AN EXAMINATION OF SUNNY DAYS COUNTY FAMILY RESOURCE CENTER

Yasmine-Amy C. Halim
B.S., San Diego State University, 1998

PROJECT

Submitted in partial satisfaction of
the requirements for the degree of

MASTER OF SCIENCE

in

CRIMINAL JUSTICE

at

CALIFORNIA STATE UNIVERSITY, SACRAMENTO

FALL
2009
AN EXAMINATION OF SUNNY DAYS COUNTY FAMILY RESOURCE CENTER

A Project

by

Yasmine-Amy C. Halim

Approved by:

__________________________________, Committee Chair
Daniel Okada, Ph.D.

__________________________________
Date
Student: Yasmine-Amy C. Halim

I certify that this student has met the requirements for format contained in the University format manual, and that this project is suitable for shelving in the Library and credit is to be awarded for the Project.

__________________________, Graduate Coordinator

Yvette Farmer, Ph. D
Division of Criminal Justice

Date
Abstract

of

AN EXAMINATION OF SUNNY DAYS COUNTY FAMILY RESOURCE CENTER

by

Yasmine-Amy C. Halim

The welfare reform legislation of the 1990’s was implemented with the goal of ending long-term reliance on human assistance programs by encouraging self-sufficiency. The passing of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act gave states broad discretion in administering public assistance programs. The family resource center model, originally developed by the state of Kentucky, is an innovative model that is grounded in the philosophy that a collaborative effort between public schools, social services agencies, and private organizations in the community is the most efficient mechanism in assisting impoverished families obtain various services that would provide them with the necessary skills to achieve self-sufficiency. This project reviews Sunny Days County’s implementation of the family resource center model into its organizational structure.

_______________________, Committee Chair
Daniel Okada, Ph.D.

_______________________
Date
ACKNOWLEDGEMENTS

It is with the deepest gratitude that I wish to thank each and every person who contributed to my growth in pursuing my educational goals. This enlightening experience has played a role in my life path personally and professionally. I am indebted to my advisor Dr. Dan Okada for his expertise, patience and consistent support in answering all of my questions. I truly have learned a tremendous amount from you and I sincerely consider it a pleasure to have had the opportunity to work with you.

To Tara Lacher, Sheila Catoria, Amber Tarrac and Thi Thi Van thank you all for your constant support and encouragement; I could not ask a better group to call friends.

I would also like to thank the staff of the Northeast Family Resource Center for providing their input, especially Jennifer Davis, what can I say, you are the best. Thank you all for your cooperation.

Finally, I would like to thank my parents, Asmat Farah and Mostafa Halim for never letting me lose sight of what is important, for all your love and encouragement; this is for you.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgments</td>
<td>v</td>
</tr>
<tr>
<td>List of Tables</td>
<td>vii</td>
</tr>
<tr>
<td>1. STATEMENT OF THE PROBLEM</td>
<td>1</td>
</tr>
<tr>
<td>2. LITERATURE REVIEW</td>
<td>4</td>
</tr>
<tr>
<td>3. METHODOLOGY</td>
<td>31</td>
</tr>
<tr>
<td>4. ASSESSMENT OF SUNNY DAYS COUNTY’S FRC</td>
<td>33</td>
</tr>
<tr>
<td>Motives Behind the Change</td>
<td>34</td>
</tr>
<tr>
<td>Goals of Sunny Days County Redesign</td>
<td>41</td>
</tr>
<tr>
<td>5. CONCLUSION</td>
<td>53</td>
</tr>
<tr>
<td>Appendix</td>
<td>56</td>
</tr>
<tr>
<td>References</td>
<td>60</td>
</tr>
</tbody>
</table>
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Table 1 Staff Perception of the Family Resource Center</td>
<td>45</td>
</tr>
</tbody>
</table>
Chapter 1

STATEMENT OF THE PROBLEM

Legislation often serves as a catalyst to sociopolitical movements and can radically alter the landscape of longstanding social policies. In 1989, the Kentucky Supreme Court declared the state’s educational system unconstitutional since the state’s constitution mandates a common school system (Doktor et al., 1996). Students attending schools in the state’s poverty-stricken area had dramatically higher student dropout rates and these students' test scores were significantly lower than students in middle and upper middle class areas, therefore, the Kentucky Supreme Court found students in impoverished communities were not being offered the same level of education as children in other communities. This ruling resulted in the enactment of the Kentucky Educational Reform Act of 1990, which called for a collaboration of social services, public schools, and private organizations to unite their resources in an effort to assist families trapped in the cycle of poverty and government dependency achieve self-sufficiency and financial stability (Doktor et al., 1996).

The reformation of Kentucky’s educational system resulted in a revolutionary shift in their approach to strengthen the State’s unconstitutional public school system why. Kentucky became the first state to incorporate the delivery of additional services through its public education system.

The legislative mechanism employed in providing these services is the Family Resource Center (FRC) (Doktor, et al., 1996). The FRC model is an extensive reformation of conventional organizational practices by agencies administering public
assistance benefits. The basic FRC ideology is rooted in a set of principles and services criteria used to make the family resource center’s objective a reality (Doktor et al., 1996).

The passing of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act ratified new regulations governing the welfare system by giving states autonomy in creating human assistance programs by providing them with generous federal blocks and grants (Alfred et al., 2007). With states bestowed with a broad range of power to develop their methods to administer public assistance programs, states were no longer obligated to the federal government to administer social welfare programs.

Various counties in California elected to adopt the framework set by the Kentucky’s model as the welfare reform movement of the 1990s inspired strengthening the family unit and advocating self sufficiency in order to end family dependency on human assistance programs. The focus of this project will be Sunny Days County (SDC). The purpose of this project is to examine SDC’s journey as it assimilated the traditional functions of its social services agencies with the non-traditional organizational structure offered by the FRC model. SDC’s inspiration to implement the FRC framework was attributed to the 1990s reform of the welfare system that promoted self-sufficiency and the integration of services. SDC’s Board of Supervisors initiated a reformation of business practices that focused on increasing performance outcomes and a reliance on local government to administer health and human services.

The examination project is simply a review of SDC’s implementation however, it may serve as a paradigm for counties contemplating integration of the FRC model into its organizational structure by deracinating the various ways in which Sunny Days County
was ultimately futile in developing a true family resource center. The essence of the family resource center framework encompasses several fundamental characteristics. Doktor (1999) notes that the foundation of this philosophy is based on a collaborative effort between local schools, social services, and private agencies in the community in order to create a partnership between service providers to high-risk and at risk children and families. The FRC model is a mechanism to prevent problems rooted in financial destitution rather than being crises driven. These centers must strive to meet the needs of the community by empowering families with the FRC staff taxed with providing direct services. The FRC framework is a significant departure from traditional administration of human assistance programs as it emphasizes the importance of a close-knit community in combating the stresses and tribulations of impoverishment. Furthermore, it moves from simply providing financial assistance to offering a range of services directed at circumventing dependency on government-sponsored program.

The results of this examination can be utilized by other counties to circumvent errors in their development of its family resource model by learning from the obstacles and challenges faced by SDC. Data were obtained from SDC’s FRC staff in order to assess their role in and their perceived interpretation of the function of the FRC in the community. This examination will establish a better understanding of the family resource center model, which may assist counties in making a more informed decision in whether or not to endorse this service model.
Chapter 2

LITERATURE REVIEW

Although the purpose of government-sponsored programs is to function as a financial safety net, the administration of social welfare programs can determine the extent to which families successfully overcome impoverishment. A review of the literature examining the family resource center model, though limited in quantity, stresses the importance of developing a partnership between schools, social services agencies and other various community agents in circumventing poverty.

Smrekar (1994), in her discussion of Kentucky’s family resource center model, states that this model makes a significant distinction by concentrating on improving the lives of families and students receiving services from the state. Smrekar, in quoting the Task Force on Family Resource and Youth Services Centers Final Report, finds the primary mission of the FRCs is to ensure the stream of available resources and support available to families is utilized to reinforce the functioning and increase the growth and development of both individual family members and the family unit as a whole.

Smrekar concludes that the FRC model is based on the development of a deep-seated connection between parents and teachers. She further states that the success of this model requires the need to assess the various issues pertaining to the expectations of parents and teachers, their common goals, and enhanced communication. She maintains that the FRC model must be a link between the philosophical approach of the incorporation of social services such as human assistance programs provided by the government and privately funded programs providing job training, financial assistance
and parenting classes, and the inclination to reform school-family-community networks.

Franklin and Streeter (1995) suggest that the public school system and the social work profession share a mutual concern of the various social problems plaguing children and their families. The reformation of human service programs along with the fundamental reconstruction of the educational system in terms of reorganizing and redeveloping efforts to teach, socialize, and deter the problems of children and their families may be seen as two independent attempts to provide assistance to families. Advocates for these changes believe that the public school system is the optimal institution for human services activities due to its ability to access the majority of children and families.

Franklin and Streeter’s review led to five alternative methodologies that linked public schools and social welfare programs. They maintain however, that due to the pioneering and practical nature of the public school system and human assistance programs that these approaches may not represent all the approaches presently in operation.

The first methodology is the informal approach. This approach encompasses the experience of a majority of the schools and their relationship with social service agencies over the past two decades. This approach is unlikely to be regarded as acceptable due to the vague definition of the working relationship between public schools and social services agencies. The informal relationship method functions as a mutual awareness of the presence of each entity within the community. Under this approach, public schools and social service agencies recognize that families are also clients of human services
agencies.

Franklin and Streeter’s follow the informal approach with the coordination approach. This entails an effort to rally the resources of agencies within the community to assist low-income students. The success of this practice is achieved by integrating a social worker as a member of the student’s service team. The student’s service team consists of a school social worker who creates a working relationship with organizations within the community becoming a “home-school-community liaison” as well as a case worker. Coordination is provided to students by locating resources in the community referring students to the community for services.

This approach mandates a high level of commitment by the school. Referring students to various programs and assistance available within the community and the ability to overcome confidentiality issues between the schools and these community agencies requires a working relationship between school social workers, principals, teachers, and pupil services personnel. The primary drawback to the coordination approach lies in the fragmentation of the current service system. Some agencies require families to meet various criteria that may prevent them from being eligible to services, and some families may not have the financial means to pay for services or there may be waiting lists for services. Under this approach school social workers can remedy the fragmentation of services by offering clinical services in the school and by collaborating with community agencies in developing new services.

The partnership approach involves a voluntary or contractual agreement between social services agencies, businesses, non-profit organizations and the public school
The intent of these pacts is to serve as a collaborative network for the public educational system. Franklin and Streeter maintain that these collaborative efforts of public schools and social services agencies are on the rise and are being promoted as an omnipotent instrument of school reform. The premise of this approach lays in the philosophy that assisting children to succeed academically will allow at-risk children the opportunity to obtain employment, making them less likely to rely on human assistance programs, breaking the generational cycle of dependency on these programs.

Partnerships often provide services such as tutoring, assistance with job placement, mentoring, and student assistance programs including drug and alcohol treatment programs as well as other counseling services. The partner is often a contracted employee or a volunteer service provider hired by the school district but remains independent from the school program. Public school systems increasingly form partnerships with social services agencies in order to provide mental health and human assistance on site.

Partners are hired to work on school premises or are located in close proximity to the campus. This ensures that students and their families have access to the services provided by the partners. In order to build a successful working relationship, the school’s commitment to the partners’ role in assisting students and families is required. Furthermore, schools and partners must develop and maintain communication throughout the duration of the partnership. The school system must integrate the partners into its daily operations.

The collaboration approach as defined by Mellaville and Blank (1991) as the mandating of public schools and social services agencies in a collaborative effort to
create mutually agreed upon sets of objectives, direction, and joint accountability in reaching those objectives and joining forces to ensure their success by utilizing the expertise of each of the individual collaborators. Under this approach the schools and human service agencies utilize all available resources to assist children and families circumvent the social issues rooted in poverty.

Franklin and Streeter identify the essential difference between the collaboration, coordination, and partnership approach. They note that collaboration mandates that public schools and social services undergo a reduction in their autonomy to combine resources and pursue shared goals. The collaboration approach is as an avenue to confront the segregation of the public school system from social service agencies, while functioning as a vehicle in developing new and enhanced administration of services by combining resources and efforts.

Traditionally, the public schools and social service agencies function as two completely independent entities. The mission of the public schools is to educate and provide a foundation for children on which to build their future. Social services agencies serve as a mechanism to assist families living below the poverty line by providing financial assistance. The philosophical underpinning of the collaboration approach is rooted in the belief that by establishing a working relationship, the school system and social services agencies may better assist both at-risk children and their families.

The collaboration approach ensures that students and their families are aware of the human services programs and assistance administered through private agencies within the community. This approach employs the schools as the central point from which the
coordination and the delivery of public assistance and health occur.

The collaborative approach, according to Franklin and Streeter, may result in superior benefits and resources, the development of innovative programs, and increased support services directed at assisting children of the public educational system. However, they argue that a serious commitment is required in order to sustain a productive collaboration program. The success of this program is contingent on the level of commitment of social service agencies and the public school system learning to integrate their resources.

Integration, the final approach identified by Franklin and Streeter, is dubbed the most drastic approach in linking public schools and social services agencies due to its moving past a partnership to actually fusing the two systems into one inclusive service delivery system. This method requires that agencies at all governmental levels undergo a revision of their operational structures and procedures, and to reevaluate their missions in order to offer innovative and improved services. Using this approach, the creation of an interconnected delivery system of education and social welfare programs will be created offering a more inclusive human services delivery system for children and families.

Wolford et al. (1995), believe that Kentucky Educational Reform Act of 1990 (KERA), which identified the entire state of Kentucky’s educational system as unconstitutional, is centered in the ideology that all children have the potential to learn and most children are capable of learning at higher levels. Wolford et al. suggest that the most fundamental change transpiring from the KERA is the creation of Family Resource and Youth Services Centers. Under the KERA, school-based centers primarily function to
meet the needs of students and their families.

In order to assist families in helping their children, the family and youth resource centers offer programs that

Include a mandated set of specific core components outlined in the KERA [in hopes] through early intervention and attention to academic, social and economic needs, at-risk youths can achieve greater success in school and reduce the chance that they will become enmeshed in future justice and human services systems (Wolford et al., p.122).

The KERA mandates that FRCs service children up to the age of 12 years old. These centers are required to be located in the school services or at least in close proximity. Wolford et al. (1995) identify the required essential characteristics of FRCs. First, the FRC must include a preschool for children between the ages of 2 and 3 and after school care for children between the ages of 4 and 12, with full time child care when schools are not in session. In terms of assisting families, the FRCs are required to take an incorporated method when conducting home visits by combining family support services with educational services, group sessions, or providing child support development guidance for new and expectant parents. Furthermore, FRCs are expected to provide parent and child education, assistance and educational programs for child care providers, and either health services or appropriate referrals to health service providers.

These centers provide needed services either directly or by contracting these services from local providers. Moreover, centers are encouraged to provide additional services, which have been determined to be necessary through surveys conducted by service agencies, in conjunction with mandated services. Services mandated by youth service centers providing services to children over the age of 12 years old attending
middle or high schools, have been identified by Wolford et al., as “referrals to health and social services; employment counseling, training and placement; summer and part-time job development; drug and alcohol abuse counseling; and family crisis and mental health counseling” (p.127).

The passing of the KERA, according to Wolford et al., acknowledges that impoverished, at risk youths, may be able to overcome the obstacles they encounter provided that their families participate in and encourage treatment and academics. Wolford et al. stresses the importance of the collaboration between juvenile justice, education, and social services workers urging those in human services to recognize that the profession must cease allotting all their efforts on the child. Rather, those in human service assistance must also focus on the dynamics of families and encourage family-strengthening programs. This approach is far more effective in treating high-risk children than programs that seek to treat the child and not the family.

Essentially, Wolford et al. maintain that in order for the child to succeed, family dynamics, as a whole, must be addressed. They argue that investing all resources in assisting at risk and high-risk children may be futile. They urge social workers and others in human services to acknowledge that strengthening the family unit as a whole by offering programs and services to the parents as well will lead to the successful socialization of these children. If children witness their parents improve their lives, the children will be more likely to work hard and improve their own lives.

This review has identified several essential characteristics universally acknowledged in the definition of family resource center models.
of the FRC model include the ability of family and child services at a center located either on school grounds or at an alternate facility within the community;

• A gamut of services including: health and mental health services, recreation, job training and development, child care and development, educational assistance, and housing;

• A collaborative effort of all service providers who address the various needs of students and families in a holistic manner;

• Public and private organizations providing community and family services that establish innovative ways of working in conjunction with one another;

• Flexibility in which categorical funding may be utilized to find alternative sources to assist collective services on a continuing basis;

• Professionals who will obtain additional training in order to acquire new skill

Essentially, these characteristics become a vehicle in making services more accessible to high-risk and at risk families by being located either within the school or in close proximity to the school. Furthermore, the services offered through the FRC provide a variety of assistance to ensure that families have access and are able to obtain the services they need in order to better their situation. The FRC philosophy is structured on creating a comprehensive effort of all involved agencies within the community serving at risk families in order to treat the whole family unit. The FRC framework asks private and public agencies to be pioneers in constructing innovative ways in creating and
maintaining a working relationship as well as alternative means in obtaining the financial assistance needed to continue to offer support to students and their families.

The family resource model integrates several key components, however, it does not require the formation of an additional system, collection of services, or bureaucracies. Instead, the FRC model serves as a catalyst in bringing together all resources in the community to tackle anticipated outcomes, utilizing resources to achieve results for families and provide available resources in close proximity to families and neighborhood schools. There may be challenges in the development of a framing style used to enact the family resource center model. Doktor et al. (1996) states that reframing an incident or acknowledge the benefit of viewing a problem from different perspectives may lead to success in dealing with vital management problems that either success of the richness afforded by looking at a problem through multiple frames can lead to success in confronting critical management dilemmas that will either encourage or impede the road to successful implementation

Doktor et al. identify three ways to facilitate the successful implementation of a family resource center. The structure frame emphasizes the eminence of rules and roles:

- Human resource frame emphasizing the necessity of meeting the needs of employees of the FRC
- The political frame emphasizing the importance of constructing alliances and networks in an attempt to establish proper use of scarce resources; and
- The symbolic frame, emphasizing the necessity of individual organizations to identify their unique mission and culture in providing service to the FRC.
The implementation options listed above also referred to as framing style that is selected in the implementation process, must be compatible with the community in which the FRC is built. Environmental factors must be considered in determining the proper framing style in order to maximize success. Programs offered by the FRC must be developed to meet the needs of the community, and the framework must also meet the objectives of the FRC. Different communities have different needs; therefore, it is important to consider the needs of a community in developing a framework in which to implement the FRC. The success of a FRC is rooted in its director’s ability to employ the proper framework at the appropriate time. Doktor et al. found that successful directors take into consideration the political atmosphere of the community when deciding which framework to utilize in the development of an FRC.

The social services profession has praised the community-based FRC model as the ideal manner in which to assist children and families. Baravick (1997) maintains that on a community level, the FRC encourages the assimilation of existing support services in order to eliminate fragmentation and replication. At the family level, this design employs the strengths perspectives to build on family supports and strengths, and to empower individuals to construct their own goals and the system that assists them.

Baravick interjects the family support approach to the school-linked community-based FRC model. Baravick defines the family support approach as a set of value perceptions, and a set of solid actions. This approach embraces families, communities and various cultures for their strengths and diversity. The family support approach is a series of social groups where professional services are secondary to the assistance family
members and friends, and where schools, employers and communities all play a role in assisting families.

Impoverishment is often associated with various social ailments. Dupper and Poertner (1997) link alcohol and drug abuse, juvenile criminal behavior and violence, gang affiliations, unsafe sexual practices, teenage pregnancy, inadequate healthcare, substandard housing and homelessness as sociopolitical issues spawned by poverty. Dupper and Poertner found that a deep-seeded sense of desolation and hopelessness saturate the lives of children living in poverty who see their parents learn to accept poverty. These children come to believe that they are ordained to the same fate as their parents, and have no chance of creating a more productive life. A poor economy makes it less likely for public assistance programs to function as recourse to circumvent poverty. Dupper and Poertner suggest education as a tool in increasing a youth’s skills which in turn, increases employment opportunities. They note that as communities progress deeper into poverty, schools located in those communities dive deeper into impoverishment.

The ramifications of an impoverished educational system perpetuates severe academic issues for students at the elementary levels such as “poor cognitive development, decreased language ability, inadequate social skills, reduced abstract-reasoning abilities, inadequate social skills, deficient problem-solving skills, reduced self-esteem, shortened attention spans, and little impulse control” (p. 416). These difficulties result in a heightened dropout rate (Dupper & Poertner, 1997). Dupper and Poertner (1997) attribute the school-linked FRC movement to the
seemingly troublesome problems with the current system of social services for children and families. Dupper and Poertner, describe the traditional social service system as, disempowering, fragmenting and confusing for families. In addition, the traditional social service system is usually comprised of several programs with overlapping or contradictory qualification requirements and a complex web of rules and regulations administered by a perplexing collection of independent bureaucracies (p.416).

The traditional practice of social services agencies perpetuated a disjointed delivery system. This made it difficult for at-risk and high-risk families to secure needed services. Rules and regulations governing human assistance programs inadvertently began to function as a barrier hindering families from obtaining benefits as families experienced difficulties in adhering to the eligibility requirements. This often occurred as a result of complex rules and regulation which makes it difficult for families to comply with the regulations in order to receive benefits. The creation of a more cohesive, and simple delivery system was sought to prevent confusion, in turn making it easier for families to acquire services.

The mission of the FRC is to allow children in impoverished communities to grow in a safe home, obtain essential education in a proper school setting, and develop into productive members of the community. Dupper and Poertner believe that in order to achieve these goals, it is critical that children receive the array of services required in preparation to learn and succeed in school and that low income parents have access to and utilize the assistance to support their children’s education, physical well-being, and development.

The FRC model requires local schools to function as a central location for at risk
families to access the various programs available to them, in turn, the school becomes a “community hub” and a “welcomed light”. Dupper and Poertner warn that school-linked, FRCs cannot be a trivial component to the educational duties of public schools but instead must be a core mechanism of both the school and community.

Dupper and Poertner affirm that although the FRC model is an asset to destitute communities, there are numerous obstacles to implementing them. These obstacles are: lack of funding, insufficient space in schools, deciding whom the FRCs will be servicing, confidentiality, and the unwillingness of community members to integrate the FRC into the community. Kalafat (1998) concludes that the FRC gives hope for improving outcomes for children and families by restructuring the service delivery system in impoverished communities. Kalafat finds the crucial premise of the FRC model rests on substantiation that a child’s perception of him/herself and his/her accomplishments is joined to that of his/her parents, and the value of his/her parent’s lives impinges on the resources and atmosphere of his/her communities.

The ability of at-risk and high-risk families to maximize the various resources available to them, whether in the form of public assistance programs or other services offered through private agencies, increases the family’s chances of escaping poverty. The community’s willingness to provide families with needed services and programs in order to improve their situation are also factors in families successfully transitioning from dependency on public and private assistance and programs to self-sufficiency.

Kalafat maintains that schools contribute to a child’s socialization process and educational development. However, schools alone do not have the ability to compensate
for the deficit of resources these students face outside the academic setting. Kalafat asserts that FRCs are expanding rapidly, however, FRCs must be in operation for several years in order to reach a consistent level of success. The FRC’s mission of addressing problems within the framework of family, school, and community, is challenging due to the sublevels of family, school, and community influencing the results of intervention programs.

Kalafat’s evaluations of FRCs yield insufficient information of their operational methods to adequately assess their overall effectiveness. Currently, family support programs offered through the FRCs are being asked to clarify their curriculum by providing a clearer definition of the principles and philosophies guiding these programs. The lack of clear principles and philosophies directing these programs renders the substance and content of these programs vague (Weissbord, 1994). Kalafat argues that programs that clearly identify their objectives become more comprehensive. This may allow FRCs to better construct their family assistance programs to meet the needs of the community in order to better serve both families and the community.

Kalafat asserts the need to examine how FRCs adapt to the needs of the communities they serve in order to assist families living in poverty by addressing issues grounded in economic hardship such as the lack of income perpetuating dependency of government sponsored programs, the inability to obtain employment due to inadequate education and the difficulty of assimilating in society. Kalafat asserts that the ability of the FRC to meet the needs of the community will subsequently increase participation in these programs. The goal of Kalafat’s examination is to create a detailed set of program
descriptors. The descriptors would be employed in the evaluation of associations between the extent of program enactment and the results attributed with participation in these programs. This type of examination may improve the FRC model by providing information as to how incorporating local needs into the programs offered through the FRC may increase program participation and provide optimal outcomes.

Kalafat reports that based on qualitative and quantitative studies of family dynamics, FRCs service low-income families and are succeeding in increasing parent participation in services provided by school-linked programs. Parents of students in public schools utilizing the FRC present evidence of heightened trust and competence as they take part in their children’s academic progress. A primary factor in the success of FRCs is the support offered by the school’s principal. This provides evidence that FRCs have the potential to not only strengthen family dynamics but may also be used as a mechanism in improving the quality of education for at risk and high risk families by including parents in their children’s academic experience; thus including parents who otherwise may have continued to feel alienated from schools throughout their children’s academic career.

Kalafat (1998) found that the extent and quality of each of the services provided and the atmosphere of each center is, to a large degree, reliant on the traits of the center’s coordinators. Based on Kalafat’s review of 30 FRCs, he found that the core of the center’s success is dependent on the FRC having an effective coordinator who, without hesitation, traverses program borders to establish ties with families, schools and the community. In essence, the FRC coordinator has great influence on the FRC. The ability
of the coordinator to be innovative in extracting resources from the community, create programs community members will be willing to participate in and be regarded as a liaison between the FRC and the community determines the overall success the FRC will have.

August et al. (2003) evaluated the efficacy of the Early Risers “Skills for Success” program, a program developed to circumvent early aggression through an inclusive prevention program beginning with preschool age children targeting multiple risk and protective factors which were to be delivered as coordinated packages over an extended period of time, when administered by a FRC. Using the FRCs as a vehicle, Early Risers developed programs to assist impoverished families and children. August et al. conclude that implementation commitment across intervention mechanisms resulted in increased consumer gratification articulated by participants and optimistic gains made by participant children.

The authors attributed the success of the Early Risers model when implemented through an FRC to: monthly committee meetings in which the program developers and FRC supervisors were in attendance; inclusive training programs and; weekly supervision and “technical assistance” by program developers. Despite the positive findings of the Early Risers model which was implemented at local FRCs, efforts made by program staff to accommodate logistical and motivation needs of families in order to encourage regular participation was beset by insufficient rates of attendance by participants. The lack of attendance was attributed to factors such as families frequently relocating to other communities, lack of telephone service, insufficient transportation, single parent
households and conflicting work schedules.

Stormshak et al. (2004) contend that behavioral problems at home and school and the delivery of psychological services fail to offer a collective resolution to behavioral problems. Stormshak et al. attribute this to the fact that schools are not equipped to provide general intervention based on significant parental involvement thus creating a gap between the principles of prevention science and the reality of the school setting. Stormshak et al. argue that this gap is the primary reason for school-based programs having mixed success.

The FRC, according to Stormshak et al., allows for prevention programs to be moved from the shelter of research centers to the reality of service-delivery community contexts. Stormshak et al. state that despite the various prevention programs tested in the community, little to no studies have been conducted to assess the components and effect of the integration of the prevention services in those contexts. Although prevention programs exist within the community, these programs have been essentially excluded by the conservationism of professional life within that atmosphere. Stormshak et al. believe that the FRC model is rooted in an ecological model of child development where an individual’s mental well-being and related levels, such as family, schools and cohorts of a child are used to address the child’s performance in a context significant to children, families and the school (2004). Stormshak et al. developed an FRC within intervention schools and staffed each with a parent consultant. The main function of this parent consultant was to encourage the participation of parents of at risk students to serve as a support coordination and collaboration link with school professionals.
The FRCs parent consultants are mandated to be present at all school functions that request parent participation; attend all staff meetings in which teachers are present; and monitor the prevalence and content of their interaction with parents, teacher, and students. Stormshak et al. evaluated contacts with the FRC as in intervention mechanism structured to encourage parental participation with their school system in order to enhance the success of students.

This study took place over a period of three years and monitored 584 students and their families in 4 different middle schools. This led to an analysis of the dynamics and effects of parent consultant activities and services. The main goal of the study was to determine whether consistent, periodic visits to the FRC resulted in the reduction of teacher’s assessment of risk behavior. It was found that regular contacts with the FRC did improve teacher’s assessment of risk behavior in regard to high-risk and at risk individuals.

Stormshak et al. collected data on individuals’ contacts with the FRC, by documenting the quality and reason for the contact, and then analyzed the behaviors that serve as a catalyst for predicting FRC contacts and support. Finally, they looked at changes in inappropriate behavior as a purpose of FRC contacts spread over three time points during middle-school years.

The study revealed that greater contacts with the FRC resulted in a reduction in teacher assessment of risk. The FRCs examined in this study were successful in working with both at risk and high-risk students. Stormshak et al. maintain that student contacts with the staff of the FRCs that resulted in a reduction in the increase of behavioral
problems reported by teachers in the middle school years.

This was achieved through family-centered intervention services that varied from supportive contacts such as email reports of a child’s classroom behavior, class attendance, and completion of assigned homework to more rigorous intervention such as family therapy. Family-centered intervention is structured on the theory that this style of intervention increases parent motivation and engagement and works well in public school and school referral systems while providing access to an accommodating array of services. They found that the programs and services offered through the family-centered intervention services reduced behavioral problems in middle school age children.

Finally, Stormshak et al. found that the integration of the empirically supported FRC fluctuated by school and as a function of time. Contact with the FRC increased 3 fold in over a period of three years and the contacts varied significantly from school to school. Although they did not specify the variation of the contacts, these inequalities were attributed to some public schools being more amiable to the FRC model in addition to internal factors of the school, the staff, and resources available to the school.

Chow et al. (2005) contend that living in poverty increases risks such as learning disability, inability to succeed in school, behavioral problems, and mental health issues in both children and adults. Moreover, adults who grew up in impoverished communities are more likely to be unemployed and/or suffer mental health issues. Chow et al. establish a connection between living in poverty and outcomes for children and their families.

Chow et al. revealed six mechanisms that have the potential of directly or
indirectly affecting individuals residing in impoverished communities by molding the opportunities of these individuals, which may affect their ability to successfully assimilate with society. The authors found that the following mechanisms are imperative in creating an avenue for those in impoverished communities to achieve self-sufficiency and avoid developing a reliance on human assistance programs or turning to criminal behavior as a means of support. These mechanisms include: the quality of services offered within the community, the socialization process of adults, the influence of peers, the social network existing within the community, experience with crime and violence, and physical proximity and isolation.

This appears to strengthen the FRC model as the FRCs serve as a mechanism in increasing the quality of services and treating families as a whole in order to combat the various social atrocities plaguing impoverished communities. The FRC has the potential of affecting these mechanisms by imposing the service delivery method within the community, assisting adults and children to integrate successfully into society through various family strengthening programs, and by creating a strong bond between the community and its members.

Programs that improve family dynamics and create a more cohesive community may increase social networks, and reduce exposure to crime and violence. Chow et al. (2005) believe that through family strengthening programs, families will acquire the skills needed to obtain gainful employment and by weaving a more cohesive community through services within the community, may reduce the prevalence of crime and violence within that community.
Chow et al.’s review of different studies reveal social predicaments including crime, school dropouts, increased dependency on welfare, and public disorder that are directly correlated with poverty and family instability. As negative social ailments become the dominant framework of these neighborhoods, problems such as cognitive and physical developmental delays in children, school preparedness, success, mental, behavioral, and delinquency problems increase.

Chow et al.’s findings further reveal that the FRC’s model may thrive in impoverished communities as a vehicle to assist high-risk and at risk children and families obtain services which may assist them in successfully integrating in and contributing to society. This could help break the generational cycle of impoverishment. A review of the literature on the family resource center model suggests that by treating both children and families, FRCs hope to strengthen communities, increase the quality of services, provide needed programs to adults and children in hopes of strengthening the family dynamics in turn, allowing children the opportunity to achieve and break the cycle of poverty.

O’Donnell and Giovannoni (2006) argue that FRCs should be made available to all neighborhoods and residents who should be consulted in their design and implementation. O’Donnell and Giovannoni found that there has been minimal effort in determining if the method in which services are delivered affects whether or not an FRC will be successful in meeting its goals. They did find that service delivery was not a primary factor in individuals no longer obtaining benefits from the FRCs. The primary reason for any participant discontinuation from the FRC was that s/he had completed the
program, the second factor was time.

O’Donnell and Giovannoni originally concluded that service delivery factors such as proximity, transportation issues, language barriers, and participants not wanting to reveal information about themselves were all likely to cause individuals to cease contact with the FRC. However, these factors prove to have a minimal role in an individual’s decision to discontinue services from the FRC as most FRCs manage to meet the cultural diversities of the community by hiring staff resembling the population of the communities in terms of language, religion, and culture. Individuals seeking services from the FRCs were unafraid to provide personal information to the centers.

Positive responses from FRC consumers mostly referenced the staff. Most viewed staff members as caring and wanting to assist families meet their individual goals. The consumers praised the competency of the staff members as well as the efforts made to unite the community. The primary reasons for negative assessments of the FRC were in reference to the facility itself, the location of the FRC, or the schedule of services. Respondents stated that the FRC needed to publicize their services and make the community more aware of its various programs.

Overall, O’Donnell and Giovannoni found that the success of an FRC is primarily the staff’s ability to interact with recipients. For this reason, they stress the necessity for FRC staff members to receive training in family-centered egalitarian approaches underscoring interacting with families as equals, providing a hospitable ambiance and adhering to confidentiality. FRCs must increase their efforts in making services available to all neighborhood residents by offering a wide array of services to meet the various
needs of community members and to insure that community members are made aware of these services. In order to be successful, FRC staff must have experience in community development and engagement and individually focused services.

Smith and Brun (2006) studied the effectiveness of family support programs and services offered through either public schools or social service agencies. The programs assessed have three shared traits: services provided and monitored through a collective effort of numerous agencies; school-based centers targeted on improving school readiness and enhance school attendance, a goal to improve performance and remove various nonacademic impediments to these achievements, and family support services framed to circumvent child abuse and encourage individual, family and community strengths.

Smith and Brun identified reasonable criteria for evaluating the success of community based and school-based children and family services. The following were found to be most efficient: comprehensiveness, where indicators should entail a wide array of outcomes, behaviors and processes. The second criterion identified was age appropriateness and the indicators should be appropriate for the child’s age. Universality was a mandate that all indicators must have the same meaning across the various population groups. Rigor suggests that indicators should embody the highest validity and reliability and be cost effective.

The community-based, school-based model implemented through the use of the FRC is a relatively new framework. Strengthening families and encouraging children to excel academically, is the foundation the FRC philosophy. Smith and Brun reference these criteria as the most efficient means in determining the extent to which the FRC
succeeds in assisting high-risk and at risk families.

Everett et al. (2007) define the function of FRCs as accepting a prevention orientation and stressing the importance of a social network, individual empowerment, and skill development. In addition, FRCs are concerned with encouraging a healthy lifestyle, promoting safety, and the general well-being of children. Everett et al. argue that the FRC model is distinct from other programs due to its stress on family participation built on mutual decision making between families and service providers.

Everett et al. evaluated the success of one specific FRC, the Casey Family Services Family Resource Center Initiative, as a mechanism employed with the empowerment intervention to provide mental health services, recreational activities, services to parent, educational programs and other skill-developing programs. Everett et al. found empowerment intervention occurred in six distinct stages at the Casey FRC: the recruitment stage, the Casey FRC, in order to circumvent language and cultural obstacles, employment of staff from the community with language skills and cultural backgrounds similar to those the FRC serve; and engagement. In spite of this, once participants sought services from the FRC the staff found involvement from the participants to be sporadic.

In order to combat attendance issues of participants, staff scheduled programs that would maximize participation and families assigned to a social worker who shared their cultural similarities.

Involvement was a strategy used in the engagement phase resulting in the creation of a central group of families, children and individuals who participated regularly in the FRCs programs and activities. Retention was the attempt to maintain family participation.
Staff was mandated to develop new programs, activities and services on a continuous basis in order to meet the continuous change in service needs. Partnership was utilized to encourage collaborations with participants in developing goals and making decisions. The Casey FRC developed organizational structures in order to develop partnerships.

These structures consisted of adult advisory councils, youth councils, and skill building programs. The advisory council consisted of staff from the FRC and individuals participating in the FRC. Participation in these councils allowed individuals to progressively recognize their own power. The staff of the Casey FRC was initially unsure that the advisory councils would work. In anticipation of problems, the staff and participants were closely supervised in order to ensure group unity, growth, and decision making. Both staff and participants underwent training to ensure that the advisory committee had the skills to encourage empowerment and function efficiently. Leadership was a primary goal to increase the number of community members with leadership skills. The adult and child advisory groups functioned as a tool in which leadership skills could be taught.

O’Donnell and Giovannoni concluded that frontline workers must have training and supervision in order to provide effective empowerment exercises. They maintain further research is required in order to determine the kinds of supervision, in regard to peer and informal supervision, are the most practical and effective. The literature review of the FRC model suggests that the FRC framework is a viable alternative to assisting families in impoverished communities overcome poverty, and as an alternative to depending on human assistance programs for survival. This model unites the public school system and
social services programs in assisting at-risk and high risk children succeed in school in order for them to become productive members of society. The literature suggests that the FRC framework is an effective mechanism in treating families as a whole by offering a wide variety of services in order to strengthen the family unit and providing families with the skills needed to transition from dependency on public assistance programs to self-sufficiency.
Chapter 3

METHODOLOGY

Data collected for this study came from a non-probability convenient sample of 20% (n=18) of the staff from one FRC located in Sunny Days County. Respondents were all employees classified under the title of Human Services Specialist, the staff responsible for determining eligibility to human assistance programs. A criterion for site selection was that data were more readily available at this FRC than at other FRCs located in Sunny Days County.

The researcher obtained permission from the FRC manager to administer a survey which included both the Likert scale and open-ended question to 20% of that FRC’s Human Services Specialists. Respondents were selected to reflect the population composing the staff of the FRC in terms of gender, age, ethnicity and years on the job. Those included in this sample were instructed to read the questions and answer them candidly. The areas that were surveyed include: socio-demographic information, service questions, and personal attitudes about the FRC model.

Respondents were informed not to identify themselves on the questionnaire. Respondents were asked to complete the survey at their earliest convenience and return it to the researcher upon completion. They were informed not to discuss their responses with other staff so as to protect against any interpersonal influence. The results led to descriptive statistics for each question.

Data were collected as part of an assessment of the Sunny Days County Family Resource Center. The purpose of this assessment was to determine the extent to which
the FRC framework developed and implemented in Sunny Days County resembled the philosophical and structural framework of the family resource center model set forth in the literature.

All data for this assessment were derived from a self report questionnaire designed to elicit information about the function of the FRC within the community and the degree to which the FRC’s daily operations resembled the philosophical and technical approach of the FRC model set forth by the Kentucky FRC model as well as that found in the literature.
Chapter 4

ASSESSMENT OF SUNNY DAYS COUNTY’S FRC

The Kentucky Supreme Court’s rendering of the state’s educational system as unconstitutional set the foundation from which the family resource center philosophy ensued. The establishment of SDC FRC was not the result of any issues rooted in the county’s public educational system, but rather in the county’s decision to consolidate several different agencies under one umbrella agency in order to improve the delivery of services by streamlining the programs and services that provided the health services and social services (SDC, 2009).

In 1996, SDC’s Board of Supervisors approved a business model which called for the merger of two large departments and four smaller departments: the Department of Health Services; the Department of Social Services; the Department of Veterans Services; the Area Agency of Aging, Public Administrator/Public Guardian, and the Commission on Children Youth and Family. One year later, the integration of these agencies was complete and collectively became known as the Health and Human Services Agency (HHSA). This comprehensive agency became even larger with the integration of Office of the Agency of Administrator and Public Guardian in 1998.

SDC recognized the need of services to vary based on region and community. In order to further improve the delivery of services as well as to better meet the needs of its diverse population, SDC HHSA was divided into six regions: Central, East, North Central, North Coastal, North Inland, and South (SDC, 2009). By servicing communities
based on their specific need, SDC followed one of the basic philosophical approaches of
the FRC framework, integrating existing services to reduce fragmentation and
duplication.

Motives Behind the Change

The Health Services Agency is dedicated to averting the spread of disease,
defending against environmental hazards and encouraging healthy behavior. The Area on
Aging agency provides services to seniors and individuals with disabilities and their
families. These services are meant to assist clients to reside safely in their own homes.
The Area Agency on Aging attempts to promote the importance of the elderly in the
community by promoting the contributions the elderly and disabled have made to the
community, reminding the public that both the elderly and disabled are valued members
of the community. Public Administrator/Public Guardian has the responsibility of
investigating and administrating the estates of individuals who either passed away
without leaving a will or without an appropriate individual to serve as an executor. Social
Service, administers social welfare programs to community members in financial distress
in the form of cash, food assistance and employment and medical needs. The
Commission on Children, Youth and Families was formed by the Board of Supervisors to
function as an advisory body that offers leadership in detecting and addressing the needs
of at risk children or children who have become dependents of the state. Finally, the
Veteran’s Service Office provides professional services for veterans of the military, their
dependents, and their survivors who are entitled to receive benefits from the United
States Department of Veteran’s Affairs, the state of California, and other agencies as applicable.

These agencies often provided services to the same clients. However, they have failed to develop a working relationship or establish basic communication; collaboration between these agencies has been and remains non-existent. Functioning independently, each department has its own bureaucracy, and there has often been a redundancy of efforts. Clients, community agencies, as well as the employees of the different agencies found this fragmented method of service delivery complicated and inefficient. Prior to the integration of these agencies, SDC did not assess the level of efficiency, productivity and service delivery that could be achieved by the various agencies combining forces.

The elements contributing to the reframing of the delivery of HHSA was the result of the sociopolitical climate of the 1990s. These factors included the enactment of the national welfare reform legislation encouraging self-sufficiency and incorporation of services; concentration on business practices and operational outcomes anticipated by SDC’s Board of Supervisors; and an increasing dependency on local governments to provide health and human services (SDC, 2009).

In order to meet the needs of the various communities in SDC, the Board of Supervisors launched Project Synergy. The goal of Project Synergy was to restructure the services and programs offered by the various agencies into a family-based, neighborhood-based service delivery system (SDC, 2009). With this goal, SDC moved towards the implementation of an operational system functioning within the philosophical framework of the family resource center model.
Throughout the nation, health and social services agencies are funded by a fragmented and perplexing collection of agencies and organizations (SDC, 2009). Sunny Days County allots $1 billion for services provided through programs administered by HHSA. Over 100 federal and state authorities provide funding to these agencies with over 500 services contracted out to private organizations within the community (SDC, 2009). In terms of service delivery, the various funding sources and contract services resulted in a disjointed and categorical delivery system with funding aimed at circumventing specific problems. Under the previous system, a family-centered approach to the delivery of services, a partnership between service providers, families, and government agencies was rare (SDC, 2009).

The road to a more effective and efficient family-centered, community based approach began in 1995 when SDC’s Board of Supervisors developed a five point strategy comprising the foundation of the administration of county programs and services (SDC, 2009). The county’s strategies consisted of: a reformation of federal and state resources in order to generate a more efficient resource allocation system allowing for an increase in local control and management over taxpayer money; and encouraging families to utilize County administered programs and policies to achieve self-sufficiency (SDC, 2009). Also, jurisdictions were encouraged to develop smaller, more efficient agencies, provide fewer services with a more effective delivery method; increase effectiveness of services through mergers; and create a “performance-based human resource system” (SDC, 2009).
SDC believed that the consolidation of agencies and the creation of HHSA would increase the efficiency of service delivery by better defining the roles of the various agencies under HHSA to guard against the duplication of services by the different departments within the agency. Moreover, SDC accounted for the demographics of communities by modifying services based on the needs of the community, thus increasing the performance of the agency by better serving the members of the various communities.

With these strategies in place, Project Synergy became the means by which SDC began the process of combining various agencies and instituting the movement toward a more family-centered, neighborhood-based service delivery system (SDC, 2009). SDC began its reformation by functionally eliminating both the departments of Health Services and Social Services. In place of these agencies, six regional County Health and Human Services Agency (HHSA) organizational centers were created in order to integrate the two staffs (SDC, 2009).

The outcome of a regional HHSA resulted in public health nurses, social workers, and human services specialist (the function of this job is to determine eligibility to public assistance programs) no longer were employed for independent programs whose consumer is the grant fund. Rather, the staff of these agencies collectively worked as members of one, united, regional team, where the customer is the family (SDC, 2009).

The motto of the new agency is “Safe, Healthy, Thriving Communities” with a mission “To make people’s lives safer, healthier and self-sufficient by managing essential services” (SDC, 2009, p.5) guided by the following principles:

Ensure all activities are outcome driven; assist employees to reach their full
potential; foster continuous improvements in order to maximize efficiency and effectiveness of services; assure fiscal integrity; provide customer focused and culturally competent services; support courageous creativity [and] leverage opportunity with the community (p.5).

In the re-engineering phase, SDC eliminated supervisors for programs assisting families and children. In place of these supervisors, regional general managers were appointed whose position required serving as a leader in the community by becoming familiar with the stakeholders in the community and developing partnerships with these stakeholders in order to provide better service delivery to families (SDC, 2009).

SDC established FRCs in each region to provide services mandated by the federal government. These included: eligibility services, child protective services, and public health and various countywide programs based within the region (SDC, 2009). The regional service model was designed by a private sector consulting firm as a result of focus group sessions comprised of families, providers, and staff. This model was created as a plan of action in the creation of the HHSA and in the development and implementation of the FRC model. The firm suggested that a “No Wrong Door” model that incorporated services distribution, would insure that any individual seeking services from HHSA would be assisted. Previously, residents were required to obtain services from the specific FRC servicing their community; a resident’s zip code determined which FRC s/he was assigned. If a resident sought assistance from a different FRC, s/he could not receive help and would be redirected to the appropriate FRC.

Under No Wrong Door, an individual might receive assistance from any FRC, regardless of zip code. The No Wrong Door model centered on the method of delivery of
an incorporated system of community agencies, connected service agreements and contracts undersigned by the county to provide a range of amalgamated services (SDC, 2009). The newly implemented model required SDC to establish a system wide customer and service information network to join several program-based systems through a secure, web-enabled solution. In order to meet this demand, SDC invested in a $5 million three-year venture in technology in order to create a process to meet the demands of the No Wrong Door model (SDC, 2009).

Part of SDC’s re-engineering of its method of service delivery included improving the services available to children. The Board of Supervisors concluded that by providing a gamut of services to children the various needs of all youth could be met. These services were predicted to prevent ailments later in life such as: substance abuse, violence, and poverty (SDC, 2009). The well-being of the children residing in the communities of SDC was a priority to the Board of Supervisors and resulted in the development of Reaching for New Heights: A Strategic Plan for Children and Youths program. The creation of this program by the HHSA was to build on the agency’s existing strengths, merge services and establish networks within the community in order to achieve positive change in the lives of children (SDC, 2009).

Implemented by the Board of Supervisors in 1998, less than a year after the business assessment model creating the HHSA was approved, Reaching for New Heights was the product of a cross-program strategic planning effort that pulled together representatives from varied county programs (SDC, 2009). The program’s mission was to integrate services, and collaborate with partners in the community in order to
encourage positive change to children. This would make it easier for families to obtain services. A family’s ability to readily access services would improve the lives of children and families giving these children and families a greater chance to succeed.

The following objectives were established under the Reaching for New Heights program: set priorities for over 53 programs administered by the HHSA and county developed to assist children; a commitment for investment strategies for children; adherence to the community’s request for services to be administered in a manner less perplexing for customers; facilitate the coordination of programs towards shared strategic goals; and increase preventative programs and early intervention efforts for children. By taking this action SDC believes at-risk and high risk families will be more likely to obtain needed services thus making it more likely that these families and children have greater success in transitioning from dependency to self sufficiency (SDC, 2009).

A component of SDC’s decision to form the HHSA was the creation of a monitoring system used to track the health, and physical/mental well being of children and families of SDC (SDC, 2009). The monitoring system enacted in 1997, was the result of the national welfare reform movement. The monitoring system required a collaboration between the HHSA and private and public organizations, community leaders from various community-based organizations and agencies provided services to children to detect known population-based measures for a report card that were available from existing data sources that are both valid and reliable (SDC, 2009).

Goals of Sunny Days County Redesign
The restructuring of SDC’s system of delivery was aimed at creating an integrated, regional organizational structure functioning at a community-based prevention and early intervention network of services level, which, when properly utilized, would assist in circumventing the various social ailments, such as unemployment, financial distress, and lack of education plaguing impoverished communities. SDC’s Board of Supervisors envisioned these and several other goals as projected outcomes of the reorganization of the Department of Health Services and the Department of Social Services: a reduction in bureaucracy which, in turn, would release funds that could be redirected to improve services; encourage community-based prevention and early intervention; the County’s accountability to tax-payers would be encouraged; improve customer services by promoting the incorporation of services through a system of agency, community organizations and contracted services providers would also be improved (SDC, 2009).

The first set of questions addressed each respondent’s perceived function of his/her role in the FRC and their basic demographic information. Staff members were then asked, “What is your perception of what you do?” The response to this open-ended question yielded four distinct responses. Most of the staff members (66.6%) viewed their primary role in the FRC as solely determining eligibility to public assistance programs. Fifteen percent of the respondents stated that their purpose was to assist individuals in the community, while 11% perceived their primary role to be a mechanism in promoting dependency on government human assistance programs. Only 5% of the FRC’s staff believe their main duty is to provide assistance to the community. It should be noted that per the SDC website, those employed in the capacity of a human services specialist are
taxed with determining eligibility to public assistance programs by properly interpreting the rules and regulations governing these programs.

From these data, it can be seen that staff do not follow the principal function of SDC’s FRC and that the primary goal of the FRC philosophy of working with families in improving and strengthening the family unit as a whole is not fulfilled, but rather, it is simply the mundane process of reviewing applications for public assistance programs and determining whether or not an individual or family is eligible to benefits provided under the programs.

Respondents were asked to provide their basic demographic information. Respondents were 88% female and 11% male. A majority of the FRC staff (44%) are between the ages of 20 and 30. Sixteen percent of the FRC staff is between the ages of 31-40. Twenty-Two percent reported being between the ages of 41 and 50, and 16% between the ages of 51 and 60 years old.

Although staff members of the FRC are not required to have any type of formal education, 55.5% report having some college while 27% of staff reported having graduated from college. Sixteen point six percent of the FRC staff report their highest level of education to be a high school diploma. It can be argued that a stable staff is more likely to become part of the community, in turn; this may allow staff to better be able to assist families and the community due to their familiarity with the community. However, a majority of the staff at the SDC FRC (72%) reported being in their current position less than five years while only 28% report being in their current position over 5 years.
These data suggest that the FRC experience a high turnover of staff. This may hinder staff from developing a long term working relationship with the community. FRCs may be able to develop stronger ties to the community if a larger portion of the staff remains part of the FRC. The longer the staff remains with the FRC the more likely they are to gain the trust of the community. This may increase the success of FRC in regard to working with families in an attempt to improve the dynamics of at risk and high-risk families.

Respondents were asked if they had held any other positions within the County in order to obtain a general idea of the respondents work history 55.5% of respondents stated that they have worked in a different capacity as a County employee while 44.4% stated that their position with the FRC was the first position they had. The next set of questions were designed to assess the extent to which SDC has successfully implemented the organizational structure of the FRC, and the extent to which respondents believe a collaborative effort between private and public agency is more successful in curtailing poverty and impoverishment, than public assistance programs alone.

The most significant component of the FRC model is the establishment of a working relationship between the public school system and the family resource center. When respondents were asked, “On average, in your position, how often do you interact with the public schools located in the community you serve?” Two-thirds (66.6%) of the respondents stated that they have never had any interaction with the public schools, 33.3% of respondents reported that they “rarely” interacted with public schools during the course of their day. Based on this response, it is apparent SDC has failed to take
advantage of the most significant relationship with the community based on the family resource center framework that they could.

Another important facet of the FRC model is the creation of a working partnership between the FRC and private agencies within the community. Respondents were asked “On average, in a given business day, how often do you interact with private agencies in the community?” None of the respondents reported having any interaction with private organizations within the community.

The primary function of the restructuring of SDC’s HHSA was to establish the framework for a system that strengthens the ties between the HHSA and individuals and families within the community, to improve the system of delivery, to form collaborative efforts with private organizations within the neighborhoods, to better assist families as well as the integration of various services offered within the Agency, and to better serve the community. The next series of questions focuses on assessing the degree to which Sunny Days County has been successful in meeting these goals. The results for these questions are presented on Table1.

-------------------------------
Insert Table 1 about here
-------------------------------
Table 1. Staff Perception of the Family Resource Center (n = 18)

<table>
<thead>
<tr>
<th>Perception</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The family resource center has close ties to the community</td>
<td>1 (5.5%)</td>
<td>4 (22.2%)</td>
<td>8 (44.4%)</td>
<td>3 (16.6%)</td>
<td>2 (11.1%)</td>
</tr>
<tr>
<td>An employee of HHSA interacts with other departments within the agency on a regular basis</td>
<td>3 (16.6%)</td>
<td>6 (33.3%)</td>
<td>3 (16.6%)</td>
<td>6 (33.3%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>By creating a working relationship with public schools and agencies within the community, the FRC will be better able to assist individuals and families</td>
<td>7 (38.8%)</td>
<td>9 (50.0%)</td>
<td>2 (11.1%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Public assistance programs alone may assist families in achieving self sufficiency</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>4 (22.2%)</td>
<td>6 (33.3%)</td>
<td>8(44.4%)</td>
</tr>
<tr>
<td>A collaborative effort between public and private agencies that offer a wide array of services such as employment training, parenting classes, educational assistance for parents and children are more likely to assist families achieve self sufficiency than public assistance programs alone</td>
<td>6 (33.3%)</td>
<td>7 (38.8%)</td>
<td>5 (27.7%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>The current system makes it easy for client to obtain all services they may be eligible to in order to improve their current situation</td>
<td>2 (11.1%)</td>
<td>5 (27.7%)</td>
<td>3 (16.6%)</td>
<td>8 (44.4%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>The current system in place prevents a fragmented and duplicate system of delivery</td>
<td>0 (0.0%)</td>
<td>5 (27.7%)</td>
<td>1 (5.5%)</td>
<td>0 (0.0%)</td>
<td>12(66.6%)</td>
</tr>
</tbody>
</table>
When respondents were asked “To what extent do you agree with the following statement: The FRC has close ties to the community” Almost as many respondents agreed with the statement as disagreed. Most FRC staff felt the FRC existed within the community but could not establish whether or not it had strong ties to the community, therefore, responding neutral to the question.

When respondents were asked “How do you believe the community you serve regards the FRC”, 16.6% of respondents felt the FRC was regarded positively by the community, while 11.1% of respondents felt the FRC was perceived poorly by community members. Half of all respondents felt the community was neutral in its opinion of the FRC while 22.2% reported feeling they could not determine how the FRC was perceived by community members.

Half of all respondents remained neutral indicating that the FRC staff believes the families and individuals served by the FRC seek services from the center when necessary, but that they do not play a significant role in the community nor do they have an adverse relationship with the neighborhood it services. However, the FRC’s failure to develop close ties to the community and community members makes it improbable that it has the capacity to assist children and families in accomplishing self-sufficiency.

To extrapolate these data as to SDC’s success in integrating departments, respondents were asked the following questions: “To What extent do you agree with the following statement: As an employee of the HHSA, interaction with other departments within the agency occurs on a regular basis”. Half of respondents agree to some extent with the statement while one third disagreed.
The FRC model requires the establishment of a communication network in order to better assist the community and curtail the duplication of efforts. Close to half of all respondents agree to some extent that the agency has developed a functioning communication system while the other half of respondents reported either being neutral or disagree the agency has managed to develop a networking system allowing various departments within HHSA to communicate effectively. From these data, it can be seen that SDC’s HHSA needs to improve communication between agencies, this will allow the agency to be more efficient in assisting the individuals seeking services.

Data were obtained as to the extent to which respondents agree/disagree with the following statement: “The current statement in place prevents a fragmented and duplicate system of delivery”. While none of the respondents strongly agreed with this statement, 27.7% of respondents agreed. This indicates that the SDC FRC’s system has had nominal success in creating a cohesive more client friendly system. A minimal number of respondents remained neutral while a majority of the SDC FRC disagreed that the current system in place prevents a fragmented and duplicate system of delivery.

The data suggest that the FRC should reconsider its current system and the ways in which the delivery system remains fragmented and efforts continue to be duplicated by various departments within the agency. Creating a more functional system will make the HHSA and its various departments more capable of meeting the needs of its customers and prevent the redundancies of efforts.

The staff of the SDC FRC were asked “To what extent they agree/degree do you with the following statement: the current system makes it easy for clients to obtain all
services they may be eligible to in order to improve their current situations”. Over one-third of staff (38.8%) agrees to some extent that system currently in use at the FRC provides easy access to all services available to its customers in order to facilitate the process of improving their current situation. A significant portion (38.8%) of the staff indicate the need for change. The data suggest that the staff does not perceive that the current system ensures that families seeking assistance from the FRC are being offered all services to which they may be eligible.

The objective of integrating SDC’s various departments was to serve as the foundation for a new business model promoting service integration and encouraging an internal and external communication network functioning as a safeguard against the fragmentation and duplication of services in turn, radically improving service delivery to community members. The data obtained indicate that SDC has been moderately successful in improving the communication between the various agencies comprising the HHSA a majority of respondents agree interaction within the various departments of HHSA occurs at on a regular basis, however; one-third of the respondents indicated that the communication between agencies does not occur frequently suggesting SDC should consider implementing other programs targeted at improving interactions within the department.

The reengineering of SDC’s DHS and DSS was intended to establish a more efficient delivery method by reducing the duplication of efforts and activities by different departments while concurrently simplifying the service delivery method making it more feasible for clients to navigate the system. Only a moderate portion of respondents
believes the current system in place has been successful in alleviating this fragmentation and duplication of service delivery. An equal number of respondents deemed the system unsuccessful in deterring redundant, disjointed system delivery. From these data, it is apparent Sunny Days County needs to further evaluate its options in developing a more user friendly system in order to improve the delivery of services and establish a better networking system amongst the various departments of HHSA.

One of the primary characteristics of the FRC framework is insuring accessibility to the various programs and services offered by the FRC. Almost half of the respondents disagree that the system in place is designed to maximize accessibility to the various programs and services offered by the agency. This suggests that before the reorganization of SDC’s HHSA the FRC’s clients may still experience difficulties in navigating the system and obtaining the various services for which they may be eligible in order to assist in their plight to gain self-sufficiency. The last set of questions were designed to learn how the respondent felt about the community-based, family approached system of delivery and whether or not using the family resource center model is more beneficial to families than a system simply offering human assistance programs.

Respondents were asked “To what extent do you agree or disagree with the following statement: Public assistance programs alone may assist families in achieving self-sufficiency.” None of the respondents agreed with the statement, however, an overwhelming majority of respondents disagree. This shows that all staff members employed by the FRC do not believe human assistance alone can be a successful tool in circumventing poverty. This suggests that although these programs have been developed
to provide families in need with a financial safety net in the event of economic hardship, these programs are not the answer to alleviating poverty as a social ailment. Other options must be used in conjunction with public assistance programs or these programs are rendered ineffective in functioning as a mechanism in ending impecuniosities.

SDC, in its business redesign, listed the 1996 welfare reform legislation that strongly emphasized moving family from dependency to self-sufficiency as a catalyst in the plan to restructure its Department of Health Services and Department of Social Services. The following question was asked to respondents in order to determine the extent to which the SDC FRC staff believed a joint network between the SDC FRC, local public schools and agencies within the community would benefit the community. “To what extent do you agree or disagree with the following statement: By creating a working relationship with public schools and private agencies within the community, the FRC will be better able to assist individuals and families.” Almost all of respondents agreed with the statement. None of the respondents disagreed at any level with this statement. This suggests that the SDC staff advocates a cumulative effort of the public schools, community agencies and FRC in assisting families in achieving self-sufficiency.

While none of the staff at the SDC FRC believe that public assistance programs alone can assuage poverty, numerous staff members agree that an amalgamation of various institutions within the agencies may be better equipped in functioning as a successful approach in preventing dependency on human assistance program.

The following question asked the extent to which offering various services and programs to at risk and high risk families would aid families in overcoming dependency
on human assistance programs. “A collaborative effort between public and private agencies that offer a wide array of services such as employment training, parenting classes, educational assistance for parents and children are more likely to assist families achieve self-sufficiency than public assistance programs alone.” Based on the response, SDC’s FRC staff agrees that a collaborative effort offering a variety of services is better equipped in weaning individuals off of dependency on human assistance programs than welfare programs alone. As human assistance programs offer limited financial assistance to aid needy families with shelter costs, food and medical services, however, these programs alone do not provide individuals with the skills needed to attain self-sufficiency. It may be for this reason that none of the staff disagreed with this statement placing further importance on providing families access to programs in order to assist these families achieve self-sufficiency.

The FRC philosophy is entrenched in the establishment of a united effort between local schools, social services agencies, and community agencies functioning as an entity in providing various programs and services to strengthen the family unity in turn creating an avenue from which families can break their dependency on government sponsored financial program. The data show that the staff of the SDC FRC agrees with this framework. The staff agree that services and programs provided by public and private agencies in conjunction with public assistance programs offers impoverished families the best opportunity in achieving self-sufficiency.

Although the FRC staff report either never or rarely having communication with the public schools or agencies in the community, an overwhelming majority of
respondents believe a collaborative networking system between the FRC, public schools and community agencies would be far more effective in weaning families from dependency on human assistance programs to self sufficiency. None of the respondents disagreed that a wide array of services combined with human assistance programs would better assist families overcome dependency.
Chapter 5

CONCLUSION

This project examined the SDC FRC on its journey to implement the Family Resource Center model into its organizational structure. It should be noted that there are limitations to this evaluation. Due to time constraints and access to staff, data were only obtained from one of the eight FRCs in SDC. The data obtained from the one FRC was used to represent all of SDC’s FRC. In order to provide a more reasonable and generalizable assessment, data from more of the FRC staff across the county are needed.

Based on the answers provided by the respondents, SDC has been futile in executing the family-approached, community-based system that is at the essence of the family resource center philosophy. The inability of the SDC’s FRC to establish and preserve a rapport with the public school system and community agencies indicates that the FRC model enacted in Sunny Days County does not match the criteria set forth by the Kentucky FRC model or the literature serving as a guiding principle in creating an FRC blue-print.

In 1998, SDC attempted to enhance its service delivery methods by reorganizing its health and human services into the family resource center. Sunny Days County, in its model assessment plan, stressed the importance of establishing a working relationship with community agencies and local public schools (SDC, 2009). However, based on the data from FRC staff members, the practice did not match the intent, there was minimal to no communication between FRC staff members, community agencies and the public.
school system. The data suggest that Sunny Days County has yet to put forth an effort to join forces with the community in order to better assist families in need.

The regional delivery system implemented by Sunny Days County was designed to make it easier for staff to provide services in an incorporated fashion. Under this system, services from both public and private agencies will be easily accessible to families in at-risk and high risk communities. This model was designed to provide families with various prevention and early intervention programs so that they could acquire the necessary means to thrive. However, when staff were asked what their perceived function of the FRC is, the majority indicated that their function was to evaluate and determine eligibility to public assistance programs. This was not what was identified by the FRC model.

The heart of the FRC philosophy is for all children in the community to grow and develop in a stable, safe home environment, obtain essential education and turn out productive members of the community. The FRC is intended to pool resources within the community and collaborate with the public schools in order to successfully fulfill the FRC philosophy. The staff of SDC’s FRC does not believe that what they do improves the lives of children and families within the community. Without this goal, SDC FRC has failed in its omnipotent mission to assist at risk and high-risk children obtain the necessary skills needed to successfully assimilate into society.

Regardless of the SDC’s FRC staff perception of their function in the community, a majority of the respondents agreed that human assistance programs alone are not productive tools in empowering families; rather they believed that these programs were
mechanisms of establishing a dependency on these programs or utilizing these programs as a life style. The FRC framework was intended to be used in lieu of the traditional social service programs, which were thought to be disempowering, fragmented, and difficult for families to obtain the services for which they may be entitled. Respondents overwhelmingly agreed that a comprehensive approach to preventing and treating high-risk families is necessary in moving families from dependency to self-sufficiency and ensuring.

None of the respondents agreed that public assistance programs alone could empower families. However, most of the FRC staff believed that a shared endeavor between various agencies could achieve self-sufficiency and empower children in impoverished communities. Overwhelmingly, the FRC staff agrees with the family resource center philosophy, just not with how it is implemented in SDC. Sunny Days County acknowledges the importance of reaching out to the community and establishing ties to the community in order to better assist children and families was the driving force behind the County’s business model assessment report.

Although this evaluation is of a FRC, the philosophical ideology of the family resource center, which is centered on strengthening community ties and assisting at risk and high risk families overcome poverty, further research on this area may have significant implication in the criminal justice and other service community as well.
APPENDIX
INTERVIEW QUESTIONS

1. What is your perception of what you do?

2. What is your gender?
   a. Female
   b. Male

3. Please select your age group
   a. 20-30
   b. 31-40
   c. 41-50
   d. 51-60
   e. 61 & over

4. What is your educational background?

5. How long have you been in your current position with the County?

6. Have you held any other positions in the County?

7. On average, in your position, how often do you interact with the public schools located in the community you serve?

8. On average, in a given business day, how often do you interact with private agencies within the community?

9. To what extent do you agree with the following statement: The family resource center has close ties to the community?
   a. Strongly agree
   b. Agree
   c. Neutral
   d. Disagree
   e. Strongly disagree
10. To what extent do you agree with the following statement: As an employee of the HHSA, interaction with other departments within the agency occurs on a regular basis.

   a. Strongly agree
   b. Agree
   c. Neutral
   d. Disagree
   e. Strongly disagree

11. To what extent do you agree or disagree with the following statement: By creating a working relationship with public schools and agencies within the community, the FRC will be better able to assist individuals and families.

   a. Strongly agree
   b. Agree
   c. Neutral
   d. Disagree
   e. Strongly disagree

12. To what extent do you agree or disagree with the following statement: Public assistance programs alone may assist families in achieving self sufficiency.

   a. Strongly agree
   b. Agree
   c. Neutral
   d. Disagree
   e. Strongly disagree

13. Do you agree or disagree with the following statement: a collaborative effort between public and private agencies that offer a wide array of services such as employment training, parenting classes, educational assistance for parents and children are more likely to assist families achieve self sufficiency than public assistance programs alone.

   a. Strongly agree
   b. Agree
   c. Neutral
   d. Disagree
   e. Strongly disagree
14. To what degree do you agree with the following statement: The current system makes it easy for clients to obtain all services they may be eligible to in order to improve their current situation.

a. Strongly agree
b. Agree
c. Neutral
d. Disagree
e. Strongly disagree

15. To what extent do you agree with the following statement: The current system in place prevents a fragmented and duplicate system of delivery.

a. Strongly agree
b. Agree
c. Neutral
d. Disagree
e. Strongly disagree

16. Do you believe the FRC is regarded by the community you service as:

a. Positive
b. Negative
c. Neutral
d. Unable to determine
REFERENCES


