Health- and Family-Focused Human Services Shift Resources Toward Prevention

OUTCOME THREE

Acknowledgments

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Using This Guide: A Note to Building Healthy Communities Coalition Leaders

Purpose/Audience

Each of the Building Healthy Communities *Outcome Resource Guides* is intended to provide a deeper understanding of the background and context for each outcome, a sampling of promising practices and strategies that will contribute to achieving each outcome, and additional tools and resources that can help local leaders plan for improving the health of their communities. These guides were written specifically to assist local leaders and planners in the 14 communities participating in the Building Healthy Communities program of The California Endowment.

Strategies and Promising Practices

The strategies and practices described in each guide are intended to provide options and spark new ideas for local planners. These lists and examples do not represent all known strategies and policy directions in the field. Rather, they represent an overall direction that, based on the evidence at hand, show promise for contributing to a comprehensive approach to improving health in California communities.

Indicators of Success

These indicators are examples of ways to measure changes in this outcome. The appropriate indicator to use as a part of measuring progress, either as a part of an evaluation or a performance monitoring plan, will depend on the targeted changes and strategies that are selected either as part of a Place's work plan or part measuring a grantee's performance.

Contributing to the knowledge base

These guides constitute the beginning of a TCE library of resources that will grow over the next 10 years based on the experiences of BHC communities, as well as on emerging evidence for promising policies and practices in the field as a whole. Community residents, local leaders as well as researchers and scholars are invited to add to this foundation as new tools, strategies, experience and evidence emerge. Please contact TCE at www.calendow.org.

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Outcome Three: Health- and Family-Focused Human Services Shift Resources Toward Prevention

I. Background

Every child and family needs a support system to live healthy, productive lives. Typically, these social supports, financial resources, and human services come from a combination of sources — family members, friends, community institutions, employers, professionals of all kinds, and of course, public agencies. Resource-poor families who live in isolated neighborhoods, though, are often more reliant on public health and human service systems. The availability and quality of these systems, therefore, are critical to ensuring that low-income children and youth are healthy, safe, and able to learn.

Too often, health and human service systems in low-income communities are not organized to promote optimal health and development. They are often:

- Reactive — Individuals have to "fail" (e.g., to be sick, unemployed, homeless, poor, or arrested, etc.) to receive services.
- Fragmented and uncoordinated, making it difficult for families and individuals to access and use services and for service providers to render effective services
- Not effective at engaging consumers in decisions that affect their lives and therefore not responsive to their needs

To move toward The California Endowment's (TCE's) vision of healthy communities, TCE will support efforts to shift resource allocation and orientation among key health and human service systems toward prevention. This means working toward creating health and human service policies and systems that: 1) focus on strengthening individual, family, and community health; 2) are more effective, of high quality, coordinated, culturally competent, and accessible; and 3) support engagement of clients and consumers in improving service delivery.

This Resource Guide highlights strategies that community leaders can consider as they work toward these goals. **Section II** provides a *perspective on prevention strategies*, including the case for, context for, and approaches to developing community-based services that promote healthy development for children, youth, and families. **Section III** identifies *effective and promising programs and policies* that shift resources toward prevention and positive, healthy development. The examples focus on:

- Changing health and human services systems, especially the child welfare and juvenile justice systems, to support earlier, family-centered, and community-based interventions
- Creating integrated community systems that can sustain the promotion of healthy development for children, youth, and families
- Safeguarding families' economic security — income and assets — as a key component of ensuring strong families and healthy children
- Approaches to support and engage consumers of service in improving service delivery

Section IV suggests *measures of progress* in shifting health and human services resources toward prevention. **Section V** identifies *additional resources* for use as communities build and expand community service systems.

This guide links particularly closely to several others in the series. **Resource Guide 1** provides an overview of strategies and resources for promoting children's access to health coverage. **Resource Guide 2** offers an in-depth discussion of strategies for fostering healthy behaviors through coordinated health services. In addition, two guides provide additional information about strengthening families' economic security: **Resource Guide 8**, which focuses on linkages between community health improvements and economic development, and **Resource Guide 6**, which discusses career opportunities and college preparation for youth.

II. Brief Overview of Health- and Family-Focused Human Services – Shift Toward Prevention

The Context for Shifting Health and Human Services Resources Toward Prevention

Even with the fiscal strain on state and local budgets, this is an opportune time for community and state leaders to shift health and human services resources toward prevention.

- *The case for prevention – investing in approaches that strengthen families and promote healthy development of children and youth – grows steadily stronger.* For over a decade, increased knowledge about early brain development has elevated the importance of early interventions for young children and their families. That research is now reinforced by equally compelling evidence about the long-term impacts of childhood trauma and stress on nearly every indicator of health and well-being in later life.[1] Thus, the scientific evidence for the long-term health benefits of promoting safe, stable, and healthy conditions for children of all ages, at all stages of development, and before crises occur – is clearer than ever.

- *As public and private service systems focus more rigorously on achieving positive results for children and families, the importance of shifting resources toward prevention becomes more apparent.* The adoption of results-based accountability and other results-driven approaches in health and human services sets the stage for using resources more creatively to prevent bad outcomes. "Turning the curve" to achieve better results for children and families cannot be accomplished with current service strategies; it requires earlier interventions and more robust and often more intensive community supports for healthy development. Furthermore, as leaders in multiple service systems – health, education, child welfare, juvenile justice, and mental health – focus on their common need for earlier interventions, their motivation grows for coordinating and integrating services to achieve a more cohesive, community-based approach.

- *The value of partnerships between formal health and human services and informal supports is more widely recognized.* Most proposals for improving health and human service systems now recognize that formal services alone cannot achieve the outcomes desired for children, youth, and families. Parents, other family members, and informal support networks must be engaged to fully promote and achieve healthy development of children and youth. This opens the door for systems to be influenced more strongly by families themselves, whose voices are also likely to urge earlier investments in child and family well-being.

- *Tough economic times are forcing a broader definition of what it means to shift health and human service resources toward prevention.* Strong families and healthy children and youth must be economically secure. Children's health and well-being are closely associated with their families' economic status. Thus, as communities consider investments in prevention, they are newly aware of strategies that promote families' economic success, in addition to the critical value of health care, education, and family support.

What Is Required to Shift Health and Human Services Toward Prevention

The largest share of health and human service expenditures are invested in systems designed to assist children and families with serious problems or who are in crisis. These include the child welfare, juvenile justice, and mental health systems, among others. Shifting resources from these systems toward prevention requires changes in policy, practice, and training; coordinated state and local action; strong partnerships between public sector and community leaders; and time, patience, and commitment.

With these elements in place, local leaders can design and implement positive, proactive supports to strengthen families and promote the healthy development of children and youth, as illustrated below by examples provided in this guide from California and elsewhere. For community leaders taking up this task as part of *Building Healthy Communities*, several broad directions are key:

A first essential step is to define "prevention" in a way that focuses on strengthening families and promoting healthy development for children and youth at all stages of their growth process. A genuinely preventive approach shifts from a deficit orientation to an emphasis on promoting healthy development.

Holding relentlessly to a clear set of broadly supported and measurable results — with annual and multi-year targets for achieving them — is emerging as an essential ingredient for keeping initiatives on track to promote child and youth development over time. Many states and communities have adopted this approach by identifying a core set of positive results that they seek for all children, youth, and families, and then mobilizing many partners — funders, public and private agencies, health resources, and schools — to work together to achieve these results.

A second step is to identify how current systems that deal with the most severe problems of children, youth, and families can begin to shift toward earlier interventions and focus on healthy development. This requires changes in service delivery, moving toward family-centered and community-based approaches that identify problems early, respond to them proactively, and promote healthy development. Changes in public policy and financing must support this shift.

A third step is to increase investments in genuinely integrated and coordinated community systems that are high-quality, proactive, oriented to healthy development, culturally competent, and community-based. As stated in TCE's description of Outcome #3 for *Building Healthy Communities*, the aim is to create a "seamless 'quilt' of coordinated, culturally competent, and accessible health and human services" that strengthen families and promote healthy development of children and youth. Such a system is the permanent infrastructure for supporting healthy development of children and young people over time, backed by policy and funding support that are usually accorded only to more traditional, crisis-oriented systems.

A fourth step is to develop consistent, well-supported strategies to ensure consumer engagement in improving delivery of services. Consumers of service can play leadership roles in planning and service design; as members of social networks that link parents together; at governance tables; as strong advocates for policy and systems change; and as agents of accountability, helping to ensure that ambitious plans fulfill their promise. For this aspiration to become reality rather than rhetoric, parents and young people must be partners in an initiative such as *Building Healthy Communities* in important new ways.

The exciting opportunity of *Building Healthy Communities* is that strong alliances of community leaders – public officials, organizations, parents, young people, business leaders, faith communities, and other partners – have the opportunity to build on what already exists in California cities and forge a more comprehensive and lasting base of prevention services.

California Resources to Support Prevention and Healthy Development

California counties have resources and capacity that can anchor further shifts of health and human services toward a system that promotes healthy development. These include:

Planning and Governance Resources:
- *First Five Commissions* in each county, which plan a comprehensive system of education, health services, childcare, and other crucial programs for young children
- *Community-based Child Abuse Prevention Councils (CAPCs)*, funded under the Office of Child Abuse Prevention. The 74 local councils provide a forum for interagency cooperation and coordination in the prevention, detection, treatment, and legal processing of child abuse cases; promote public awareness of child abuse and neglect and of resources for intervention and treatment; encourage and facilitate training of professionals; and recommend improvements in services to families.

Service Delivery Resources:
- *A Base of Child Health Insurance* – This includes a state Children's Health Insurance Program, which covers families up to 200% of the poverty line and includes income disregards for earnings, childcare, and child support, and covers the children of legal immigrants as well as pregnant women.
- *Family Resource Centers* – Many counties have a growing network of family resource centers that are connected by a state-level association and regional training and technical assistance intermediaries.
- *Pre-kindergarten Services* – California was one of the first states to provide state-funded, pre-kindergarten services. In 2008, all five of its existing programs were consolidated, creating the largest state-funded preschool education program in the country.

Policy Commitments Toward Earlier Intervention/Prevention within Health and Human Service Systems:
- *In the Child Welfare System* – A differential response approach is needed that includes a structured response to families whose situation does not rise to the legal definition of child maltreatment but who are in need of services and supports and whose children seem to be at risk. Families are currently referred to community response agencies rather than proceeding

through the normal processes for investigating child abuse and neglect. Differential response is being piloted in 11 California counties, and in September 2009, the state Prevention and Early Intervention Committee recommended that it be implemented statewide.

- *In the Juvenile Justice System* – Commitment of funds needs to be targeted to earlier interventions and prevention, aimed at stopping youth violence and developing community-based alternatives for addressing the needs of young people with delinquency or status offense charges.

Local Action to Create a More Permanent Infrastructure for Prevention and Healthy Development

Using current resources as a starting point, some of which are discussed in this guide, each community participating in *Building Healthy Communities* will develop its own planning process and action strategies to achieve Outcome #3. Possible steps for community leaders to consider, based on other communities' experiences, are outlined in **Figure I**, below.

FIGURE 1   Actions for Community Partners to Consider As They Shift Health and Human Service Resources Toward Prevention

- Assess and understand the current well-being of children, youth, and families, using indicators of healthy growth and development aligned with the goals of *Building Healthy Communities*.
- Focus on the health of all population groups and on "closing the gaps" in well-being that are associated with disparities in race, ethnicity, language capacity, and other critical variables.
- Assess and understand the prevention resources and initiatives that already exist in communities.
- Agree upon a set of results that families and community partners desire for the healthy development of children and youth, focusing on the results sought through *Building Healthy Communities*.
- Learn what is working, or is promising, from other communities', counties', and states' experiences.
- Develop a common framework for prevention, with priorities for enriching and sustaining preventive and developmental approaches.
- Identify policy leverage points within current services systems – education, health, child welfare, juvenile justice, employment, and training – that will enable further shifts of resources toward prevention, early intervention, and developmentally oriented services.
- Create a prevention budget that identifies the specific prevention/early intervention investments that can be made from existing funding streams.
- Identify opportunities to integrate prevention activities within the context of existing child and family services, creating a more seamless continuum of services and supports.
- Mobilize the larger community and informal support system in ways that are supportive to families.
- Develop accountability and feedback loops – for parents, community partners, and funders – so that progress can be tracked and improvements made, as necessary.

III. Promising Practices and Strategies

This section describes promising policies, practices, and strategies that communities in California and elsewhere have used to strengthen families and promote the healthy development of children and youth. This section begins with strategies used in child welfare and juvenile justice systems; then describes community efforts to create seamless and durable local systems that promote healthy development; and concludes with descriptions of services that can increase families' economic success – an important family support in these tough economic times.

A. **Shifting Resources to Earlier Interventions and Prevention in Child Welfare and Juvenile Justice Systems**

In both the child welfare and juvenile justice systems, current directions for reform focus on investing in earlier interventions that prevent children, youth, and families from entering the system, divert them from deeper involvement, and simultaneously improve children's safety, connection to a permanent home, and well-being. Interventions keep children/young people safe in their own families and communities, while shifting dollars from the "back end" of the system to earlier interventions. This section begins with an approach that promotes families' healthy development, and describes strategies that build earlier interventions into "deep end" systems.

1. **Promoting Strong Families and Children's Healthy Development**

One of the strongest trends in preventing child maltreatment is states' and localities' adoption of the *Strengthening Families Initiative* (SFI). Initially funded by the Doris Duke Charitable Foundation and now adopted by more than 30 states and many local jurisdictions, *Strengthening Families* identifies five "protective factors" (shown in **Figure 2**) associated with families' capacity to nurture their children well and which are strongly linked in the research literature to a decreased likelihood of child abuse and neglect.

FIGURE 2 **Research-based Protective Factors, Closely Linked to a Decreased Likelihood of Child Abuse and Neglect**

- **Parental resilience** – the capacity to cope with all types of challenges
- **Social connections** – positive relationships with friends, family members, and others who can provide concrete and emotional support to parents
- **Knowledge of parenting and child development** – accurate information about raising children and appropriate expectations for their behavior
- **Concrete support in times of need** – financial security and access to formal and informal supports, such as TANF, job training, and adequate housing
- **Social and emotional competence of children** – the ability of children to interact positively and articulate their feelings

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These factors characterize families who are able to create healthy, nurturing environments that promote the positive development of children. They can also serve as a road map for concrete actions to strengthen and support families and thus prevent child abuse and neglect. *Strengthening Families* promotes several key ideas within the field of prevention:

- **Support for existing programs, "where families already are"** – Prevention needs to happen (and often already is) *where families* are. *Strengthening Families* advances the idea that people and programs already working with children and families can be supported to make small but significant changes that will enhance their ability to build protective factors. By building on programs that are already serving large numbers of young children and their families – the Early Care and Education (ECE) system – *Strengthening Families* is a cost-effective approach, feasible even in a tight budget environment.

- **Using evidence-based practices to develop a concrete prevention strategy** Because the protective factors are strongly rooted in research, they provide the rationale for action and can also guide communities in deciding how to prevent child abuse and neglect. Using the protective factors, community partners see a role that they can play – and understand how the protective factors connect to outcomes they care about for children and families.

States and counties adopting the *Strengthening Families* approach target early care and education programs – high-quality child care centers – where staff are specially trained in establishing partnerships between parents and the family supports that promote the protective factors. With leadership from state ECE administrators, Children's Trust Funds, and child welfare directors, over 30 states and dozens of counties have adopted some version of the protective factors in their policies, practices, and/or professional development programs.

The low cost of the *Strengthening Families* approach makes it possible for child welfare agencies to shift scarce resources to invest in front-end prevention activities, even when resources are severely limited. Several state child welfare systems now use promotion of the protective factors as both a preventive strategy and as a way of interacting with parents at all points in the system. This reduces the likelihood of trauma at every stage of a child's life – before contact with child welfare services as well as once services have begun.

Illinois' child welfare Director Erwin McEwen says, "The Department of Children and Family Services (DCFS) shouldn't be in the business of raising children; we should be in the business of strengthening families." Accordingly, DCFS has shifted funds to invest about a million dollars each year in its state Strengthening Families initiative. Funding is used to build the capacity of early childhood programs to serve as the front line in reaching out to families that are under stress. The Department also funds Parent

Cafés statewide – peer-based conversations convened by community agencies where parents get support and learn from other parents how to be strong and flexible in the face of adverse circumstances. DCFS also embeds information about the protective factors in core training for all child welfare workers and has revised their reunification tools to include promotion of protective factors as a core part of working with families. For more information, see www.strengtheningfamiliesillinois.org

New Jersey is using the protective factors as a way of reaching out from the child welfare agency to community partners, trying to build community supports that avoid the need for child welfare services in the first place.

New Jersey's Division of Prevention and Community Partnerships, a part of the state child welfare agency (the Department of Youth and Family Services or DYFS), is helping multi-disciplinary leadership teams in each of the state's 21 counties – teams involving everyone from representatives of the local DYFS office, to the food banks, United Ways, childcare, and services for homelessness and substance abuse – to align their services around the protective factors. The state provides technical assistance, training, and support for coordination of the leadership teams. The aim is to provide a common local framework for strengthening families as the basis for more cohesive, prevention-oriented local service systems.

2. **Differential Response to Support Families Through Earlier Interventions**
A second way in which child welfare agencies are shifting resources to earlier interventions and more preventive services is through differential response systems – policy and practice changes that provide flexible and community-based services to families who are reported to child protective services, but who do not present high-risk situations, in an attempt to prevent more serious problems from developing.

Differential response in California (and in about ten other states with differential response polices statewide) is a deliberate shift of resources to the front end of child welfare systems. California's movement toward differential response began in 2003, with recommendations from a Child Welfare Stakeholders Group; accelerated with the funding of 11 pilot counties (and technical assistance to many more to boost their early intervention efforts); and is now being considered for statewide implementation.[2]

The power of differential response depends on the strength of the community services that child welfare leaders develop, in partnership with other public and private agencies and partners.

Every Monday in **Placer County, CA**, child welfare staff meet with Family Resource Center (FRC) staff and the County's CalWORKS staff to review the cases of all families referred to the child welfare system since the previous Friday. Together,

the partners help to determine which families can be served by the FRC, CalWORKS, and community partners without formal child welfare engagement (a course of action known as Path 1); which families the child welfare agency and its partners can serve together to try to minimize the family's formal child welfare service involvement (Path 2); and in which families there are sufficient risk or safety concerns that the child welfare system needs to take the primary role in addressing them (Path 3). During the week, regular phone conferencing enables the partners to collaborate in determining the appropriate response to new cases as they come in. Through this intensive work together, the partners can ensure that families receive the supports they need in order to stay away from any unnecessary involvement with the formal child welfare system.

The partnership extends beyond the initial assessment process. For example, child welfare staff and FRC staff often team up to conduct an initial visit to families. This builds the relationship that will enable child welfare staff to exit smoothly from involvement with the family, as soon as concerns about safety have been addressed, confident that the stress and issues that brought the family to the child welfare system are being effectively managed. For a website providing more information about differential response programs in California and elsewhere, see www.differentialresponseqic.org.

There are other states that have documented their experiences with differential response over a longer period of time than in California. These are useful to note, since they demonstrate the policy and financial commitments needed to sustain this shift in resources.

Ramsey County, Minnesota, in which the city of St. Paul is located, began implementing differential response services in 2004. As in California counties, Ramsey County leaders envisioned differential response as part of a more fundamental shift in child welfare services toward prevention. Ramsey County offers differential response to families where some risk of actual or potential child maltreatment has been identified. Customized plans of family support, mental health, substance abuse, and other health and human services are funded through differential response, according to each family's needs. County leaders hope to expand their differential response program, based on the growing evidence that differential response has reduced the number of children entering care and helped reduce children's length of stay in care. Ramsey County's use of differential response has been supported by the legislation, policies, and funding which have accompanied Minnesota's statewide implementation of the Family Assessment Response initiative. For a literature review that describes Minnesota's program as well as other states' implementation of differential response, see www.differentialresponseqic.org/assets/docs/qic-dr-lit-review-sept-09.pdf

3. **Community Partnerships to Ensure Children's Safety, Permanence, and Well-Being**
   Differential response services are part of a broader shift in child welfare policy, in California and elsewhere, toward earlier interventions in child welfare systems – a shift which often depends upon new community partnerships. Community partnerships bring new stakeholders to the table; expand investments in children's health and well-being; and, when successful, prevent later, higher costs for out-of-home placement or long-term system involvement.

   Two examples illustrate how community partnerships can become permanent features of child welfare systems, "hard-wiring" earlier interventions, community connections, and healthy child development into child welfare policy and financing, rather than just adding a few additional services.

   Iowa has established Community Partnerships for the Protection of Children (CPPC) statewide, with 39 community partnerships serving all but one of Iowa's 99 counties. State and local officials have invested significantly in partnerships involving parents, public and private providers, schools, sheriffs, judges, and others. The payoff has been strong, according to state officials. Through this approach, Iowa's child welfare system has expanded its use of kinship care, increased its reunification services, and drawn on the informal supports that are often families' first line of defense in times of crisis.[3]

   The **District of Columbia's Healthy Families/Thriving Communities Collaboratives** "bring together community leaders to create and sustain a District-wide network that empowers families and communities to improve their quality of life."[4] Started in 1998, the collaboratives consist of large and small non-profit organizations along with community members who take responsibility for serving children in their part of the city. The District's Child and Family Services Agency (CFSA) has invested core system resources in the collaboratives' services, expanding preventive health and well-being services. For more information, see http://dccollaboratives.org?page?id=96

   Like Iowa and the District of Columbia, California's state child welfare agency has identified community partnerships as a fundamental strategy that will guide the continued evolution of the state/county child welfare system. With the further incentives provided by *Building Healthy Communities*, local leaders have the opportunity to implement important next steps in developing these partnerships.

4. **Shifting Juvenile Justice Resources Toward Prevention and Earlier Intervention**
   Juvenile justice systems are also working to shift resources to earlier interventions, thereby avoiding costly, damaging, and ineffective detention or incarceration options in favor of community-based interventions. The shifts in juvenile justice are toward community alternatives and earlier interventions, although usually not yet to primary prevention services. Nevertheless, the momentum developing in California for

juvenile justice improvements can make local juvenile justice leaders important allies as *Building Healthy Communities* forges a comprehensive system of earlier supports for families and children.

Juvenile justice reforms are particularly important for the results that *Building Healthy Communities* seeks. When youth spend time in custody, they are more likely to experience a series of other negative health and well-being outcomes – they are less likely to complete high school, more likely to abuse drugs and alcohol, and less likely to form stable families.[5]

A major effort to add more preventive services to the continuum available to young people involved with juvenile justice services is the *Healthy Returns Initiative* (HRI), supported by The California Endowment in partnership with five county probation departments. HRI increases access to physical and mental health services for young people while they are in detention facilities and, as important, ensures continuity of these services upon their release. Based on research and experience indicating a high need for, but limited access to, mental health services for youth in detention, placement, or in-home supervision, HRI demonstrates the benefits of making those services available.

HRI's innovations include (1) routine use of evidence-based assessment tools; (2) stronger collaboration between probation departments, mental health, health, and other services, and families and youth, usually through Multi-Disciplinary Teams (MST); and (3) improved accountability through better data and information management systems. These program elements were implemented in each of the five demonstration counties in a way that best fit the local context. In the **Los Angeles County** demonstration, for example, HRI included:

- Screening by the Department of Mental Health (DMH) for all HRI participants, with a plan for follow-on services for all those assessed as requiring them.
- Support from a Multi-disciplinary Team involving the relevant public agencies (the County Department of Health, LA County Office of Education, and mental health contract providers and clinicians in addition to Probation) as well as community providers (Wraparound, Systems of Care, and the Full Service Partnership) and families. The MST assumed responsibility for assuring that services needed were well matched to, and actually received by, the young person.
- Ongoing training for probation and other systems staff in child and adolescent development and in how to help families obtain the resources they need and/or to which they are entitled.

A final evaluation report on HRI's achievements will be issued shortly. Participating counties are confident, however, that the consistent focus on providing mental health, health, and other services prevents deeper involvement in the justice system and thus pays off in the long run. For more information about HRI, see www.calendow.org/article.aspx?id=1362&ItemID=1362

Some of the most striking and well-researched evidence in favor of shifting juvenile justice resources to earlier interventions comes from the Juvenile Detention Alternative Initiative (JDAI), funded by the Annie E. Casey Foundation and implemented in several California counties and other sites nationwide. As the name implies, jurisdictions implementing JDAI invest in community services to (1) reduce or eliminate the need for placing young people in secure detention; (2) minimize re-arrests and failure to appear rates pending adjudication; (3) redirect public finances to sustain successful reforms; and (4) reduce racial and ethnic disparities in the outcomes for children in juvenile justice systems.[6] The approach uses eight interrelated strategies to achieve these goals, described in detail in JDAI materials.[7] Santa Cruz, Santa Clara, and other California counties are implementing this approach and demonstrating its power.

Santa Cruz County, CA has implemented a host of reforms designed to reduce secure juvenile detention and thus improve the long-term prospects of young people – with impressive results. Not only has there been a significant reduction in juvenile detention in the county, public safely has improved considerably. Juvenile arrests for serious violent offenses have declined by 46% since the initiative began in 2003 – a rate of improvement significantly higher than comparable rates of decline nationwide during the same period.[8] Santa Cruz County has also made progress in reducing racial disparities in their rates of admission to detention, reducing disparities by half. Santa Cruz leaders attribute this success to the opening of an evening reporting center that provides supports, services, opportunities, and supervision to Latino youth who might otherwise have been in secure detention.[9]

Santa Cruz County's success with this approach is not unique. Other jurisdictions show similar benefits as a result of this shift of resources toward earlier, community-based interventions. Some of the outcomes seen in other jurisdictions are noted below.

- **Multnomah County, OR** used community supervision to close three 16-bed detention units, redirecting $12 million in savings to detention alternatives.[10]
- By launching community alternatives, **Cook County, IL** avoided construction of a $24 million detention facility, redirecting those resources to community-based resources.[11]
- **New Jersey** illustrates what is perhaps the most intensive statewide strategy using this approach, which, on the strength of local pilot sites is implementing the shifts toward earlier, community-based interventions. **The New Jersey**

Office of the Child Advocate's report on juvenile detention outlines "the need for county and state leaders to capitalize on the success of detention center reforms that have resulted in fewer youth being confined in county detention centers through creative, cost-neutral strategies and by streamlining and redirecting existing resources." For more information, see http://www.state.nj.us/childadvocate/publications/PDFs/Reinvesting%20in%20NJ%20Youth.pdf

Beyond JDAI, a growing body of experience and evidence suggests the effectiveness and the cost effectiveness of a shift in juvenile justice resources away from deep-end, institutional solutions to community interventions.

Pennsylvania evaluated seven evidence-based programs serving youth involved in the juvenile justice system to determine whether the benefit of these strategies justified the cost of implementation. The programs evaluated included: Big Brothers/Big Sisters, LifeSkills Training, Multidimensional Treatment Foster Care, Multisystemic Therapy, Functional Family Therapy, Nurse Family Partnership, and the Strengthening Families Program. Results of the evaluation demonstrated that the programs produce a return on investment of between $1 and $25 for every dollar invested. They "not only pay for themselves, but represent a potential $317 million return to the Commonwealth in terms of reduced corrections costs, welfare, and social service burden; drugs and mental health treatment; and increased employment and tax revenues."[12] For more information, see http://www.prevention.psu.edu/pubs/docs/PCCD_Report2.pdf

The point is clear. By shifting resources to community services, juvenile justice systems — like child welfare systems — can contribute to and become part of the "quilt" of community-based, developmentally oriented programs to an extent not possible in the past.

5. **Restructuring State/County Fiscal Incentives to Promote Earlier and More Preventive Approaches**
   In the strategies discussed above, child welfare and juvenile justice administrators recognize the merits of a new approach, create a new policy, and allocate resources accordingly. Arguably, even stronger impetus can be placed behind resource redirection by creating financial incentives to redirect funds and, ideally, build these state/local funding formulas.

   An example from **Maryland** illustrates the principles and possibilities of this approach. In Maryland, the policy goal was to create more community-based and earlier interventions to help drug-addicted parents obtain drug treatment and other health care services for themselves, as well as needed services for their children. The aim was to enable substance-abusing parents to safely maintain custody of their children and thus prevent unnecessary, traumatizing, and costly out-of-home placements.

Maryland's Opportunity Compact strategy developed from a commitment by the Governor and private philanthropy to address escalating foster care costs and plummeting outcomes for children in foster care. They envisioned a program to help addicted parents obtain treatment and support to overcome their addiction, accelerate reunification of foster children with their parents, and help the parents lead productive lives. To accomplish this, the partners identified an effective family drug court program that had proven results with the target population and then structured fiscal incentives so that savings generated through use of this program could be recaptured by the local jurisdiction and used to expand the program.

The initiative used private philanthropic investment as seed capital for one year of innovative programming in order to "prove the case" for the new approach. State funding was guaranteed if the pilot program was successful – which it was. The fiscal redirection of funds then went into effect, and savings generated by the program were reinvested toward expanding it. In this way, the innovation of the initial program was rewarded and was able to generate the funding for program continuation and expansion. The results have been positive. Total savings from the program are $3 million, and 52% of the children – who were likely to have remained in foster care for very long periods or permanently – are now reunified or with other permanent families. Their length of stay in foster care was also reduced from an average of four years to two years or less. For more information on the state policy initiative that created the Opportunity Compact, see www.PolicyforResults.org

This example has two possible lessons. First, it illustrates the benefits of earlier, community-based interventions for addressing family situations which are often viewed as intractable. Second, it illustrates the use of "seed capital" and fiscal incentives to catalyze redirection of resources, an approach that could be tried in *Building Healthy Communities* since the same ingredients – philanthropic commitment and investment, combined with public sector commitment to earlier interventions – are present.

B. **Creating Seamless and Durable Local Service Systems that Strengthen Families and Promote Healthy and Positive Development for Children and Youth**
Moving resources toward earlier interventions and promoting healthy development "system by system," as described above, is important but not sufficient to create the proactive, results-driven, developmentally oriented, and community-based service system that is part of the vision of *Building Healthy Communities*.

For that more comprehensive system to emerge, a combination of policy, program, practice, and funding changes is needed. All California counties have some components of such a system (and some counties provide national models for elements of this approach). *Building Healthy Communities* enables local leaders to expand on what exists and move closer to strong promotion of healthy development of children, youth, and families.

Multiple approaches to creating such a system are described in this section. Some focus primarily on young families and younger children; others serve all ages of children and youth. Most combine health services, education, and family support services, as these are all essential for promoting healthy development. Some communities' efforts are school-based or school-linked; others use family support centers, community health programs, or other family service "hubs" as core locations for services and supports. The most durable of these efforts include strong policy and advocacy dimensions, recognizing these as necessary for sustainability.

The illustrations are drawn from California counties when possible, supplemented by examples from other states when these illustrate a particularly important aspect of a preventive approach. Most community efforts to promote healthy development have much in common. They grow from similar principles and represent an emerging sense of "best practice," based in community experience. Recently, a group of community leaders, researchers, policy analysts, and public officials convened by the W.K.Kellogg Foundation, articulated their version of these principles, summarized in **Figure 3**.[13] These not only echo many of the characteristics sought by *Building Healthy Communities*, they describe common principles embodied in the examples in this guide. The same group developed a list of principles and characteristics for state policy support of this type of local system. Both documents are included in the Resource Section (**Section V**) and on the Kellogg Foundation website, www.wkkf.org

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FIGURE 3 Principles and Characteristics of Comprehensive Service Systems to Strengthen Families and Promote the Healthy Development of Children and Youth

- **A commitment to, and accountability for, improving results for young children and their families**, expressed in a clear set of desired results that are broadly supported by parents, community partners, public agencies, and across multiple systems.
- A locally developed framework emphasizing **developmental and preventive approaches**, which guides local investment strategies.
- Recognition of the need for **customized, local service delivery mechanisms**, responsive to local needs and priorities.
- **Acknowledging and respecting the roles of parents**, who are the most important people in children's lives and who are key leaders, advisors, and actors in developing and implementing the community system.
- Recognizing and supporting the **relationships** that are critical to this work: between parents and providers, among providers, and within the collaborative planning and implementation bodies that characterize effective systems.
- Commitment to funding and supporting the **infrastructure** needed to support an effective system, including investment in capacity building such as capacity to collect, analyze, and make use of data, communication capacity, leadership development, professional development, and other capacities.

- A simultaneous commitment to **universal services, supports, and opportunities for all children and families; to specific strategies for families who are the most likely to be left behind; and to closing the gaps between outcomes achieved by most families and those achieved by children and families with fewer opportunities and resources.** This principle speaks to the need for an equity lens to assure that all children (and their families) – of all races, ethnicities, and income levels – are able to thrive and succeed.
- Commitment to using quantitative and **qualitative data to maintain accountability for demonstrated achievement in improving the well-being of children and families.**

Community efforts to develop proactive and preventive service systems often begin with exceptional individual programs that combine primary health care, education, family support, and either early child development services or positive youth development services, depending on the target population of children and families being served. As community service systems become more complete, however, they link services and supports together, with a goal of reaching more children and families and becoming a more complete "community system." As these community systems develop, they involve more community partners, are more likely to involve a combination of public and private sector support, and require a more sophisticated use of multiple funding streams.

A Los Angeles County example illustrates a developmentally oriented approach for young children and their families – an approach that is now part of a much broader community development initiative:

Los Angeles' Magnolia Place, an initiative of the Children's Bureau of Los Angeles, combines health care, parenting supports, early care, and education/school readiness services and economic development services with the goal of enhancing families' capacity to meet the needs of their children. At the Magnolia Place Family Center, a variety of health and human services are made more accessible to families. A health clinic provides primary health care to all families who use the Center. Social services located at the Center provide family support services for all families, as well as more targeted supports for families in crisis, with a specific focus on stabilizing families in order to prevent child maltreatment.

As with most initiatives that work to strengthen families in the context of their communities, Magnolia Place does not view social and health services, as important as they are, as the full measure of the supports that families need. The Family Center is viewed as being "at the heart of a broader initiative known as the Magnolia Place Community Initiative, which unites more than 40 other non-profit community organizations in an effort to create sustainable change for families, build neighborhood resiliency, and become a national model for other vulnerable communities."[14] For more information, see http://www.all4kids.org/index.php?FileName=magnolia

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Similarly ambitious efforts to build community systems that promote healthy development are being implemented through the Children Services Councils in several Florida counties. These take advantage of a Florida statute that enables any of Florida's counties to create a special taxing district for children, through local referendum. This authority provides a dedicated funding source for community prevention efforts – a unique advantage. What is instructive for other communities, however, are the service systems that these initiatives have built and the extent to which they've drawn on multiple funding sources such as Medicaid and other public funds.

The Palm Beach County Children's Service Council (CSC) focuses on achieving child well-being outcomes through coordinated systems of care. The CSC views its task as integrating the previously separate systems of health care, early care and education, family support, and children's education in the early grades. Driven by a results orientation, Palm Beach CSC measures its success by the extent to which it achieves four impact indicators:

- Healthy births (reduced infant mortality; fewer low birth weight births)
- A decrease in child abuse and neglect (reduced new, substantiated, and repeat reports)
- Increased school readiness
- Grade level reading at the end of third grade

Achieving these results requires multiple community partners, including health, mental health, education, child protection, and housing and employment agencies (public and private), and strong participation from county and municipal governments. These partners decided that the strongest return on investment would come from primary prevention and early intervention, and the Council identified an early childhood pathway that specifies the types of evidence-based supports necessary to strengthen families and ensure healthy development as children move from birth to success in the early grades. Funding sources come from the public sector (e.g., Medicaid or other health care funding sources) and foundation funds, in addition to the dedicated tax revenues. For more information, see www.cscpbc.org

Palm Beach County's approach knits together multiple services and supports for young children and families into a coherent whole, aligning public policy and financial support with the community system. A similarly comprehensive effort for a wider age range of children and youth is emerging in **Tulare County, California**. Several important public policy initiatives, such as the child welfare differential response pilot project, are woven together to create a more comprehensive service system adapted to the needs of Tulare County's families and children.

In **Tulare County**, a multidisciplinary network made up of representatives from juvenile justice, education and early learning, child welfare, mental health, health, community-based organizations, and faith-based organizations is working together to give all children the

resources they need to be safe, healthy, and thrive. The collaborative oversees multiple initiatives including:

- **Wraparound services** that bring community-based services together with the child welfare and mental health systems to return children from restrictive or group settings to their families
- A **differential response** system where family resource centers are working with community-based services and the child welfare system to reach families before problems escalate and their children are at risk of entering the child welfare system
- **Safe schools/healthy students**, which brings together the Tulare County Office of Education, local schools, family resource centers, and mental health services. The initiative looks broadly at the health issues for the school-age population, touching everything from violence in the schools; alcohol and drug prevention; behavioral, social, and emotional supports; mental health; and social/emotional development for the youngest kids.
- A **Drug-Exposed Infants Initiative**, which connects local hospitals, health providers, the Maternal and Child Health Division, and community providers to organize existing services and develop new programs for drug-exposed infants.

Knitting it all together is the **Report Card**. Based on the Contra Costa Children's Report Card, Tulare County's report card seeks to ground the network, and the broader community, in a common understanding of the status of children and families within the county. Outcomes are grouped into four key areas: children are healthy and ready for school, youth are healthy and prepared for adulthood, families are economically self-sufficient, and families and communities are safe. A number of indicator areas are grouped under each outcome. The report card serves not only as an important tool to track progress, but also to educate the community about the issues facing children and families, to inform community activities and service provision, and to highlight promising strategies for improving outcomes.

The examples above illustrate different origins and auspices for developing an increasingly integrated, results-driven service system to strengthen families and assure children's healthy development. Additional examples from other states – growing from school-based health centers in **Montgomery County, MD**, and a similarly school-linked initiative in **Evansville, IN** – confirm that communities can use different starting points for the same goal – consolidating and giving direction to increasingly comprehensive and preventively oriented services.

Montgomery County, Maryland's Linkages to Learning (LTL) initiative improves outcomes for children and families through collaborative school-based services. LTL grew from successful experience in school-based health centers in Montgomery County. From

the initial three sites, the initiative has grown, with strong County Council support, to 28 sites serving approximately 3,700 children. For more information, see http://www.montgomerycountymd.gov/content/linkages/services.html

The Evansville Vanderburgh School Corporation (EVSC) Center for Family, School, and Community Partnerships is a partnership of 75 community agencies that has combined over $22.5 million in federal, state, and local funding to strengthen the ties between families, schools, and community; improve the physical, mental, and emotional health of children; and increase academic achievement. The partnership has led to systems change in the schools — all of the school district departments that address social, emotional, and health needs are now unified under one Associate Superintendent. The initiative has a very strong evaluation component. For more information, see www.evscstrategicplan.com

C. Strengthening Families' Economic Security

Helping families maintain incomes, jobs, and assets (savings, homes, and cars) is an increasingly important part of a community's family support system. Such efforts are critical to children's healthy development, since families' income levels are closely associated with children's current and future health and with the families' ability to nurture their children.

This section describes strategies that communities are using to bolster family economic supports and link them to other health and human services. The examples include interventions to (1) connect families to the income and work-related benefits to which they are entitled; (2) "bundle" services to increase families' access to them; and (3) promote employment, particularly for young people and adults facing employment barriers due to low skills, language barriers, immigrant and refugee status, or other factors.

1. Linking Families to Needed Supports and Benefits

Supports for low-income families have been expanded in the current recession. Through the "American Recovery and Reinvestment Act" (ARRA), funding for food stamp/SNAP benefits has increased, unemployment insurance benefits have been extended, and additional federal funds have been provided for states' Temporary Assistance for Needy Families (TANF) programs. The Children's Health Insurance Program Reauthorization Act (CHIPRA) expanded coverage for low-income families who cannot afford health insurance but are above the income level for Medicaid.

Yet too many families do not receive the benefits for which they are eligible. Participation rates for federal work and income supports vary greatly. Nationally, the "participation rate" in the federal Earned Income Tax Credit (EITC) approaches 86%,[15] but other participation rates are much lower: 40% for TANF,[16] 59% for Food Stamps/SNAP,[17] 64% for Medicaid,[18] and 83% for children's health coverage when Medicaid and SCHIP are combined.[19] Some studies estimate that as much as $65 billion in benefits are left unused because the eligible working poor families do not access them.

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Communities can help families connect to benefits to which they are entitled. The approaches noted below increase families' access to benefits and services by "bundling" them in ways that make them more user-friendly and accessible. And these strategies pay off. Access to enhanced income benefits, low-cost health insurance, and subsidies for high-quality child care through the Manpower Development and Research Corporation's centers, listed below, had positive impacts on parents' employment and long-term benefits for children.[20] Individuals using Seedco's *EarnBenefits* program are much more likely to keep their jobs than individuals who do not.

- **Work Advancement and Support Centers** – These are part of a demonstration project developed, managed, and evaluated by the Manpower Development and Research Corporation (MDRC), using a random assignment research design. One Stop Career Centers provide assistance in accessing benefits as well as workforce-related services (job development and training). For additional information, see http://www.mdrc.org/project_14_40.html
- **The Ohio Benefit Bank (OBB)** – This web-based system provides access to a range of benefits. The system was developed by the Governor's Office, the Ohio Association of Second Harvest Foodbanks, and faith-based non-profit organizations. For additional information, see http://www.governor.ohio.gov/Home/tabid/301/Default.aspx
- *EarnBenefits*, **a Program of Seedco** – *EarnBenefits* is another web-based benefit maximization program, which connects low-income individuals and families to work and income supports. For additional information, see http://www.seedco.org/what/asset-building/earnbenefits.php
- **The Center for Working Families (CWF)** – This approach "bundles" service in a one-stop center. Services help families increase earnings, connect to more equitable financial products, and build assets and wealth. For additional information, see http://www.aecf.org/majorinitiatives/FamilyEconomicSuccess/CentersforWorkingFamilies.aspx

2. **Preserving Families' Assets and Building Wealth**
   Advocates of enriched asset building services and supports recommend an "assets pathway" – a combination of services to which families can connect, which includes affordable financial products; credit counseling and financial coaching; Individual Development Accounts (IDAs) (through which families save for education, home ownership, or work-related training); and simplified access to filing and receiving tax credits.

   Offering these services helps to stabilize families economically, especially when families are assisted through the coordination of multiple services.

Lawrence Community Works, a highly successful community development corporation in **Lawrence, MA** has discovered the cost benefit of building family assets. Its Family Asset Building (FAB) department offers "Wallet Wise," a financial education program with credit counseling and financial management assistance; an IDA program which matches participant savings at a 3:1 or 4:1 rate; a Homeownership Center, providing pre- and post-purchase education, including intensive foreclosure prevention and mitigation work; a New Skills Academy, providing six months of intensive workforce training, ESL classes, and computer technology and soft skills training; and basic Adult Learning classes. All services emphasize building social networks among participants, honoring LCW's core values of mutual support and collective action. For more information, see http://www.lcworks.org/

The same range of services can be offered by multiple community agencies, working together to make sure that the complete package of support is understandable and accessible to families. In **Oakland, CA**, community-based providers in the Lower San Antonio neighborhood are developing an asset pathway, with financial coaching, credit counseling, and foreclosure prevention offered by partner organizations, and with a community banking partner providing new and reasonable financial products. The involvement of multiple agencies helps assure that services are accessible to members of the many ethnicities and cultural groups that make up the neighborhood.

Foreclosure prevention and mitigation are particularly important asset preservation services for families as well as for neighborhood stability. While much about the foreclosure crisis seems out of reach of community leaders, an important form of foreclosure prevention is being demonstrated in over 14 states as well as in cities like **Philadelphia**.

Philadelphia's Residential Mortgage Foreclosure Diversion Program has saved 1,200 homes during its first year of operation, according to the City's June 2009 data. In contrast to other efforts (including federal foreclosure incentive programs), Philadelphia's program requires lenders to meet with homeowners and their counselors before there can be a sheriff's sale. Door-to-door outreach alerts residents to their right to have a meeting with their lender. An informational hotline and free counseling services from neighborhood agencies ensure that families are equipped with the information they need. And in the court-mandated meetings with lenders, residents are accompanied by their counselors. Of the 3,400 homeowners who had used the program as of mid-2009, 35% had negotiated resolutions and over 1,500 were still in negotiation.[21]

3. **Promoting Employment for Low-Wage Workers and Youth**
   With national unemployment hovering around 10%, comparable rates in low-income neighborhoods exceed 20-30% for some population groups. The scarcity of entry-level

jobs is rightly leading communities to help residents secure additional education and training, building their skills until the labor market generates more employment opportunities.

Some communities are also redoubling efforts to help low-wage workers remain in the labor force. One approach with a track record of increasing the odds of employment for low-wage workers is the development of a "neighborhood workforce pipeline" – the careful sequencing of neighborhood recruitment, vocational ESL, job coaching, "soft skills" training, and close attention to skills development and on-the-job retention supports. This workforce development strategy seems particularly important for immigrant and refugee populations, who face many barriers to employment.

The neighborhood jobs pipeline in the community of **White Center** in **King County, WA** connects residents – and particularly immigrant and refugee workers – to jobs at Sea-Tac Airport (the international airport serving the Seattle region). While employment at the airport has fallen, it remains an economic engine where job openings continue to exist. The challenge is gaining access to those jobs for workers with lower levels of education and often with language barriers to employment. Through the neighborhood jobs pipeline, a partnership of local workforce provider agencies coordinates language and skill development services; job orientation and counseling; needed childcare and health-related services; and job placement and retention services. Community agencies have used Food Stamp Employment and Training Funds (FSET) to finance the expansion of workforce services needed to create the pipeline. Over the past three years, the pipeline has placed over 1,000 residents in jobs. While placements slowed in 2009, local leaders are maintaining this approach in 2010 so that the increased access to jobs and careful attention to preparation and training are available when the labor market improves. The neighborhood jobs pipeline is coordinated through the White Center Community Development Corporation (WCCDA). For more information, contact www.wccda.org

4. **Supporting Engagement of Clients and Consumers to Improve Service Delivery**
   New partnerships between service providers and parents and young people have been mentioned in many examples in *Section III, Promising Practices and Strategies*. The *Strengthening Families* approach (starting on page 14), community partnerships launched by child welfare agencies (pages 6-8), and youth-centered innovations in juvenile justice (pages 10-13), all forge more respectful, more empowering, and more genuinely engaging relationships with families and young people.

   In addition, leaders in *Building Healthy Communities* can consider other creative approaches to consumer involvement as they look ahead to the next decade and to more fundamental shifts toward prevention in their health and human service systems. Several communities across the country are testing approaches that place more authority, heightened responsibility, and ultimately, greater power in the hands

of service consumers. These approaches, described below, are not yet "proven practices." However, they are generating excitement – and strong participation – among parents and neighborhood residents where they are being tried. And, these approaches are supported strongly by agency and community leaders. They are presented here as food for thought.

The first approach, currently being tested in **Louisville, Kentucky**, embodies the concept of network organizing. It involves forming and supporting a social network among neighborhood residents for the purpose of achieving better results for the children and the families in four Louisville neighborhoods. It builds on overwhelming evidence that families turn first to other family members, to friends, and to close-in resources – their social networks – in times of need and in times of success and celebration. By supporting a neighborhood network as a dependable resource for families, proponents of this approach believe that the network can help families improve conditions for themselves and for their communities in ways that formal agencies, alone, often cannot.

The Network in **Louisville, Kentucky** came into being four years ago and now has over 2,700 members committed to helping families in four Louisville neighborhoods become more economically self-sufficient and ensuring that their young children grow up healthy and prepared to succeed in school. Neighborhood residents belong to the Network – they have membership cards (which members carry proudly) that identify their affiliation and they participate in a range of organized as well as informal activities. The Network provides hands-on assistance to neighbors and it serves as a referral source for the "jobs pipeline" through which Louisville is restructuring access to health care jobs for low-income residents – a Network-sponsored systems change. Network members use its "reach" to connect families to EITC benefits, foreclosure prevention programs, enrollment in Medicaid for families, and developmental screenings for young children. Young people in the Network make films about their neighborhoods and hold group sessions to identify priorities.

Network members also advocate for systems changes. They are active on "results teams" with other community leaders who are translating neighborhood-level innovations to durable changes in systems. All Network activities contribute in some way to achieving the Network's overarching goals: higher employment, income and assets for neighborhood families, and success for their children by the third grade. Launched by Louisville's Making Connections initiative, the Network connects to a range of other public and private organizations, and members' views are sought for a variety of change processes.

An exciting aspect of Louisville's Network – and of organized social networks of residents in other cities – is that this approach recognizes, validates, and supports the informal ties that are so useful and fulfilling to families. And increasingly, such

approaches find ways to use the aggregate power of people linked through a network to advocate for broader change in the quality of services and in community life.

A second approach focuses on the principles of *customer and consumer satisfaction* – adapting concepts that have proven successful in the private sector to help public and non-profit services improve quality.[22] The premise of a customer satisfaction approach is that an informed and educated consumer is an effective way – perhaps the *most* effective way – to ensure accountability over the long term for the quality of the supports, services, and goods that are needed to promote family and community health and well-being. This approach embraces residents and parents as the most informed and best able to offer recommendations for service and systems improvements, based on their own experiences. It empowers the consumer with ongoing awareness, knowledge, and capacities related to their rights to quality services – capacities that can be "leave behinds" in neighborhoods long after time-limited initiatives are gone. Moreover, the customer satisfaction approach emphasizes that consumers have a reciprocal responsibility to contribute to efforts to improve services and systems as well as results for children, youth, and families.

Two localities, noted below, are testing different versions of a customer satisfaction approach:

The **Montgomery County, Maryland, Department of Health and Human Services (DHHS)** implemented a customer satisfaction approach in its Piccard Multi-Service Center in 2004. DHHS trained its staff in customer satisfaction principles and translated those into physical and operational changes – a renovated space, a new triage process to expedite service and increase access, a staff-endorsed customer service pledge, and customer satisfaction surveys at all points of service delivery, which were then used to guide further change.

A key ingredient was the hiring of peer users of DHHS services, who became Customer Satisfaction Team (CST) members and were the first faces to welcome customers to the Center – greeting them, reducing fears, helping them find the right resource, and then asking customers' views about the help they obtained. This pilot project was evaluated after its initial year, and workers and consumers concluded that the pilot increased customer satisfaction and improved service. Since the pilot, similar customer-oriented improvements have been adopted in the Department's two other large service centers, serving thousands of families. For more information, see http://strengtheningfamilies.net/images/uploads/pdf_uploads/(4.1_.3)_Improving_Customer_Satisfaction_in_the_Public_Sector_-_Lessons_from_the_Piccard_Study_.pdf.

The customer satisfaction framework is being used in another way in a cluster of neighborhoods in Atlanta, Georgia.

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Atlanta's Customer Satisfaction Network (CSN) is a resident-led information, research, and quality service accountability system for six Atlanta neighborhoods. CSN membership engages residents around the desired result of improving service quality in their neighborhoods. The network's activities are coordinated by a newly formed Consumer Advocacy Group (CAG), which serves as a "mini-Consumers Union" for the neighborhoods. In fact, a consultant from the national Consumers Union (CU) is helping the newly formed CAG build its capacities to collect data and undertake other consumer advocacy activities. Through the CAG/CSN, residents are trained to serve as testers, "secret shoppers," and evaluators of service quality. They are trained in quality standards for services, so that they are judging services not just by "what they like" (although that is important, since it often reflects on providers' attitudes of respect and empowerment), but by evidence-based quality standards. Residents' interest in the health and well-being of their neighborhoods can be seen in their first two priorities they are tackling: assessing the quality (1) of the early care and education services available to their young children, and (2) of the groceries and nutrition available in their neighborhoods. The CAG recently completed a "secret shopper" survey of neighborhood grocery stores and will be reporting the results to their neighborhoods – and to grocery owners – in early February of 2010.

These approaches are shared here to spark thought and a sense of the possibilities for residents in *Building Healthy Communities* target areas. They suggest that it is important to engage consumers in ways that go beyond traditional methods. The experiences documented in Louisville's Montgomery County and in Atlanta suggest new leadership roles for consumers in service improvement efforts. By holding accountability for service quality in partnership with public and private agencies, residents can be powerful advocates for systems change. For more information about the customer satisfaction framework and approaches, see www.cssp.org

IV. Measures of Progress

The framework outlined by TCE for Outcome 3 – *Health and Family-Focused Human Services Shift Resources Toward Prevention* – describes how communities will know if they are succeeding in Building Healthy Communities. These measures are shown in **Figure 4**.

FIGURE 4 **Measures of Progress**

- All families have access to coordinated health and human services (including public benefit programs) through community portals such as schools, family resource centers, and other community institutions.
- Human services systems and providers use a whole family-centered approach that recognizes the role of fathers, mothers, grandparents, extended family members, and other caretakers in the lives of children, and that creates partnerships between families and providers.
- Broad alliances of public systems and community organizations partner to promote full and healthy child development and to strengthen families; they work together to strengthen social networks and informal supports and to build community cohesion.
- Child welfare and juvenile justice systems promote early intervention and the least intrusive kind of intervention that will be effective, through community partnerships and collaborations that link youth and families with appropriate health and social supports, including informal supports, and that increase investments in earlier interventions and supports.
- Health and human services financing systems reimburse and promote prevention strategies, without requiring children to have a diagnostic label before they can qualify for benefits, and, where possible, create financial incentives for greater investment in prevention.
- Employment and asset development systems partner with health and human services to address more fully the needs of low-income and chronically unemployed families; they address the health issues of job seekers as well as building their assets and wealth.

V. Additional Resources

Below are resources – books, documents, and websites – that provide more complete and comprehensive examples of strategies that promote healthy development of children, youth, and families, and/or that prevent later crises. These resources provide more detailed information on strategies used by other communities and states or explain the growing evidence base for preventive strategies. The resources are organized according to the applicable section of this document.

The Evidence for, and Ingredients of, Prevention Approaches That Promote Healthy Development of Children, Youth, and Families:

Felitti, Vincent J, and Anda, Robert F. *The Relationship of Adverse Childhood Experiences to Adult Health, Well-being, Social Function, and Healthcare*. Chapter in Lanius, Ruth and Vermetten, Eric. *The Hidden Epidemic: The Impact of Early Life Trauma on Health and Disease.* Cambridge University Press, 2009.

O'Connell, Mary Ellen et al. *Preventing Mental, Emotional, and Behavioral Disorders Among Young People – Progress and Possibilities*. National Academies Press, March 2009. www.national-academies.org

The Pathways Mapping Initiative – Pathways Mapping assembled a wealth of findings from research, practice, theory, and policy about what it takes to improve the lives of children, youth, and families, particularly those living in tough neighborhoods. Three specific Pathways were developed, leading to the outcomes of (1) School Readiness and Third Grade School Success, (2) Prevention of Child Abuse, and (3) Successful Transition to Adulthood. Each includes examples of "what works" to reach these outcomes. www.cssp.org/major_initiatives/pathways.html

The Center on the Developing Child at Harvard University – The Center is driven by the belief that a remarkable explosion of new knowledge about the developing brain and the human genome, linked to advances in the behavioral and social sciences, offers current policymakers and civic leaders exceptional opportunities to inform more effective responses to a broad range of societal concerns, including education reform, workforce development, crime prevention, and reduction in the intergenerational transmission of poverty. http://developingchild.harvard.edu/

Fiscal Policy Studies Institute (FPSI) – FPSI was established to assist communities, cities, counties, states, and nations working to measurably improve the well-being of their citizens. FPSI developed much of the theory and tools of Results-Based Accountability and its website makes these tools available to federal, state, and community leaders. www.fiscalpolicystudies.com

Shifting Resources to Earlier Interventions and Prevention in Child Welfare and Juvenile Justice Systems

Center on Budget and Policy Priorities – The Center conducts research and analysis to help shape public debates over proposed budget and tax policies and to help ensure that policymakers consider the needs of low-income families and individuals in these debates. www.cbpp.org

The Finance Project – This is a non-profit research, consulting, technical assistance, and training firm for public and private sector leaders nationwide to help leaders make smart investment decisions, develop sound financing strategies, and build solid partnerships that benefit children, families, and communities. www.financeproject.org

Creating Seamless and Durable Local Service Systems that Strengthen Families and Promote Healthy and Positive Development for Children and Youth

Rosenthal, Jill et al. *The Role of State Health Policy in Multi-Sector System and Service Linkages for Young Children*. National Academy of State Health Policy, September 2008.

Fine, Amy and Mayer, Rochelle. *Beyond Referral: Pediatric Care Linkages to Improve Developmental Health*. Georgetown University, December 2006. http://www.allhealth.org/BriefingMaterials/Fine_beyondreferralpediatriccarelinkagesimprovedevelhlt_976-573.pdf

National Assembly on School-Based Health Care (NASBHC), *Cost Savings of School Based Health Centers*. Research supporting cost-savings of SBHCs (primary care rather than tertiary care setting): http://www.schoolhealthcenters.org/docs/Tools/factsheets/Cost-savings.pdf

California School Health Centers, *Expanding Mental Health Services through School Health Centers*. CSHC model program paper on school-based mental health programs: http://www.schoolhealthcenters.org/docs/Tools/factsheets/Expanding-Mental-Health.pdf

National Assembly on School Based Health Care (NASBHC), *Mental Health Planning and Evaluation Template*. A tool to assess and improve the quality of mental health services delivered within schools: http://www.nasbhc.org/site/c.jsJPKWPFJrH/b.3015469/

Health Matters: The Role of Health and the Health Sector in Place Based Initiatives for Children. Prepared for the W.K. Kellogg Foundation by Amy Fine and Molly Hicks, November 2008. http://www.wkkf.org/DesktopModules/WKF.00_DmaSupport/ViewDoc.aspx?fld=PDFFile&CID=0&ListID=28&ItemID=5000559&LanguageID=0

The Successful Integration of Health and Health Care into Broader Early Childhood Initiatives. Grantmakers for Children, Youth and Families (GCYF), Issue Brief, April 2008. http://www.gcyf.org/usr_doc/GCYFinstIssueBrief4-08.pdf

Allied for Better Outcomes: Child Welfare and Early Childhood. (Draft). Center for the Study of Social Policy's Strengthening Families Newsletter, October 2009. http://strengtheningfamilies.net/images/uploads/pdf_uploads/(1.2)_Appendix_to_ECE-CW_-_IL_profile_.pdf

Strengthening Families' Economic Security

Annie Casey Foundations' Jobs Initiative – This was an eight-year effort in six cities to connect inner-city young men and women to family-supporting jobs in the regional economy and to improve the way urban labor market systems work for low-income, low-skilled workers. http://www.aecf.org/SearchResults.aspx?keywords=Jobs%20initiative&source=topsearch

Pathways to Opportunity: Building Prosperity in Providence. Recommendations of the Poverty, Work and Opportunity Task Force to Mayor David N. Cicilline, November 2007. http://www.providenceri.com/press/docs/prosperity_in_providence.pdf. www.providenceri.com/opportunity

Tsoi-A-Fatt, Rhonda. *Lessons Learned: Community Perspective on Supporting the Path to Positive Outcomes for Youth*. Center for Law and Social Policy (CLASP), January 2009. http://www.clasp.org/admin/site/publications/files/Chicago-Meeting-SummaryCM.pdf

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Supporting Engagement of Clients and Consumers to Improve Service Delivery

Lawrence Community Works (LCW) – LCW is a community development organization in Lawrence, MA, which both practices and provides technical assistance on network organizing as a core element of community development. LCW's website includes a number of materials developed from their experience and intended to be useful to other communities. http://www.lcworks.org/

Customer Satisfaction Theory and Practice – The Center for the Study of Social Policy has compiled a literature review and authored a concept paper on customer satisfaction and its potential application in local communities and in public and non-profit organizations. These papers can be obtained through the following links: http://www.cssp.org/uploadFiles/Customer%20Satisfaction%20%20Framework.pdfhttp://www.cssp.org/uploadFiles/Customer%20Satisfaction%20-%20What%20Research%20Tells%20Us.pdf

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