



County of Santa Cruz

0161

HUMAN RESOURCES AGENCY

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Agenda: October 16, 2001

BOARD OF SUPERVISORS

County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

INVESTING IN CHILDREN AND FAMILIES – WHAT WORKS!

Dear Members of the Board,

On March 23, 1999 your Board considered an initial report on the *Investing in Children and Families – What Works!* initiative and directed HRA to serve as the public agency liaison to the project. The purpose of this letter is to provide your Board with an update on *What Works!* and to request an opportunity for project representatives to present information. As policy makers, your Board is a large investor in public and non-profit services that support the health and well being of our community. The *What Works!* approach offers a useful framework in understanding the impact that these services make in our community.

As you know, *What Works!* is an initiative of the United Way Community Assessment Project (CAP), in partnership with local government, schools, community-based organizations, foundations and community and business leaders. Several County departments are actively represented on the *What Works!* Steering Committee, including the Human Resources Agency, Health Services, Probation and Parks, Open Space and Cultural Services. Over the past three years, *What Works!* has striven to develop an approach for identifying, supporting and demonstrating the effectiveness of our community's investment in prevention and early intervention strategies for families and children. With financial support from the David and Lucile Packard Foundation, the Stuart Foundation, the California Endowment and the Community Foundation of Santa Cruz County, as well as the collaborative partners, impressive progress has been made.

Background

What Works! has evolved from a number of key community initiatives. In 1996, Santa Cruz County received a two year \$100,000 grant from the Foundation Consortium to demonstrate that an investment in prevention and early intervention services ultimately reduces the need for more costly public agency interventions. Under the name of the Comprehensive Integrated Services Reinvestment Project (CISRP), core project partners included the Family Resource Center Network, the Human Resources Agency (HRA), Children's Mental Health, Probation, and the Pajaro Unified School District.

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Investing in Children & Families: *What Works!*

Recognizing that the grant was ambitious in its intent and limited in its funding, CISRP partners agreed to focus on developing an evaluation approach which could demonstrate the value, both human and financial, of sustaining and enhancing support for three targeted service strategies. The three selected partners, PVUSD's Healthy Start Program, the Mountain Community Resource Center's Home Visiting Program, and Families in Transition's Intensive Case Management Program, shared in common the goal of *Keeping Children Safe and Stable*.

With the assistance of an outside local and state evaluator, CISRP was extremely successful in demonstrating the effectiveness of these targeted service strategies in keeping children safe and stable and avoiding more costly bad outcomes like children placed in out-of-home care. A key lesson learned from this evaluation approach was that it takes multiple service strategies and multiple partners to positively effect a broad community goal like *Keeping Children Safe and Stable*.

The immediate benefit to the three participating sites was the invaluable training they received and the evaluation information that they were able to use to demonstrate to their respective funders the value of their investment in these strategies. The longer term benefit of this pilot project was that it attracted the attention of other local community partners who expressed desire to learn more about the evaluation approach and other funders like the Packard Foundation and the California Endowment who expressed interest in supporting efforts to integrate the approach more broadly within the community.

In order to expand the evaluation approach to a broader audience, the CISRP linked with the Community Assessment Project (CAP) in 1998 and formed the *What Works!* initiative. Establishing this formal connection was a logical developmental step for both efforts. As your Board knows, in 1994 the CAP launched a campaign designed to create a shared vision of health and well being in our community. Through an extensive community-wide process, the CAP identified 17 community goals and their respective quality of life indicators, and has been tracking this data for seven years. Each year, in the form of a report card, our community is able to chart progress towards achieving these goals. By partnering with the CISRP, CAP was able to move towards linking community goals and indicators with effective strategies that make a difference.

The What Works! Approach

The goal of *What Works!* is to develop an approach that helps the community understand and support effective strategies, services, and activities that help strengthen community well being. To accomplish this, *What Works!* has chosen to focus its evaluation approach on a single CAP goal, *Keeping Children Safe in Their Families and Community*.

The first step in understanding what works to keep children safe is to develop common definitions of terms that are used interchangeably. For example, what is the difference between a goal and a result, an outcome and an objective, or an indicator and a benchmark? Not until a common terminology exists can information regarding progress on keeping children safe be collected and analyzed. To this end, *What Works!* has developed a set of common definitions that have been shared with over **30** commissions, committees, and collaboratives (see Attachment 1).

Understanding Community Trends

With agreements in place about terminology, the next step answers the question: How do we know if children are safe? To address this question, *What Works!* identified and analyzed the CAP's data indicators for child safety. For example, as reflected in Attachment 2, one indicator of child safety is the rate of out of home placements due to child abuse and neglect. When compared with the State average, the County's data trend has fluctuated since 1994 from 5.5 to 6.6 children placed per 1000 children under the age of 18 as compared with a state rate fluctuation of 9.5 to 11.3 per 1000 children.

In order to understand the story behind this data, *What Works!* studied research findings and sought input from community service providers about the conditions that put children at risk and/or help protect them from child abuse. For example, babies under the age of 5 with chronic health issues are more at risk for child abuse. Similarly family risk factors such as substance abuse and community risk factors such as lack of housing play a role in telling the story behind child abuse. Conversely, the existence of protective factors such as the availability of jobs in the community that pay a family supporting wage, strong support systems for families, and access to health care for children give us further insight about variables that decrease the likelihood that a child will be abused or neglected. By analyzing risk and protective factors, *What Works!* has been able to "Tell the Story" on six trends impacting children's safety in our community. Each of these stories helps programs identify the role they play in impacting greater community trends.

Defining Effectiveness

Not until the story behind the trend is understood can the question of what works to impact that trend be answered. Effectiveness must be examined by looking at partners, general strategies, and specific services. With respect to who offers the service and what strategies are used, a fundamental premise of the *What Works!* approach is that it takes a village of partners, strategies, and services to impact a broad community goal such as child safety. With a multitude of risk and protective factors at the individual, family and community level, there needs to be a multitude of partners and services directed at addressing these factors. For example, there are both public and non-profit agencies in the County utilizing home-based visiting as a general strategy that helps keep kids safe. Some of these providers like public health nurses are using it to support the health needs of children while others like the Walnut Avenue Women's Center are using the same strategy to respond to families whose children who have experienced domestic violence. Part of the approach is to collaborate with service providers to help them identify and measure their outcomes and demonstrate the link with community goals and indicators. There needs to be community support for a variety of partners, strategies, and services that can impact a shared goal.

The *What Works!* approach supports the same diversity with respect to how services are delivered with one important caveat – all services and all service providers must be culturally competent. This is important because unless the services are culturally competent they will not be effective and most likely not utilized by the families who need them. To effectively serve our diverse community, culture needs to be understood broadly to encompass characteristics such as race, ethnicity, socioeconomic status, gender, age, religion, and physical abilities. Through the leadership provided by Latino Executive Directors, *What Works!* has identified cultural competency as a key component that partners must strive to incorporate into all aspects of their services if our shared community goals are to be achieved.

Summary

There are many valuable lessons to learn from studying the *What Works!* approach. Perhaps the most important one is that there is a rich mix of partners, strategies, and services that play a role in supporting our community goals. Developing an evaluation approach that helps your Board understand the interplay of this mix is a worthy endeavor. Many communities have not attempted this because it takes time to develop common definitions and agreements about the complexities of evaluating early intervention and prevention services. Outside professional evaluators struggle because they are only focussing on one program for a limited time period. HRA applauds the effort of the *What Works!* initiative and encourages your Board to support the continued development of this approach. Assuming the availability of continuing resources, this approach could be used with any CAP goal or other community strategic planning process.

HRA also recommends that your Board consider the *What Works!* approach in your upcoming study session on Community Programs. The framework will be extremely helpful in examining how to measure the impact of your investment in these critical community services and will also provide opportunities for strengthening our commitment to cultural competence.

IT IS THEREFORE RECOMMENDED THAT YOUR BOARD accept and file this report and consider it in conjunction with your upcoming study session on Community Programs scheduled for November 6, 2001, and any related actions that may occur as a result of that session.

Sincerely,



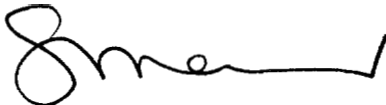
CECILIA ESPINOLA
Administrator

CE/ET/WhatWorksBdLt3

Attachments:

Common Definitions
Telling the Story: Child Abuse and Neglect in Santa Cruz County

RECOMMENDED:



SUSAN A. MAURIELLO
County Administrative Officer

CC: What Works of Santa Cruz County/Community Assessment Project

Common Definitions

0165

Term	Definition	Examples
Community Goal	A condition of well-being	<ul style="list-style-type: none"> • Keeping children safe in their families and communities
Community Indicator	A measure that helps to quantify the achievement of the goal	<ul style="list-style-type: none"> • Rate of substantiated cases of child abuse and neglect • Rate of child unintentional injury hospitalization
Strategy	A general approach to achieve the goal	<ul style="list-style-type: none"> • School-linked • Center-based • Home-based • Client-centered
Program	An organization or a defined part of an organization that implements one or more strategies through its services / activities	<ul style="list-style-type: none"> • Parent Center • Families in Transition • Healthy Start
Service / Activity	A specific tactic used by a program in partial implementation of a strategy. Many programs use multiple services / activities	<ul style="list-style-type: none"> • Recreation • Home visiting • Intensive case management • Mentoring
Cultural Competence	A set of skills, knowledge, behaviors, attitudes, and policies that come together to enable a system or organization /agency to work effectively in cross-cultural situations	<ul style="list-style-type: none"> • Services that develop leadership within the community to strengthen the capacity of the community being served • Actively recruit, hire, and train individuals at all levels that reflect the community being served
Client Outcome Objective	A specific, measurable statement of the service's intended effect on a client's knowledge, attitude, condition and behavior	<ul style="list-style-type: none"> • 60% of parents who attend parenting classes for 6 weeks will exhibit an increase in their knowledge of child development • 90% of teen parents who participate in the program for at least a year will graduate from high school
Method of Measurement	The specific data and method of collecting data to quantify the achievement of an outcome	<ul style="list-style-type: none"> • Pre and post assessment of parent skills • School graduation records

What Works!

Guiding Principles of Cultural Competency ⁰¹⁶⁶

Overarching Principles

1. Treat all clients in a non-judgmental way with dignity and respect.
2. Define culture broadly, encompassing an individual's orientation to life; family structure; race; ethnicity; national origin; language; education; art and music; food; spirituality/beliefs; class/socioeconomic status; acculturation; politics; gender; sexual orientation; and other defining characteristics.
3. Recognize and respect that culture is ever changing and evolving.
4. Recognize the diversity within and among multi-cultural communities.
5. Recognize the dynamics that result from cultural differences.
6. Recognize and be sensitive to the diverse languages and dialects used by different communities.
7. Develop, support, and adapt services that meet culturally unique needs of the population being served.
8. Support services that develop leadership within the community so as to strengthen the capacity of the communities being served.
9. Actively recruit, hire, and train individuals at all levels that reflect the community being served.
10. Actively recruit and train a Board of Directors that reflects the community being served.
11. Support inter-agency cooperation and partnerships among grass roots organizations serving similar communities to enhance services.
12. Recognize and celebrate successes within the community being served.
13. Be accountable for addressing the complexity of culture, and question and challenge cultural stereotypes.

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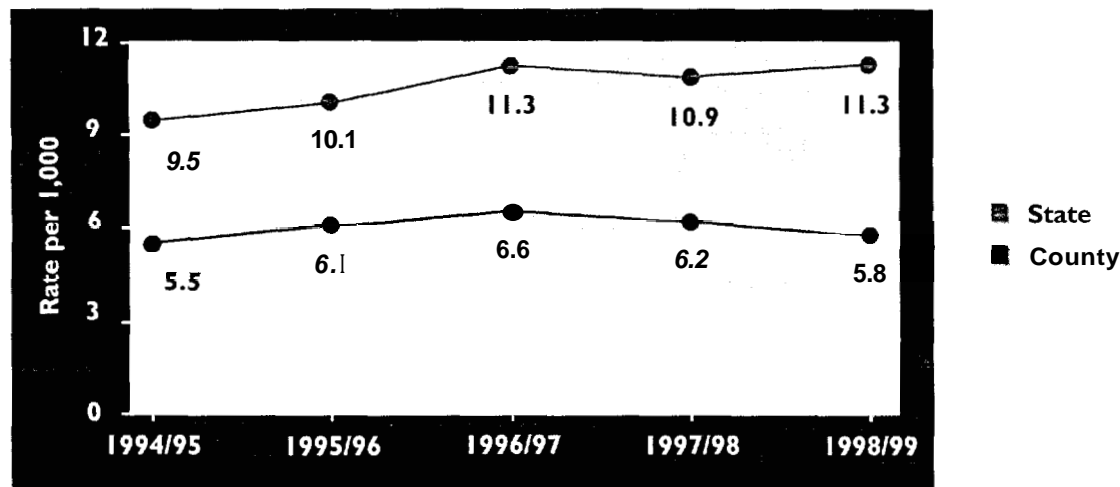
Telling the Story: Child Abuse and Neglect in Santa Cruz County

What Is It?

Substantiated instances of child abuse and neglect are defined by the State Department of Social Services as instances when Child Protective Services (CPS) investigates a child abuse or neglect report and confirms that the alleged abuse or neglect has taken place. Not every report represents a case of abuse/neglect—some reports are evaluated out because they do not constitute child abuse/neglect, or are investigated and are unfounded or otherwise not substantiated. Data on substantiated reports of child abuse is not available statewide, and local data is only now becoming available. Last year in Santa Cruz County the rate of substantiated child abuse and neglect was 14 children out of 1,000 children under 18.

The prevalence of children in foster care is measured by the rate of out-of-home placements in foster homes, foster family agencies, and group homes due to abuse and neglect. This rate is expressed as the number of children placed for every 1,000 children under the age of 18.

Rate of Out of Home Placements Due to Child Abuse / Neglect, Santa Cruz County and State



Source: Center for Social Services Research, U.C. Berkeley

Story Behind the Trend

Child abuse and neglect cases are becoming more complex, with more and more entrenched risk factors. Public awareness can generate more reports, and there is increased awareness of the mandated reporting requirements. In addition, legal initiatives involving teens, including new statutory rape laws, vertical prosecution, and male involvement may have increased the number of reports.

Decreasing foster care rates stem in large part from an increasing focus—locally and statewide—on keeping families together, supported by research about children in foster care. More services are available for in-home placement. In addition, changes in child welfare laws regarding reunification and early permanency planning for children under 3 may also be reducing the time in foster care.

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Risk Factors

Child abuse and neglect is found in all socioeconomic groups, and cuts across lines of ethnicity, culture and education. However, there are a number of factors that put children at increased risk of abuse or neglect. The most common factor is parental substance abuse—estimated to be a problem in up to 90% of child abuse and neglect cases in Santa Cruz County. Other key risk factors are social isolation, family disorganization, and parental stress. In up to 60% of cases, there is also intimate partner violence in the home. Poverty and housing problems are contributing factors. Parent risk factors are a lack of parenting skills and lack of knowledge about child development; younger parents including teens; parents who lack education; parental mental illness; and a history of the parent having suffered domestic violence or child abuse as a child. Babies and children under 5, and children with chronic health issues and/or special needs are especially vulnerable.

Protective Factors

Protective factors that reduce the risk of child abuse/neglect include caregiver parenting skills; community commitment to support all families, not just those identified as at risk; and the availability of emotional, social, and financial support systems for families. Family characteristics that protect against abuse include stable housing and financial resources and families which are organized and connected to community, faith-based organizations, and other caring adults. Parents who are better able to cope with stress and anger, as well as older and more educated mothers are less likely to be abusers. It is also important that children have good personal safety skills. Community level protective factors include an effective mandated reporter system; coordination between child welfare and law enforcement; and easy access to and availability of support and services including health care, child care, youth counseling; and a wholesome physical environment. In particular, community awareness of child abuse/neglect, and strong involvement of the faith community, the health care community, and the schools can help to identify risk and protect children.

Partners

Because of the complex dynamics involved in child abuse/neglect, no one agency can impact this indicator in isolation. In order to prevent abuse or repeat abuse, an array of partner agencies in a “village of services” need to work together. Partners in reducing child abuse include: mandated reporters; child welfare; health providers including nursing and mental health; child care providers; schools; community-based organizations including family resource centers, home visiting programs, counseling, parenting education resources, and advocates; the faith community; parks and recreation programs; and the community at large, including family members and neighbors. In particular, the efforts of substance abuse programs, law enforcement, probation, and the courts can have a great impact.

How We Can Make a Difference

There are a variety of services and activities that can impact child abuse/neglect by reducing risk factors and building protective factors. Needed are more drug and alcohol prevention and treatment services; family resource centers; home visitation through nurses and paraprofessionals, with multidisciplinary teams; and multidisciplinary team universal screening for all babies born in Santa Cruz County. There needs to be a focus on prevention, using a strength-based assets approach model to services and increased collaboration. Formal and informal family centered and parent education activities should be available at neighborhood, park, schools, churches, and family resource centers. It is also essential to educate the community and mandated reporters. Other strategies and services that have an impact include school-based and school-linked services Pre-K to 12th grade. Criminal justice also plays an important role, including the coordination of drug courts with child welfare.

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