacy services. In the aftermath of the 9/11 tragedy and the ensuing U.S. invasion of Afghanistan, the organization has been especially committed to educating others about Afghan and Muslim people—who they are, why they are here, and what they stand for.

- Coalition staff cited their partnership with FFRC as integral to building their organization’s infrastructure. *“Having an office on-site at Fremont is like having the best of both worlds. It provides expanded flexibility for outreach to families and the agencies offering the services they need,”* said Executive Director Rona Popal.
- The availability of combined Afghan and American representation has helped bridge the gap on issues that might have otherwise had a divisive effect. Both the coalition and its partners now have a better understanding of differences between the cultures—which aids communication and case planning.

“Building an organizational culture is an evolutionary process—a paradigm shift. It is never over, not even for the people who started it all...so a very important lesson we learned in the process is that you have to say the same thing many times and in many ways.”

Len Kruszecki, Senior FFRC Consultant

Incorporating Employment Services

The Tri-Cities One Stop is an on-site FFRC partner. Try-Cities One Stop is itself a collaboration of nine partnering agencies that make up the Career Center Collaborative. These partners are a mixture of community-based organizations and public agencies, such as the local regional occupation program, the community college, and the county Workforce Investment Board (WIB). The lead organization is the state of California Employment Development Department.

“The Afghan Coalition is an example of how agency and nonprofit organizations can combine their efforts to provide the best service to all clients, including the immigrant and refugee residents in the community.”

Rona Popal, Executive Director,
Afghan Coalition

Services provided include:

- Job search assistance workshops (monthly schedule of services);
- Aptitude assessment;
- On-site employer recruitment;
- Youth programs;
- Veteran programs;
- Welfare-to-Work program;
- Unemployment insurance;
- Cal-Jobs (Computerized Job Search);
- Resource Center job leads, listings, etc.; and
- Computer/Internet access, fax, phone, copying (no fee).

Center staff shared the following observations regarding employment supports:

- Businesses need to be engaged as partners because employers are primary customers.
- Educational marketing tools outlining specific program benefits and available supports can boost outreach to employers. In addition, the One Stop often invites prospective private sector partners to tour its facilities and meet resource staff.

- A good track record can be used to leverage and build new partner relationships.
- Those who remain on TANF caseloads are typically people who have the most barriers to employment and often require additional support. Employer expectations have also dramatically changed due to labor market conditions and the downturn in the economy. In response, FFRC has begun to reassess the level of available services as needs change.

Ensuring Services Are Resident-Friendly

Those connected with FFRC view themselves as an extension of the community. Staff describe their role as listening to and learning from the people they serve in order to respond most effectively to their questions and needs. Other elements that contribute to the center's inviting, respectful atmosphere include:

- An on-site *Welcome Center* operated by Fremont Healthy Start that exists to provide residents with the best service possible. Staff work with individuals and families to assist them in obtaining whatever help might be needed. They offer information and referral, case management, Healthy Families registration (health insurance), and translation supports. The Welcome Center is staffed with a rotating weekly schedule to offer regular assistance in nine languages.
- FFRC provides *free child care* for parents while they attend FFRC programs and meetings. Children are supervised at Discovery Cove, a special on-site children's program area run by trained staff.
- FFRC facilities are designed to feel warm and inviting. They incorporate lots of open space, bright colors, multicultural art, and waiting areas that promote privacy.
- The diversity of center staff is reflective of community demographics.
- The center's meeting rooms and common areas are made available either at no cost or for a nominal fee to other community organizations or public agencies in need of a gathering place.

- FFRC employs a community engagement specialist charged with building stronger linkages to Fremont neighborhoods. Outreach entails widespread distribution of program information, presentations at service clubs, community groups, schools, and sponsored promotional events (health fairs, block parties, etc.).

Information Management

FFRC identified the streamlining of information systems as one of its continuing challenges. Currently, the center is:

- Exploring the development of common language and benchmarks related to improving family wellness. Ideally, the center would like to establish a system that assesses the aggregate impact of four or five key areas of program activity.
- Contemplating the installation of a key card-based scanning system to track program interaction with individuals and families.
- Acquiring lists of services, intake questions, and evaluation tools from each program to devise common assessment tools.

Funding Strategies

The Fremont City Council approved a financing plan for FFRC that authorized staff to issue \$12.6 million in variable interest rate Lease Certificates of Participation (COPs) to fund the acquisition and renovation of the center's 55,000-square-foot facility. COPs are a mechanism used by local governments to borrow funds for construction of facilities based on lease revenues from agencies using the facilities. In addition, the council appropriated \$3.1 million in federal Community Development Block Grants (CDBG) to prepay long-term, below-market leases for co-located agencies that were eligible for CDBG funding.

Rents paid by partner agencies generate revenue sufficient to operate and maintain FFRC facilities, pay debt service on the COPs, and support three core staff members who facilitate collaboration and service integration. Funding for other operations and special initiatives must be sought elsewhere.

Due to a zero vacancy rate, FFRC has performed better than expected during its initial years of operation. Financial projections indicate that sufficient revenues will be available to operate the facility for the next 30 years. However, staff monitor the center's financial status closely given all of the variables involved (interest rates, rental rates, labor costs, program needs, capital needs, etc.).

For more information about FFRC's financial model, a first-year summary report is available at www.ci.fremont.ca.us/cityhall/citycouncil/pdf/ccagenda00013.pdf.

III. Critical Elements for Success

During the team's debrief session, White Center/Seattle participants reported that the peer exchanges in San Mateo and Fremont helped to expand their sense of what is possible. *"Seeing the physical manifestation of two integrated services models was very useful. When you are dreaming about something, articulating that vision can be very difficult, but now I have a clearer sense of what can be achieved,"* said Anthony Anderson, a White Center/Seattle *Making Connections* consultant.

Although HSA and FFRC differ greatly in structure, team members noted several common elements they recognized as critical to the successes both organizations have achieved.

Strong Leadership

- In both sites, service integration efforts were traced to a few committed visionaries who were willing to take chances and push for the support of other public and private partners.
- Many of the San Mateo and Fremont leaders who shared in the original service integration vision have remained involved in some capacity, which has provided continuity and stability for their reform initiatives.
- Despite significant budget deficits, public officials and agency leadership have demonstrated a continued commitment to maintain funding levels for family supportive services.

- The presence of a designated core team responsible for promoting and managing collaboration across multiple partners is key.

A Holistic, Prevention-Oriented Approach to Service Delivery

- Programs utilize a “no wrong door” approach to facilitate convenient access to a wide range of family resources.
- Regardless of the presenting problem, staff conduct a thorough assessment of individual and family needs to identify and address other potential challenges before they become crises.
- Formal multidisciplinary teams have been established to provide comprehensive assessment and service planning for those with multiple needs and barriers to self-sufficiency.

Promoting a Common Mission and Culture

- Issues need to be considered not only regarding the culture of the integrated system, but also the different cultures of collaborating organizations and communities.
- Organizational principles are clearly articulated and reinforced throughout program operations.
- Each agency has instituted strong mechanisms for shared governance and decision-making, including interagency councils and broad-based strategic planning processes.
- Considerable resources have been invested in establishing common data systems and consistent avenues for communication among programs.
- Peer consultants displayed a shared commitment to reducing program fragmentation and duplication of information (“bureaucracy busting”).

Family-Focused, Resident-Friendly Services

- Achieving better outcomes for children and families is the central goal.
- Targeted outcomes are driven by community-defined needs and assets.

“Each agency had a vision,
but it took consistency and
people willing and available
to carry out the work to
make it happen.”

Bert Cooper, Consultant

- Staff members are reflective of the communities they serve.
- Diversity and cultural competence are strongly supported. Guidance and materials are available in multiple languages.
- Agency practices are consistent with established family support principles.

Diverse Partnerships

- Integration of both government and nonprofit agencies has created a rich and complementary mix of services.
- Expanded service networks can help small neighborhood organizations build capacity to better serve their constituencies. *“I really appreciated how the Afghan Coalition linked newcomers with other Afghans who have lived in America a while and were once facing similar circumstances. In this way, families could be a resource to each other and also help others adapt, while helping them to stay in touch with their culture and heritage,”* said Hava Jazvin of the Refugee Federation Center.
- Outreach is an ongoing process that is vital to sustaining the energy and momentum of service reform efforts.
- In response to harsh fiscal realities, agencies are maximizing available support by leveraging additional resources via new partnerships. *“I was particularly impressed with the practice of looking beyond the agency to local organizations to best meet the needs of the clients. They recognized the importance and value of not only formal, but informal supports,”* said Mabel Malagai of the White Center Samoan Church/Community Development Association.

Facilities

- Buildings are not readily identifiable as human services or public agency facilities. Structures fit in to their surroundings and are not imposing.
- Program locations are designed to facilitate ease of access and exchange among partners.
- Facilities are available for public use during extended hours.

Funding and Financing

- Braided funding strategies are a creative approach to funding integrated services.
- Clarity regarding program goals and outcomes is imperative to securing appropriate support.
- Establishing consistent communication with prospective funders provides opportunities to promote innovative strategies.

PARTICIPANT REFLECTIONS AND NEXT STEPS

White Center/Seattle participants found the peer match to be a highly informative, energizing experience. By the conclusion of the exchange, team members felt they had built stronger connections among participating partners. They also agreed to continue working together toward the development of a neighborhood integration model tailored to the unique challenges and opportunities present in White Center—even expressing their unity by nicknaming themselves the “Phat 15.”

Below are several participant’s reflections regarding match highlights:

- *“Learning about the ‘front end’ of the process was very helpful—it offered good insights on how to get started such as the ‘dreaming process.’”*
- *“I got a lot on the nuts and bolts questions...such as how to address confidentiality issues, the SMART and SHARP systems for managing data, and the screening and assessment tools.”*
- *“It was very helpful to hear that the institutions were on board early in the process—that is the case in White Center.”*
- *“I was really impressed with how committed the public agencies were to ‘bureaucracy busting’ and reducing fragmentation. In my experience, it’s been hard to get folks from different agencies to agree to meet and talk with each other.”*

- *“Learning about these models helped me put this work into better perspective—one that sees all the elements and not just my piece.”*
- *“I liked learning how the agencies evolved and got to the next level of thinking so that the idea of integration is not just about signing an MOU (Memorandum of Understanding). It’s about fostering a culture of collaboration.”*
- *“I’m now much clearer on what we are doing. I not only appreciate the useful knowledge that this can really work, but also that it is something we really need to do.”*
- *“I can sum up the themes in five C’s: Culture, Communication, Commitment, Collaboration, Challenges. There’s nothing wrong with challenges, but it is critical to identify and proactively address them.”*

Next Steps

In the short-term, White Center/Seattle participants will reconvene to:

- Work on refining and strengthening their message in support of service integration.
- Clarify the theory of change in terms of anticipated benefits and key strategy elements such as co-location vs. satellite sites, engaging institutional and community partners, and incorporating housing services.
- Devise appropriate timelines for pursuing existing opportunities.
- Brief their respective partners about lessons learned and the group’s enthusiasm regarding service integration possibilities for White Center.

“When people walk in the center, they need to feel it is their place and not a welfare office. The facility in White Center will also need to be available evenings and weekends — not just 9 a.m. to 6 p.m.”

Sili Savusa, White Center
Community Schools Coalition

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WHAT IS *MAKING CONNECTIONS*?

Making Connections is the Annie E. Casey Foundation’s initiative to improve outcomes for some of the nation’s most vulnerable children and families. The initiative is conducted through deep and durable partnerships with selected cities and neighborhoods across the United States (for more information, visit www.aecf.org/mc). Several core ideas underlie *Making Connections*:

- *Making Connections* is based on the recognition that the greatest number of American children who suffer from “rotten outcomes” live in city neighborhoods that are in many ways cut off—disconnected—from the mainstream opportunities of American life. Thus, *Making Connections* is “place-based”—it focuses on specific neighborhoods in specific cities.
- *Making Connections* has a simple theory: that children do better when they grow up in strong families, and families do better when they live in supportive neighborhoods. Thus, *Making Connections* strategies are aimed at helping families obtain what they need to be strong, and helping neighborhoods gain the resources they need in order to support families well.
- *Making Connections* focuses on three major types of “connections” that help families grow stronger and achieve what they want for their children. The first of these is helping families connect to **economic opportunities** and to jobs that provide income, assets, and an economic future. Research and experience suggest that this type of connection is unlikely without two others: strong connections to the **social networks** of kin, neighborhood groups, and other informal ties that sustain families when times get tough, and to high-quality, **effective services and supports** that help families reach their goals.

Making Connections focuses on improving results for children and families in tough neighborhoods. Core results that *Making Connections* communities are mobilizing around include:

- Families have increased earnings and income;
- Families have increased levels of assets;
- Families, youth, and neighborhoods increase their participation in civic life;
- Families and neighborhoods have strong informal supports and networks;
- Families have access to quality services and supports; and
- Children are healthy and ready to succeed in school.

A key task in ensuring the success of *Making Connections* is making available the learning and technical assistance that the participating sites need to move forward with their work. One of the ways that the Foundation provides this kind of support is by making peer matches available.

WHAT ARE PEER MATCHES?

Since 1995, as part of a broader effort to rely more intentionally on the experience of people working in the field, the Center for the Study of Social Policy began working with several partners and funders to develop and offer a rather intensive form of peer technical assistance known as peer matches. Peer matches are structured opportunities for teams of people from two or more jurisdictions who are working on a similar issue to exchange experiences and practical knowledge toward resolving a particular challenge that has been identified in advance.

The rationale behind peer matches is straightforward. Often, the people best able to provide hands-on help are the “doers” themselves—people from states and communities who have successfully addressed a problem or created an effective new policy or strategy. These are the people who have an acute sense of what has and hasn’t worked, and why and why not. They have developed good tools and strategies they can share. And they are usually eager to help others because of a strong sense of shared mission. But while good peer matches are informal, they are never

casual, using a carefully designed process and structure to focus the common interests, roles, and goodwill that exist between peers on producing meaningful change for a community.

Peer matches are a resource and time intensive strategy. Careful consideration of when, where, and how to use this approach is therefore always warranted. Experience has shown that careful preparation and execution of the matches are critical factors for their success. This approach tends to work best when the following conditions are in place:

- A specific problem or issue has been identified, and the people looking for help are at a key decision point with respect to the design or implementation of a state or community strategy;
- Stakeholders are invested in and have a high degree of ownership in solving a problem;
- The timing is right—e.g., a decision or action that will affect the community’s family strengthening agenda is going to be taken and/or someone needs to be convinced to take action; and
- A reasonably small number of people have the authority and ability to act on what they learn in the match.

To date, the Center has brokered over 60 peer matches on topics ranging from creating resident-led community development corporations and governance structures, to establishing multilingual homeownership assistance centers, to building integrated services models. As illustrated in the case summaries that are part of this series, peer matches help spread good policies and practice, build relationships among different stakeholders who may not always have a chance to work together, and enable people to put changes in place that improve results for children, families, and neighborhoods.



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