



Strengthening Organizations
Working Strategies
to Support Families & Communities

**Place-Based
Initiatives Build
Neighborhoods**

**Together
We Can!**
Santa Barbara
County's
Commitment to
Engaging Fathers

**Cost Study Calls
for Continued
Focus on Innovative
Programming to Fight
Child Abuse**

**Thinking
Regionally -
As Health Care
Reform Unfolds**

**Solving the
Childhood
Obesity
Epidemic One
Family Meal
at a Time**



Northern California
Youth for Change, Paradise Ridge
Family Resource Center
6249 Skyway, Paradise, CA 95969

Phone: (888) 505-0597 ext. 1 Fax: (530) 872-4093

region1@familyresourcecenters.net

Counties Served: Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Nevada, Placer, Plumas, Sacramento, San Joaquin, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba

Staff

George Siler, Executive Director ✧ Kathleen Shenk, Regional Director ✧ Annette Marcus, Prevention Director ✧ Phyllis Avilla, Project Specialist ✧ Orrin Banta, Events Coordinator ✧ Candace Carroll, Project Specialist ✧ Connie Casparie, Graphic Designer ✧ Katie Fox, Data and Support Specialist ✧ Sarah Frohock, Project Specialist ✧ Jody Hall-Winget, Events Coordinator ✧ Yvonne Nenadal, Project Specialist ✧ Rick Pero, Project Specialist ✧ DJ Winget, Student Assistant



Central California
Interface Children & Family
Services
4001 Mission Oaks Blvd., Suite 1
Camarillo, CA 93012

Phone: (888) 505-0597 ext. 2 Fax: (805) 983-0789

region2@familyresourcecenters.net

Counties Served: Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, Monterey, Mono, San Benito, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Stanislaus, Tulare, Ventura

Staff

Erik Sternad, Executive Director ✧ Diane Kellegrew, Regional Director ✧ Diana Arellano, Events Coordinator ✧ Geoffrey Biggs, Project Specialist ✧ Leah Taluy, Project Specialist ✧ Carrie Collins, Project Specialist ✧ Kari Fortson, Project Specialist ✧ Danny Molina, Fatherhood Project Manager ✧ Erin Prewitt, Project Specialist ✧ Judi Sherman, Projects Manager ✧ Rashida Williams, Events Manager



Southern California
Children's Bureau
50 S. Anaheim Blvd., Ste. 241
Anaheim, CA 92805

Phone: (888) 505-0597 ext. 3 Fax: (714) 517-1911

region3@familyresourcecenters.net

Counties Served: Imperial, Los Angeles, Orange, Riverside, San Bernardino, San Diego

Staff

Alex Morales, Executive Director ✧ Lori Clarke, Interim Regional Director ✧ Leda Albright, Training Specialist ✧ Magdalena Benitez, Training Specialist ✧ Anvi Dinh, Event Coordinator ✧ Roderick Elzy, Father Engagement Training Specialist ✧ Samantha Florey, Training Specialist ✧ Jae Lee, Prevention Support Staff ✧ Alma Tovar, Project Assistant

Working Strategies Editing Staff

Editors in Chief: Kathleen Shenk, Regional Director ✧ Diane Kellegrew, Regional Director ✧ Lori Clarke, Interim Regional Director ✧ **Managing Editor:** Connie Casparie, Graphic Designer ✧ **Associate Editor:** Cindy Kunisaki ✧ **Copy Editor:** Taffany Lim

Correction: Article "Highlighting Staff - Judi Sherman" Summer 2012 issue was written by Diana Arellano.

CONTENTS

4	Place-Based Initiatives Build Neighborhoods
8	The Family Assessment Form: From Theory to Practice Organizations
10	Solving the Childhood Obesity Epidemic One Family Meal at a Time
12	First 5 Place-Based Initiatives
14	Together We Can! Santa Barbara County's Commitment to Engaging Fathers
16	Strengthening Families Data System Information
17	Safe Sleep in Child Care Settings
18	Cost Study Calls for Continued Focus on Innovative Programming to Fight Child Abuse
20	Thinking Regionally – As Health Care Reform Unfolds
21	It's all about the Shoes: Walking in the Shoes of Daniel (Danny) Molina
22	California Project LAUNCH

For more information about training, workshops, conferences, and more, contact one of our offices.

Jody Hall-Winget (888) 505-0597 ext. 1 (Northern)

Diana Arellano (888) 505-0597 ext. 2 (Central)

Alma Tovar (888) 505-0597, ext. 3 (Southern)

Please notify Jody Hall-Winget of any address corrections.

Email: jwinget@youth4change.org

Phone: (888) 505-0597, ext. 116

Fax: (530) 872-4093

Mail: 6249 Skyway, Paradise, CA 95969

Information on past issues and submitting articles to Working Strategies:

To view past issues of Working Strategies, please go to www.familyresourcecenters.net/workingstrategies.

To submit an article or photo for consideration in the publication email to articles@familyresourcecenters.net.

Strategies is a network of three training and capacity building centers funded by the State of California, Department of Social Services, Office of Child Abuse Prevention, to promote a statewide network of family strengthening organizations.

Save the Date
Call for Presentations
Deadline: February 28, 2013

Preventing Child Abuse & Neglect: **THE POWER OF COMMUNITY**

Prevention Summit • Sacramento, CA
October 16-17, 2013

Join parent and community partners, along with fellow professionals in the exploration of innovative strategies, research-informed practices, and strategic partnerships that foster safety, permanence, and child and family well-being. Building protective factors for children and families in the context of community will be highlighted throughout the Summit. Through learning dialogs, workshops, and the power of community, we can help prevent child abuse and neglect throughout California and beyond.

Topic Areas

- Trauma-informed approaches
- Fostering safety, permanence, and well-being
- Prevention of child abuse and neglect
- Strengthening families and communities
- Evaluating change
- The power of collaboration

CEUs will be available.

Address questions to jaelee@all4kids.org or call 888-505-0597 ext. 221.

Workshop selections will be made by April 1, 2013.

For more information visit: www.familyresourcecenters.net/2013summit



Place-Based Initiatives Build Neighborhoods

by Barbara Alderson, MSW



Where a family lives

impacts the ability to thrive. High performance schools, adequate housing, available transportation, healthy food options, supportive services, parks, and reliable police protection all contribute to a healthy and safe environment.

Place-based initiatives focus resources and efforts in selected communities over a period of time. Complementary approaches create the conditions for neighborhoods to grow into vibrant places that better support families and children. While place-based initiatives vary in emphasis on education, health, or other factors, they share a commitment to community level, systemic change through interconnected approaches, including: long term commitment, community decision-making, integrated programs, collaborative partnerships, capacity-building, and data and results-driven programs.

Long Term Commitment

The move from a distressed to a vibrant neighborhood takes years. To be an effective place-based initiative, funders and communities need to take the long view of their work.

The Harlem Children's Zone (HCZ) in New York City takes a "cradle to career" pipeline approach, providing comprehensive supports in distressed neighborhoods. HCZ offers prenatal parental support, and then follows families and children through preschool, elementary, middle, and high school, and college. The pipeline rests on a series of supportive family, social service, health, and community building programs. One such program, the HCZ Asthma Initiative, provides asthma education, household environment assessment, mitigation to reduce asthma triggers and other services. Over time, Asthma Initiative efforts resulted in fewer asthma-related missed school days and emergency room visits in the HCZ.

As a result of HCZ programs, standardized testing scores improved, more students completed high school, and 90% of HCZ's high school seniors gained college acceptance in 2010-2011. Building these services took time; the HCZ estimates ten years for full implementation and three to four years for interim results (<http://www.hcz.org/our-results>).

The California Endowment found "that once funding for a specific project ended, it was difficult to sustain gains and improvements over the long-term. In short, many factors — socioeconomic, environmental, and cultural — impact the health of a community and unless you address that range of factors permanently, improvements are impossible to achieve." In 2010, the Endowment launched Building Healthy Communities (BHC), a ten year health initiative that seeks "to create places where children are healthy, safe, and ready to learn" through intensive work in fourteen communities, focusing on areas such as employment, education, housing, safety, environmental conditions, and healthy food access (<http://www.calendow.org/healthycommunities>).

Building Healthy Communities identified Four Big Results and ten outcomes. The Four Big Results are:

- Provide a healthy home for all children
- Reverse the childhood obesity epidemic
- Increase school attendance
- Reduce youth violence

The ten outcomes provide more specific areas of focus that lead to results. Operating within this framework, communities can tailor their efforts to match local conditions.

In Sacramento, one of the BHC communities, the focus for its first years was intensive planning with the South Sacramento community and its service partners, the development of workgroups, and improving service provision. Grantees targeted five outcomes:

- Families have improved access to a "health home" that supports healthy behaviors.
- Residents live in communities with health-promoting land use, transportation, and community development.
- Communities support healthy youth development.
- Community health improvement is linked to economic development.
- California has a shared vision of community health.

Community Decision-making

All place-based initiatives rely on community decision-making. People in distressed neighborhoods know what would improve their lives, but may not have the experience necessary to express their needs. Involving residents throughout the process, from initial community assessments through planning and implementation, ensures that initiatives support neighborhood needs. As residents and communities find their voice, they become more effective in defining and generating the change necessary for improved opportunities.

Continued on page 6





The S. H. Cowell Foundation has worked with a neighborhood in Napa since 2007. At that time, the area contained a fledgling family resource center and a youth leadership program involving high school-age students. Residents did not think of themselves as living in a definable neighborhood. When the grantee and community developed a plan to revitalize a local park around neighborhood needs and desires, residents became involved. While the project was successful, the greater success was the development of the McPherson Neighborhood Initiative, an umbrella leadership team that gave the neighborhood an identity and voice.

Today, that family resource center operates as a hub for services for families, adult education, community organizing, and parent engagement in schools. The new Youth Leadership Academy has grown and expanded to include middle school students and upper elementary-age students in leadership roles. Both resources are fully integrated into the restructuring and improvement of the elementary school, which experienced previous state sanctions for low achievement and now manages their work through the leadership team. Student achievement has improved and the school emerged as a model for others in the area that serves high poverty, English language learner populations.

The Jacobs Center for Neighborhood Innovation (JCNI) works in the ten Diamond Neighborhoods located in southeast San Diego. Their goal is to transform sixty acres in disrepair into a vibrant community called The Village at Market Creek. They intend to realize their mission of “resident ownership of neighborhood change” through resident-driven planning, implementation, and ownership. The five-pronged approach includes a community definition of vision, family and community networks, community enterprise and ownership, a pilot village, and investments. This development focus created Market Creek Plaza, a 10-acre commercial and cultural center, in addition to the Joe & Vi Jacobs Conference Center, where cultural and arts events are regularly held. Additional plans call for residential housing, new businesses providing 2,000 jobs, wetland restoration, and an integrated network of parks, cultural venues, and public facilities. From the start, this project relied on resident participation and direction. Residents defined the needs and vision, and continue to drive and be actively involved in decision-making (<http://www.jacobscenter.org>, <http://thevillageatmarketcreek.com>). As the project grew, resident leaders engaged in a community coordinator training

program to become full-time community organizers. Each phase of the project contains capacity building elements focused on resident development and leadership

Collaboration and Integrated Programs

Place-based initiatives offer opportunities for collaboration across sectors of communities, including service providers, faith-based organizations, builders, law enforcement, health care providers, and community residents. Bringing together resources with common goals and focus builds the momentum and effort to create real and lasting change.

The federal Neighborhood Revitalization Initiative (NRI) organizes resources and services across Departments of Housing, Education, Justice, and Health and Human Services in a series of programs designed to build neighborhoods. The NRI embraces a vision in which distressed neighborhoods become neighborhoods of opportunities through interdisciplinary, coordinated, and flexible, data, and results-driven programs. Grants have included Choice Neighborhoods (HUD), Promise Neighborhoods (Education), Building Neighborhood Capacity Program (Justice) and Community Health Centers (HHS) (http://www.whitehouse.gov/sites/default/files/uploads/nri_report.pdf and <http://www.whitehouse.gov/administration/eop/oua/initiatives/neighborhood-revitalization>).

Promise Neighborhoods, modeled after the Harlem Children’s Zone (HCZ), focus on a combination of education programs and family and community supports. The vision is that “all children and youth growing up in Promise Neighborhoods have access to great schools and strong systems of family and community support that will prepare them to attain an excellent education and successfully transition to college and a career.” To reach the vision, specific desired outcomes were defined. The Education Program’s outcomes include improved kindergarten readiness and student proficiency in core subjects, successful middle school to high school transition, increased number of high school graduates, and

college and career success. Family and Community Supports outcomes include sustaining students who are healthy and safe and live in stable communities, promoting family/community support learning, and ensuring that students have 21st century learning tools. Promise Neighborhoods operate in neighborhoods that are centered on schools (<http://www2.ed.gov/programs/promiseneighborhoods/index.html>).

“Community schools” is a term used for schools that function beyond the classroom as hubs of service, activity, and family support. They become one of the strategies in place-based initiatives. Family resource centers may be located on school property, where health services can be provided for students and their families. For example, First 5 Ventura developed their Neighborhoods for Learning (NFL) in partnership with communities, service providers, and schools (*see First 5 article in this issue*).

Funders develop a deeper understanding of communities through long term work. As funders learn more about the community, they help bring people together. Doing so often leads to innovative thinking and increased collaboration.

The California Endowment’s Building Healthy Communities initiative in Sacramento brings their grantees together in a *Hub*. Over 60 people attended a recent *Hub* meeting. Participants learned about other efforts and, more importantly, found ways they could support each other’s work, as various workgroups and programs presented information. One of the participants, hearing that people were unsure about community organizing skills, offered community organizing training to other groups. Another woman, hearing about needs from the food access workgroup, got in touch with a local food bank that had a mobile market and worked with them to serve different areas of the community. By bringing groups together, the California Endowment provided an opportunity for community members, groups, and agencies to discover additional ways to work together.

The S. H. Cowell Foundation targets most of its grants in about a dozen communities. Grants focus on complementary investments designed to address issues that

affect children and poverty with the intent to expand the quality of life and opportunities for children and families. The Foundation funds youth development (i.e., after school and summer programs), family support (FRCs), and K-12 education, with a focus on improving quality, as well as on teaching through professional development and collaboration. Where possible, the Foundation supports the development and preservation of affordable housing. In neighborhoods where they have been active for over ten years, the Foundation provides multiple grants, as well as numerous “wrap-around” investments in local leadership development and other neighborhood projects.

The S.H. Cowell Foundation fosters connections and opportunities allowing people to work together, because of their long-term commitment and relationships with community organizations. Every other year, the Foundation sponsors a retreat where grantees report the benefits of learning from and connecting with people outside their communities.

Capacity-building

Place-based initiatives focus on neighborhoods where services may be fragmented, residents unheard, and organizational structures underfinanced. Data about distressed areas tend to be fragmented and collected as part of a larger effort, such as city or county-wide health or social service data. Effective initiatives have ongoing commitments to address community capacity needs.

The Center for the Study of Social Policy identified nine types of capacity-building strategies necessary for neighborhood change (<http://www.cssp.org/community/neighborhood-investment/place-based-initiatives>):

1. Managing a broadly supported community process designed to improve results for children and families in a particular neighborhood.
2. Working with neighborhood residents as leaders, “owners” and implementers of neighborhood transformation efforts.
3. Creating strategic and accountable partnerships that engage multiple sectors and share accountability for results.
4. Collecting, analyzing, and using data for learning and accountability.
5. Designing and implementing strategies based on the best available evidence of what works.
6. Developing financing approaches that better align and target resources.
7. Addressing policy and regulatory issues.
8. Using sophisticated communications strategies to build public and political will.
9. Deepening organizational and leadership capacity.

Continued on page 11





The Family Assessment Form: From Theory to Practice Organizations

by Sarayu
Ramanan

Home visiting and prevention-based programs can create challenging situations for caseworkers at all levels. Caseworkers frequently report that home visits become derailed with distractions ranging from family crises to toddler tantrums. These inherent challenges often make it difficult for caseworkers to focus on the “big-picture” behind the work, such as Strengthening Families through the Protective Factors.

This article focuses on reconciling Strengthening Families’ theory and practice and the challenges of facilitating a strengths-based approach in an unpredictable environment. In addition, we will review the suitability of the Family Assessment Form (FAF) tool as one type of practice instrument to help guide caseworkers in the assessment process. The ideas about the role of strengthening families in the unique context of home visiting were originally presented in a workshop entitled, “*Redefining Community in Child Welfare*,” at the Child Welfare League of America (CWLA) National Conference in Washington, D.C. (February 2012).

The CWLA workshop discussed strategies for implementing the Protective Factors framework at various levels of service. The home visiting component closed the presentation as a way to examine the Protective Factors through a magnifying lens in the context of direct work with families. The central question posed was, “How do you reconcile the Protective Factors approach with the realities of working with families?” The presentation suggested that this is accomplished through the selection of a strong practice tool, which guides staff through a high-quality, strengths-based assessment, as well as service planning, goal setting, and outcomes evaluation. These features enable caseworkers to tie case management tasks to the overall goals of the program.

The FAF tool is one of many instruments to guide practitioners through a strengths-based approach, while giving them the flexibility to let the home visit evolve organically. The tool meets two different demands -- those of staff and those of the program evaluation community -- by:

- Touching upon all Protective Factors
- Promoting a strengths-based approach
- Measuring outcomes

Protective Factors

Although the FAF predates the publication of CSSP’s Strengthening Families Framework, it evaluates the presence and strength of each of the Protective Factors. The Five Protective Factors are the foundational element of the Strengthening Families approach. They are: Parental Resilience, Social Connections, Concrete Support in Times of Need, Knowledge of Parenting and Child Development, and Social and Emotional Competence of Children.

The FAF functions as a strategy enabling community programs and workers to identify strengths and concerns in a family and as a framework for service planning, linking families to services, and consistently observing and responding to early warning signs of child abuse and neglect.

The FAF’s 8 Functioning Factors contain sub-scales rating families on core elements of family functioning. These factors are Living Condition, Financial Condition, Support to Caregivers, Caregiver/Child Interactions, Developmental Stimulation, Interactions between Caregivers, Caregiver History, and Caregiver Personal Characteristics. These relate to the Protective Factors as follows:

Parental Resilience	Social Connections	Concrete Support in Times of Need	Knowledge of Parenting and Child Development	Social and Emotional Competence of Children
F1: Conjoint Problem Solving Ability	C1: Support from Friends and Neighbors and Community Involvement	B1: Financial Stress	E1: Appropriate Play Things/Area	I: Acting Out Behaviors
F2: Manner of Dealing with Conflicts/Stress		B2: Financial Management	E2: Provides Enriching/Learning Experiences for Child(ren)	J: Inner-Directed Behaviors
F3: Balance of Power	C3: Chooses Appropriate Substitute Caregivers	B3: Financial Problems Due to Welfare/Child Support	E3: Ability and Time for Child(ren)'s Play	K: School Behavior Problems
F4: Deals with Sibling Interactions		B4: Adequate Furniture	E4: Deals with Sibling Interactions	L: Health and Development Problems
H6: Cooperation	C6: Ability to Maintain Long-term Relationship	B5: Availability of Transportation	D1: Understands Child Development	
H10: Practical Judgment/ Problem-Solving and Coping Skills	H2: Ability to Trust	C2: Available Child Care	D2: Daily Routine for Child(ren)	M: Temperament
		C4: Available Health Care	D4: Appropriateness of Disciplinary Methods	
			D8: Takes Appropriate Authority Role	

Strengths-focused

The FAF is a strengths-based practice and multiple elements within its design reflect this. Administered over several home visits, the FAF facilitates a trusting and sincere relationship with the family. It also helps caseworkers avoid the pitfalls of focusing on risks alone by requiring workers to identify and address both strengths and concerns in the assessment and service plan.

Each strength or concern identified in the assessment can be targeted in the service plan. The strengths section requires staff to identify and build upon positive items. Concerns can be quickly targeted for programmatic intervention through a family strengthening lens. For example, if a family shows a number of concerns in the Developmental Stimulation factor, but also has a number of strengths in the Supports to Caregivers factor, the family can leverage relationships to strengthen parenting and facilitate social and emotional development of their children.

The FAF tool's positive rating intentionally aligns with Strengthening Families. While some scales have a clinical cut-off point at zero, meaning that negative number ratings are risk factors and positive number ratings are strengthening factors, the FAF's scales are set to reflect positives only. The belief is that this will avoid the stigma of associating

families with negatives and will influence practitioners to keep strengths and positive progress in mind.

Program Evaluation

A strong tool promotes alignment within an organization, serving as a bridge between outputs and outcomes. Without data, the success and viability of a program is left to speculation. When agencies choose a tool, they must evaluate the potential benefit for program evaluation. By using the FAF in a pre- and post-test format, agencies can track changes on individual scales and along factor averages. The result is clear outcomes data indicating changes in program families.

Further, when selecting a tool, agencies should bear in mind the importance of reporting features. Having the ability to highlight data from a specific program model, timeframe, or a subset of cases is an asset to program staff and management. It is essential that the right tool support every level of staff, from caseworker to evaluator. The FAF enables caseworkers to report data from cases and quickly track changes in program families. It also allows supervisors to take a snapshot of their staff caseloads and provide information essential for supervisory sessions.

The aforementioned features are valuable assets for any programmatic tool.

The real benefit, though, is the impact they have on creating alignment within an organization. The FAF features provide a structure and framework for caseworkers to stay on track during potentially challenging home visits. They provide a structure that meets the needs of stakeholders including home visitors, funders, and the research community. It is important to note that a strong tool does not dictate how one works with families. Instead, it helps a caseworker perform her/his duties, in her/his own unique style. A strong tool enables a caseworker to clearly document items traditionally noted in a written, narrative assessment and ensures that valuable data is captured in a strengths-based format. The strongest tool is one that aligns all stakeholders along the fundamental concepts of the program.



Bio:

Sarayu Ramanan is the FAF Project Lead at Children's Bureau of Southern California where she has overseen the growth of the project to include relationships with large public entities and established program models. Prior to joining Children's Bureau, Sarayu earned her MPA from the University of Southern California, where she focused in Nonprofit Management and Policy. She has a deep interest and experience in social enterprise and has spent time working for the federal government and on grassroots international development projects in Nepal and India. For more information, contact SarayuRamanan@all4kids.org or phone (213) 342-0181.



Solving the Childhood Obesity Epidemic One Family Meal at a Time

by Marta Shinn, PhD

Most mental health practitioners know that childhood obesity is an epidemic requiring urgent attention. With the rate of obesity in American children reported between 15-20 percent and the increasing prevalence of youth and child Type 2 diabetes lowering life expectancy rates, promising interventions are essential.

In 2009, the American Psychological Association (APA) established a resolution promoting healthy, active lifestyles and preventing obesity and unhealthy weight control behaviors. The resolution recognized psychology's role in treating obesity and committed its support of effective weight management for children and youth. Despite advocacy by the APA and other mental health professional associations, many clinicians view obesity primarily as a medical problem stemming from metabolism, genetics, physical conditions, diet, and exercise.

The role of physical health, fitness, and nutrition in the treatment of obesity is undeniably valuable and, in some respects, more readily apparent. However, mental health practitioners also can assist with obesity prevention and treatment by addressing unhealthy family dynamics, behavioral difficulties, socio-cultural practices, and psychological concerns contributing to harmful feeding and eating habits. Often, the presence of emotional and psychological factors such as anxiety, sadness, loneliness, and stress may precede and sustain overweight conditions.

Psychological processes influence children's eating patterns, including overeating behaviors. Caregivers serve a critical function, as they select proper nutrition and serve meals. Their feeding practices, such as defining food preferences and pressuring or bribing children to eat, can create a negative association with mealtime and result in power struggles. Actions by caregivers can also override the child's natural hunger and satiety cues when the child seeks to please or defy the caregiver through food. Similarly, when caregivers restrict foods, a fixation on what is being denied can occur, which may result in ignored satiety signals and overeating.

Child Guidance Center, Inc. (CGC) and Dr. Riba's Health Club (DRHC) partnered to develop Parent-Child Feeding Interaction Therapy (PC-Fit) with the goal of developing a behavioral health intervention that addresses the psychology of feeding and eating. Child Guidance Center is Orange County's leading provider of Parent-Child Interaction Therapy (PCIT) and provides the PC-Fit coaching program. Marta Shinn, Ph.D., is one of the PC-Fit developers and a licensed child psychologist specializing in evidence-based parent coaching and practices at the Child Guidance Center. Patricia Riba, M.D., also a developer of PC-Fit, is a pediatrician who has pioneered obesity reduction models in Southern California. Dr. Riba's "Health Club" promotes healthy living in children and their families through innovative obesity prevention and treatment programs that include individualized patient care plans, PC-Fit, Fit Club, medical provider training, and community outreach.

PC-Fit recognizes that educating parents about healthy feeding, eating, and exercise is only part of the equation, particularly since hard to change behaviors frequently require support and rehearsal. For this reason, PC-Fit provides mealtime coach-



ing with parent and child conducted via a one-way mirror and a wireless earpiece, so the PC-Fit coach can offer in-the-moment coaching to caregivers. Sessions are manualized and structured to rehearse healthy food selection, expose children to a variety of whole foods, family style servings, psychologically healthy mealtime dialogue, and reduce behaviors known to negatively influence the quantity of food consumption.

Preliminary clinical findings suggest that PC-Fit implemented with children, ages 2 to 10 years, facilitates teaching healthful feeding practices, while building parent competence in managing child food refusal, picky eating, overeating, and food-related power struggles and tantrums.

This is a promising behavioral health intervention intended for implementation by trained mental health practitioners in the treatment of psychological factors contributing to childhood obesity. PC-Fit is currently undergoing investigation of efficacy using a pre-post randomized experimental design through the support of a grant funded by the Harnish Foundation and awarded by the Harvard Institute of Coaching. For more information about Parent-Child Feeding Interaction Therapy, contact cgcinterns@cgcinc.org. To learn more about the Child Guidance Center go to www.cgcoc.org or view Dr. Riba's Health Club at www.drribashealthclub.org. To correspond with Dr. Shinn, email mshinn@cgcinc.org or call (714) 953.4455 Ext. 665.



Bio:
Dr. Marta Shinn is a licensed child psychologist and research scientist who practices at Child Guidance Center in Orange County, CA. Her research interests include childhood obesity, coaching psychology, and the assessment of interventions for underserved child populations. She is skilled in the delivery of evidenced-based therapeutic interventions including PCIT and TF-CBT. Dr. Shinn is an experienced graduate psychology professor, clinical supervisor, and PCIT trainer. She serves as Psychology Subject Matter Expert for the California Board of Psychology and contributed to the DSM-5 field trials as a Collaborating Investigator. She is bilingual Spanish speaking and dedicated to culturally and linguistically informed psychological practice.



Place-Based Initiatives Build Neighborhoods continued from page 7

Place-based initiatives rely on data for planning, decision-making, program adjustments, and accountability. All initiatives start with a community assessment. A commonality of these assessments is the training and participation of community members in the process. In this way, data generation becomes capacity-building.

Data produced from the community assessment informs the process of defining results for the community. Community latitude for defining results varies depending on the project and the funder. The California Endowment's Building Healthy Communities defines large results, while the community defines specific activities, outcomes, and timelines that fit into the larger framework. First 5 provides parameters and results, while residents define how those will work in their communities.

Place-based initiatives emphasize the use of clearly defined results rooted in evidence-based practices. This provides common goals across agencies and con-

stituencies, generates evaluation data for feedback and demonstration of efficacy, and allows for comparisons over time.

Promise Neighborhood grants require data collection for academic indicators for its education programs, as well as indicators for family and community support. For example, an indicator for children ready for kindergarten is the number and percent of "young children who demonstrate age-appropriate functioning, have a medical home, and participate in early learning programs." An indicator for family and community support learning is the number and percent of "families who read to their children, encourage their children to read, and talk to their children about college" (Promise Neighborhoods Planning Grants 2012 Competition, Pre-Application Webinar presentation, <http://www2.ed.gov/programs/promiseneighborhoods/index.html>).

Revitalizing neighborhoods leads to improvements in the lives of residents.

As neighborhoods move from distressed to vibrant, families and children experience improved health, well-being, supports, and opportunities.





First 5 Place-Based Initiatives

by Barbara
Alderson,
MSW

“All children in California enter school ready to achieve their greatest potential.”

-Excerpted from the First 5 California Vision Statement

First 5 California’s vision statement reflects the commitment to young children 0-5, their families, and their communities embodied in Proposition 10, the Children and Families Act of 1998. Proposition 10 provides revenue from tobacco product taxes to fund early childhood development and school readiness programs for children, age 0-5, and their families. County First 5 Commissions distribute the funds and determine the goals, objectives, and approaches to best serve local children and families.

First 5 in Los Angeles, Ventura, and Sacramento counties use place-based initiatives to achieve goals. Place-based initiatives focus multiple resources and services in a specified geographic region over numerous years. Best Start, First 5 LA’s place-based initiative, serves fourteen communities. “Working in neighborhoods provides the ability to go deep instead of wide and show some impact on populations by concentrating efforts,” says Antonio J. Gallardo, PhD, and Chief Program Officer of First 5 LA.

Each county using place-based initiatives allocates funds established through data analysis measuring need. Ventura County applies a formula to eleven geographic areas based on the population of children 0-5, the number of children in poverty eligible for free or reduced lunches, and California Standard Test scores. This data results in allocating funds to agencies in amounts ranging from \$65,000 to \$1.4 million.

Since inception, First 5 Commissions and communities in these counties partnered to conduct community assessments

and to clearly identify overarching goals and values to frame actions. “The work ultimately starts with clarifying values and having a shared commitment,” comments Toni Moore, Executive Director of First 5 Sacramento. Those values are reflected in Sacramento’s vision: “Sacramento will have strong and inclusive communities, safe and healthy families, and valued children who can realize their potential and enjoy productive and fulfilling lives.” This vision is supported by strategic principles, including a commitment to place-based investments.

In Los Angeles, a “Best Start community is a community where all children are born healthy; maintain a healthy weight; are safe from abuse and neglect; and are ready for kindergarten.” To achieve these goals, First 5 takes the time to do adequate planning to solidify long-term commitments and provide clarity of vision and specific yearly goals. The program’s connection with neighborhoods allows for accessible, quality services, and fosters flexibility, as the needs of the community change.

In Ventura County, First 5 Neighborhoods for Learning (NfL) are resource hubs designed to help families raise children who are healthy, nurtured, prepared, and ready for school, according to Charlotte Torres, First 5 Ventura. Each NfL hub is independently governed and brings together community members, parents, and representatives from the local school district, nonprofits, and businesses. First 5 NfL is contracted through the school district, but the governance body retains the right to make decisions on NfL investments. Those decisions must be aligned with the overall First 5 Ventura Strategic Plan. For example, in the area of early education, communities can choose to invest in quality preschools, early learning for parents and children, and/or family literacy. The range of services may include preschools and/or preschool scholarships, early learning activities, access to health services, dental treatment, behavioral health services, parent education, and food distribution. This structure allows great flexibility and responsiveness to individual communities. If a community receives an allocation that covers

some preschool slots or serves families with support services, but is inadequate to do both effectively, the Nfl governance body can determine how funds are distributed, based on immediate community and family concerns. In one community, this might result in decreasing or eliminating preschool slots and increasing family support services, while another might choose the opposite. In these times of fluctuating resources, this kind of flexibility and onsite decision-making keeps services relevant to community needs.

Community engagement and participation is an essential element of place-based initiatives. When First 5 LA initiated Best Start in 2009 and 2010, some neighborhoods did not self-identify as a “community.” People did not have the experience of making their voices heard. “You cannot underestimate the investment in community training to develop their skills,” Antonio Gallardo said. First 5 LA removed barriers to participation by providing child care, transportation for families, food at meetings, and simultaneous translation for represented languages.

Now, families in First 5 LA neighborhoods attend community planning meetings and have learned how to speak out. In one meeting, after providers introduced their organizations and explained their services, parents came forward to say they would be visiting the providers to learn more about which services would best serve their needs. This shift from silence to active participation occurs across communities as place-based initiatives encourage a neighborhood identity and voice.

Collaboration and integrating services constitute another hallmark of place-based initiatives. Families are able to access multiple services in one site. “Parents can feel comfortable and will use the activity,” Moore notes. “Having services linked together gets parents connected with other services.”

Charlotte Torres of First 5 Ventura says that place-based initiatives can fully mature their services and strategies, because of the

long-term commitment. They create strong relationships within communities and across sectors, support children holistically, form platforms to incorporate evidence-based and best practices, and enhance the community’s capacity to leverage resources and integrate service delivery

The Nfl in Moore Park/Simi Valley demonstrates this level of integration. “You walk in and it’s incredibly rich with visuals of children and families,” Torres comments. “It’s busy, loud, and there’s always something going on.” Their Saturday preschool offers multiple family services, as needed, like child development checkups, dental exams, access to health insurance, health education, and contact with Behavioral Health’s Positive Parenting Program. All services are available onsite, including mobile dental/oral health units, public health educators, and Ages and Stages screening. In addition, the Nfl facilitates any necessary follow up services with the appropriate resources.

Working with agencies over a long period of time creates the potential for critical, constructive dialogue on how to best meet the needs of children and families. In a previous strategic plan, First 5 Ventura chose the approach of leveraging Medi-Cal dollars through the Behavioral Health Department to address the social-emotional needs of young children. This long-standing relationship with Behavioral Health made it possible to easily change the program strategy and leverage Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funds to implement the evidence-based Triple P parenting program.

“The wonderful thing about place-based strategies is that there is no cookie-cutter. Everything needs to be adjusted,” Torres says. The ability to be flexible, address community needs as they arise, provide support for the long term, and work with community members creates effective change and improved outcomes for families and children.



FRC Best Shot

Santa Paula Family Resource Center Youth Council graduating seniors. Their goal was for all to graduate from high school and go on to college. They achieved 100% success! Most are first-generation college students who have overcome obstacles of poverty, domestic violence, dating violence, and drug abuse. Their achievements are a source of pride for family and community!

<http://icfs.org/santa-paula-family-resource-center.html>

Submit your FRC best photo and short description, for consideration email articles@familyresourcecenters.net.





Together We Can!

*Santa Barbara County's
Commitment to
Engaging Fathers
by Barbara Finch*

Nestled between the mountains and the ocean, Santa Barbara, California, is perhaps best known as a tourist destination with impressive landmarks and beautiful beaches. With a population of 424,712, it is home to over 46,000 families with children under the age of 18 (American FactFinder, 2010 Census). The ***Santa Barbara Network of Family Resource Centers*** serves many of these families and has worked diligently with leadership from First 5 Santa Barbara to establish partnerships and practices that strengthen families and communities. In addition to creating the Network, member agencies form a core group within the county's Child Abuse Prevention Council (CAPC). Their collaborative embeds the Strengthening Families Framework into programs and services throughout the county. The impact of their work is captured by tracking outcomes using the Family Development Matrix (FDM) as a shared case management tool.

In the summer of 2011, First 5 Santa Barbara challenged the Network to commit to a new initiative aimed at increasing fathers' positive involvement in the lives of their children. First 5 recommended a countywide approach to improve father involvement, because 21% of Santa Barbara's children are raised by single mothers (www.kidsdata.org, 2009). The project launched with a half-day introduction to *Supporting Father Involvement*, an evidence-based practice disseminated across the state with funding from the California Department of Social Services, Office of Child Abuse Prevention. Representatives from community-based organizations and several county departments, including Child Welfare Services, CalWORKs, and Probation joined Santa Barbara's family resource centers (FRC).

Following the orientation, thirteen agencies agreed to participate in activities enhancing the ability to engage fathers. A total of 202 staff members completed an Organizational Self-Assessment, an online survey that asks staff to reflect on father-inclusive practices across seven areas of organizational functioning. Some agencies participated with a staff of only 6 people; others were large county departments with over 100 employees. When the results were compiled, *Strategies* conducted training for agency staff, case workers, practitioners, advocates, teachers, and administrators, to learn more about father involvement and review the results of their agency's assessment of father involvement practices.

Data captured from the assessments showed variation within and between

agencies. Ratings from the Organizational Self-Assessment sometimes differed within an organization, giving staff members the opportunity to discuss perceptions in greater depth. Organizations with multiple sites saw different strengths emerge, based on the resources and culture of their regional offices. Countywide trends in father involvement included positive outcomes in the area of communication and interaction with fathers, as well as room for improvement in attentiveness to father friendly physical environments. Ratings suggest that, for the most part, fathers who participate are included and treated with respect. There was agreement that agency environments need more positive images of men with their children and more resources for fathers. Nearly every agency identified opportunities to improve

programs and services to attract fathers and meet their needs more effectively. The self-assessment sparked creativity and rich conversations that informed action planning at every agency.

The impact of Santa Barbara’s countywide project can be seen in agency action plans that continue to take shape. Most agencies have made low or no-cost modifications producing notable results to involve fathers. One agency redecorated using a male-friendly ranch and denim theme. Another had a Superbowl potluck for dads and their kids. Fathers have been invited to help plan activities and participate in focus groups. Agencies are exploring modifications to parent handbooks, data collection forms, and policies and procedures manuals. CalWORKs established an agency-wide workgroup to develop tips and best practices to improve father involvement at every level within the organization. Agency directors note that there has been a shift in staff attitudes and actions related to father involvement. Staff members are reaching out to fathers, inviting their participation in new ways and seeing positive results for their efforts.

First 5 leveraged resources from the CAPC and *Strategies* to add even more impact to the project. They purchased father-friendly children’s books for each family resource center, pro-

duced posters of local fathers and kids, and developed a calendar of activities that dads and kids can do together. The materials were distributed to all of the fatherhood partners and created a visible impact on family support environments across the county. First 5 invited *Strategies* to facilitate an annual retreat for family advocates in the county to explore father involvement through interaction and activities that focused on understanding communication and cultural differences.

Participating agencies agree that there is more work to do, more partners to engage, and more possibilities for fathers and families. The group plans to convene a learning community this year to share best practices and lessons learned. They will add indicators to the Family Development Matrix to track father engagement outcomes for case managed families. Family resource centers will recruit fathers to become parent leaders who reach out to other fathers and become advocates in their communities. By immersing themselves in *Supporting Father Involvement*, Santa Barbara County demonstrated a shared commitment to include fathers in family strengthening and is realizing the benefits of working together.



Place-Based Initiatives Word Search

CHILDREN	I	G	L	N	F	A	M	I	L	I	E	S	N	H	N
COLLABORATION	E	H	E	C	I	P	J	U	H	M	Z	O	C	P	E
COMMITMENT	N	E	A	H	L	G	E	L	O	N	I	P	B	A	I
COMMUNITY	G	A	D	V	Q	G	O	H	U	T	R	J	P	R	G
ENGAGEMENT	A	L	E	U	Z	I	M	E	A	C	T	I	V	T	H
EDUCATE	G	T	R	A	C	O	G	R	D	N	H	D	O	I	B
ENVIRONMENT	E	H	S	J	P	A	O	S	E	S	O	Y	S	C	O
FAMILIES	M	Y	H	J	F	B	T	M	R	Z	T	P	A	I	R
HEALTHY	E	M	I	C	A	I	N	E	Z	I	X	Q	F	P	H
HOME	N	L	P	L	J	O	N	G	N	N	P	B	E	A	O
LEADERSHIP	T	D	L	J	R	T	T	U	Y	R	K	O	T	T	O
NEIGHBORHOOD	Z	O	J	I	R	Y	M	N	H	S	X	E	Y	I	D
PARTICIPATION	C	L	V	A	F	M	D	Z	R	D	X	X	S	O	D
PARTNERSHIP	V	N	P	O	O	C	O	M	M	I	T	M	E	N	T
SAFETY	E	N	U	C	H	I	L	D	R	E	N	A	U	K	X

Solution: page 23

Strengthening Families Data System Information

by Lyanna Clark



strengthening families
A PROTECTIVE FACTORS FRAMEWORK

Mosaic Network, Inc., a national partner of the Strengthening Families Initiative of the Center for the Study of Social Policy (CSSP), worked closely with CSSP's leadership team over the past four years to create and develop an online suite of tools to support programs and jurisdictions implementing the Strengthening Families approach.

Mosaic originally developed the online data system in 2008 based on their *GEMS* (Grant Evaluation and Management Solution) platform and the system is currently used by more than 2,000 community-based organizations nationwide. *GEMS* provides agencies and funded partners with the ability to measure outcomes, generate reports, and make data-driven decisions based on unique milestones, objectives, and missions.

The Strengthening Families online data tools include the following:

- **The Online Self-Assessment** helps organizations assess existing practices in seven Strengthening Families program areas and identify “small but significant changes” to enhance the ability to build protective factors. After completing the self-assessment online, users can run an interactive report to pull specific data, identify programs’ strengths and weaknesses, and generate or update action plans.
- **The Protective Factors Survey (PFS)** measures changes in parental protective factors using a pre- and post-test evaluation model. Parents

or caregivers receiving child maltreatment prevention services complete the confidential survey.

- **The Staff Survey** was developed through a collective effort of seven Strengthening Families states. This confidential survey measures staff attitudes, behavior and skills while protecting staff privacy.
- **Ready-to use reports** help programs and states easily access effective data. Extensive reporting options available to program administrators encourage data-driven program decision-making. State and regional administrators can access aggregate results across programs based on self-assessment survey results, protective factors subscales, or national trends. Administrators may filter reports by variables such as region, program, or custom group, and access reports online or download them into Word, Excel or web formats.

Mosaic added numerous enhancements to the online tools over the years based on the needs of the steadily growing user base. Most recently, Mosaic developed “At-a-Glance” reports that automatically

provide users with key information. The “At-a-Glance” reports apply data from the online system to inform evaluations, grant reports, and planning efforts.

The online data system plays an important role in helping programs deepen Strengthening Families implementation. For administrators working with multiple state or regional programs, the online tools can provide aggregate data for technical assistance and support, assessing the impact of Strengthening Families across activities. The system allows program level users to make decisions based on real-time data to positively affect the lives of children and families served.

The online data system is available at: www.mosaic-network.com/gemslive/cssp/



For more information about using the Strengthening Families online data system, please contact Mosaic Network, Inc. at 805-692-0992. To request detailed registration instructions, email lclark@mosaic-network.com.

For more information about Mosaic Network, please visit our website at www.mosaic-network.com.

Safe Sleep in Child Care Settings

by Annette Marcus, MSW



Photo of Milo Salomonis

In January 2009, four month-old Milo Salomonis, the son of Nathan Salomonis and Heather Myers, died in a child care facility. The suspected cause of death was Sudden Infant Death Syndrome (SIDS).

“We were devastated,” Nathan says. “As new parents with both medical and science research backgrounds, my wife and I were very anxious about placing Milo in a new setting away from us for a good portion of the day. Being very worried about the possibility of SIDS, we always put Milo on his back at home.”

In response to this tragic loss, Nathan decided to learn all he could about SIDS. “After the death of my son, I learned that an unusually high percentage of SIDS deaths occur in daycare.” In fact, a study in the *Journal of Pediatrics* (Moony, August 2000) notes that “extrapolating from U.S. Census Bureau data, approximately 7% of SIDS cases should occur in organized child care settings,” but, in their sample of 1,916 SIDS cases, 20.4% occurred in child care settings. The study also noted, “In addition, among the ninety-nine infants for whom there was information about the length of time in child care, we found that approximately one-third died in their first week in child care, one-half of these occurring on the first day in child care.”

Since Milo’s death, Nathan has become a committed and effective advocate for better education and regulation of child care providers regarding safe sleep practices for infants. Nathan is a member of a statewide health and safety regulatory workgroup convened to: (1) Support best practices and improve child care health and safety standards in California; and (2) Make recommendations to the California Department of Social Services, Community Care Licensing Division, on regulatory reform for California’s child care health and safety regulations.

This group, the Health and Safety Regulatory Workgroup, Military Child Care Initiative is building its work based on a review of child care health and safety regulations in California conducted as part of a Department of Defense Military Child Care Initiative administered by Child Care Aware® of America. These standards were compared with national standards, including the Department of Defense Effectiveness Rating and Improvement System (ERIS), the Department of Defense Instructions (DODI), and other national child care health and safety benchmarks.

With Nathan’s strong participation, the workgroup reviewed current research on SIDS and produced its first white paper, *“Safe Sleep Practices and Sleep Related Infant Death Prevention Strategies in Child Care”* (Health and Safety Regulatory Workgroup, Military Child Care Initiative, September 2012). The paper includes the following recommendations for child care providers:

1. Infants under the age of 12 months will be placed to sleep on their backs in a safe sleep environment that meets current standards and guidelines provided by the U. S. Consumer Product Safety Commission unless a parent provides a signed waiver from the infant’s physician stating a medical need for another position or sleeping surface. Bed sharing is not allowed.
2. Infants who fall asleep in a location or equipment that is not approved for infant safe sleep will be moved to a safe sleep environment and placed on their backs to sleep for the remainder of their nap.
3. Soft objects posing a safe sleeping hazard will not be placed under the infant or loose in the sleep environment.
4. Infants must be actively supervised while sleeping.
5. Bed sharing is not allowed.
6. Infants will not be overdressed when they sleep. If additional warmth is needed, a one-piece blanket sleeper or sleep sack may be used.
7. Sleeping areas will be ventilated and at a temperature that is comfortable for a lightly clothed adult.
8. An approved Safe Sleep Policy (developed, adopted and distributed according to the Health and Safety Code Section 1596.847) must be posted where infants are cared for.

Continued on page 19



Cost Study Calls for Continued Focus on Innovative Programming to Fight Child Abuse

An updated study underwritten by Macy's, Inc. estimates \$33 billion in direct costs and \$47 billion in indirect costs, as a result of child abuse and neglect (The Estimated Annual Cost of Child Abuse and Neglect Report, Prevent Child Abuse America, May 2012)

An economic impact analysis released in May 2012 estimates that the costs of child abuse and neglect to taxpayers will be over \$80 billion in 2012. The Estimated Annual Cost of Child Abuse and Neglect Report is the third in a series of economic impact studies by Prevent Child Abuse America, updating reports issued in 2001 and 2007. Dr. Richard Gelles of the University of Pennsylvania and Dr. Staci Perlman from Kutztown University authored the latest report. Dr. Gelles is an internationally known expert in domestic violence and child welfare.

“The costs and the adverse outcomes associated with not preventing child abuse and neglect remain unacceptable for the children and families of this country,” said James M. Hmurovich, President and CEO of *Prevent Child Abuse America*. “While we should recognize the ongoing successes of new therapeutic interventions to help children who have been victimized, the trauma of maltreatment can never be erased and accounts for the host of adverse short- and long-term outcomes of child abuse and neglect, including chronic health problems, mental health issues, developmental delays, poor educational outcomes, and future involvement with the juvenile and criminal justice systems.”

In calculating the total costs, direct and indirect costs were assessed. Direct costs included expenses incurred through hospitalization, mental health, the child welfare system, and law enforcement, totaling almost \$33 billion dollars. Indirect costs, which included special education, early intervention, adult homelessness, mental health and health care, juvenile and adult criminal justice costs, lost work and productivity, total nearly \$47 billion. Additionally, the 2012 report added two new cost categories on early intervention and homelessness in response to current research on the consequences of maltreatment.

“We are honored to support *Prevent Child Abuse America* on this effort,” said Jim Sluzewski, Senior Vice President of Corporate Communications for Macy's, Inc. “Macy's believes in supporting organizations such as Prevent Child Abuse America that are working to make our communities better places to work and live.”

“The fact is, we still have a lot of work to do to ensure the healthy development of all children,” added Hmurovich. “Evidence-based programming such as home visiting and sexual abuse and shaken baby syndrome prevention programs show that abuse and neglect can be prevented, but it takes all of us to make children a priority to accomplish this. We need to prioritize children not only in our policies and budgets, but also in our everyday actions. Wouldn't it make sense to develop a strategy that focuses on a national commitment to actually prevent child abuse and neglect before it occurs? If we could decrease these annual costs by 10% in the next 5 years, think of the great things we could do for children and their families. (The saved) \$80 billion would pay for proven prevention programs that support 2 million high-risk families or the college educations for 1 million students or the salaries for 2 million teachers--investments which ultimately benefit not just families, but society as a whole.”

For additional information, visit http://member.preventchildabuse.org/site/PageServer?pagename=research_child_abuse



About Prevent Child Abuse America
Prevent Child Abuse America, founded in 1972 in Chicago, works to ensure the healthy development of children nationwide. The organization promotes that vision through a network of chapters in 49 states and over 400 Healthy Families America, home visitation sites in 37 states, the Mariana Islands, Puerto Rico and Canada. A major organizational focus is to advocate for the existence of a national policy framework and strategy for children and families while promoting evidence-based practices that prevent abuse and neglect from ever occurring. To learn more about what we're doing to prevent child abuse and neglect and how you can help, please visit our websites at www.preventchildabuse.org and www.healthyfamiliesamerica.org.

About Macy's, Inc.
Macy's, Inc. is one of the nation's premier retailers, operating about 840 department stores in 46 states, the District of Columbia, Guam and Puerto Rico under the names Macy's and Bloomingdale's, as well as the macys.com and bloomingdales.com websites. Collectively, Macy's, Inc. and the Macy's Foundation donated more than \$26 million in fiscal year 2011 to nonprofit organizations nationwide.

From blog post: “Changing The Way We Think About Prevention” about the Cost of child abuse neglect article; Prevent Child Abuse America <http://preventchildabuseamerica.blogspot.com/2012/05/cost-study-calls-for-continued-focus-on.html>

The Safe Sleep Policy shall be:

- a. Reviewed with new staff and volunteers on their first day of work;
- b. Reviewed with all staff on a quarterly basis; and
- c. Reviewed with the infant's parent or guardian at parent orientation, or on the child's first day of child care.

“Milo opened our hearts in a way that we cannot explain,” Nathan says, observing that SIDS is largely preventable. “Our hope is that what happened to Milo can be prevented in other babies before it's too late. These proposed regulations are an important step forward.”



Questions about the Health and Safety Regulatory Workgroup or requests for the full paper can be made to Mary Beth Phillips, PhD, CA Military Child Care Liaison, 703-489-5554; MaryBeth.Phillips@naccrra.org.

<http://www.ncbi.nlm.nih.gov/pubmed/10920154> (web link to the Pediatrics Article)



Accepting Your Article and Story Submissions

Strategies is a catalyst for positive change using research and best practice to strengthen organizations and partnerships that in turn strengthen families and communities.

Do you have an original article or story which can add value for our readers?

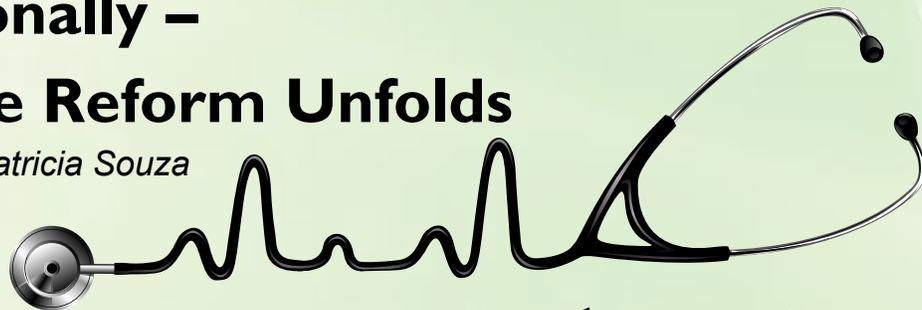
Does your original article have insightful information about child abuse and neglect prevention and early intervention?

If your answer is yes to the above questions, please submit your original article or story for consideration in the publication by emailing it to articles@familyresourcecenters.net.

Submission of articles and confirmation of receipt of article is not a statement of acceptance that the article will appear in Working Strategies and/or its website.

Thinking Regionally – As Health Care Reform Unfolds

by Candace J. Carroll and Patricia Souza



The Region One Network, on April 20, 2012, hosted a regional convening at the Benbow Inn in Garberville to explore the impact of health care reform on children, families, and service providers.

Steve Barrow, Executive Director of the California State Rural Health Association, provided the keynote on health care reform's effect in rural areas of the state. To put the topic in context, he described the significance of "rural" California as follows:

- More than 85% of California's geographic landmass is rural.
- 44 of 58 California counties are rural.
- Nearly 1 of every 60 Americans lives in rural California.

Highlights of the federal Affordable Care Act results to date include:

- Children younger than age 19 can no longer be denied health insurance coverage for having a pre-existing condition.
- Young adults may join or stay on their parents' health plan until their 26th birthday.
- Women who become pregnant can no longer be dropped by their insurance company.
- Seniors now receive a 50% discount on brand-name drugs when they fall into the Medicare Part D coverage gap.
- Seniors receive a free annual wellness visit and preventive services such as mammograms and colonoscopies.

California began building a Health Benefit Exchange to provide affordable

The Region One Network (a former Healthy Start network) encompasses family resource centers in Del Norte, Humboldt, Lake, Mendocino, and Sonoma Counties.

health insurance with education and early outreach enrollment in July 2012.

At the event, panelists explained and discussed "The Impact of Health Reform on Service Providers" in these sessions:

- "How Health Care Reform will Affect Low Income Families," Megan Van Sant, Mendocino County Health and Human Services.
- "Encouraging Schools to Prepare for the Increase in Coverage," Samantha Blackburn, PNP, California School Health Centers Association.
- "Health Care Reform Spurs Changes to LEA and MAA Billing," Alicia Neumann, Paradigm HealthCare Services.

The afternoon session explored regional partnerships and presented information about existing networks in the region with such topics as: "Network for a Healthy California's North Coast Nutrition and Fitness Collaborative,"

(Jennifer McClendon), "Update on Community Schools," (Patricia Souza), and the "California Network of Family Strengthening Network's Standards for Family Resource Centers" (Christina Huff).

Participants engaged in small group discussions on issues and challenges of implementing health care reform in rural communities. They made the following recommendations:

- Network with non-traditional partners (e.g., the California State Rural Health Association, hospitals, and clinics).
- Prepare natural helpers/peers to assist with health insurance enrollment (e.g., seniors helping seniors, promotoras, family resource centers, and public health nurses) and advocate for reimbursement.
- Find new ways to meet oral health needs.
- Establish a California Children's Services pilot in the region.
- Create a rural model of a Community School.
- Advocate for telehealth/telemedicine services that improve access to specialists.
- Offer online nursing programs and local internships.
- Partner with others for medical services transportation (e.g., Veterans Administration).

Attendees applauded the regional convening approach as a way to learn about current, relevant issues impacting the region and the opportunity to collectively explore solutions.

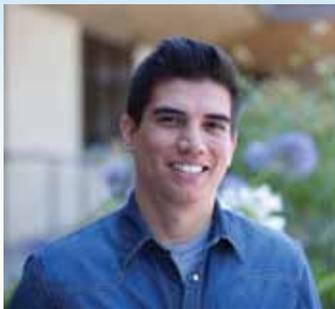
Attendees included family resource center directors and staff, public health nurses, school nurses, a hospital administrator, a rural health clinic director, health program coordinators, local health foundation staff, education professionals, and others from the 5-county region.



It's all about the Shoes

Walking in the Shoes of Daniel (Danny) Molina

by Diana Arellano and Erin Prewitt



It is late July

on a warm afternoon when Danny sits with us, taking time out of his demanding schedule to talk about his role in the Supporting Father Involvement (SFI) Project. Danny is the Statewide Project Manager for the SFI Project and is based out of Strategies' Central Region office at Interface Children and Family Services in Camarillo. In his role, Danny provides leadership and oversight for the statewide dissemination of the SFI evidence-based intervention, a project aimed at engaging fathers as key figures in the prevention and early intervention of child abuse and neglect.

Danny, I noticed you are wearing Converse sneakers. Is it me, or do you wear them quite often?

DM: I like them. You can dress them up or down. They're pretty versatile.

Sounds a bit like your personality?

DM: I never thought about it that way. [Danny sits thoughtfully for a few seconds] I guess for me, Converse shoes are comfortable and I like to make people feel comfortable. They are affordable -- not sure how that is connected to my personality -- but my staff knows that I am fiscally conscious. I think they are cool, too. I like to think I am cool or cool enough, but I am not sure my teenage sons would agree.

How did you become involved in father engagement work?

DM: I've always felt compelled to do work that was meaningful and somehow connected to the social service field. So when I was offered a volunteer position to work with teen dads and incarcerated dads, it felt like a perfect fit. Now 15 years later, I feel very fortunate that I've been able to turn my passion of working with fathers into a career. There is outstanding father involvement work happening throughout the country and it's very rewarding to be a part of something larger than myself. And I know firsthand the importance of having a father in your life, by both my role as a dad and a son.

You bring up being a son. Have you integrated any lessons from your father?

DM: My father has always been a good role model. With each passing year that I am a father, I value the lessons and the modeling he provided. He showed consistency, self-discipline, and how to be a self-starter. Most importantly, he taught me to be of service to others since life is about giving and receiving support.

What do you love most about being a dad? What would your children say they love the most about you?

DM: [The twinkle in Danny's eyes returns] For me it has been an honor to watch my children grow and develop their own personalities, passions, and gifts. I think, like my

father, I have been consistent with my kids and often speak to them about the importance of being of service to others. Also, I think my kids would say I am always there for them, and that they know I love them and support their dreams.

So, as a father of three and manager of a statewide project, how do you handle the demands of father involvement across the State?

DM: First and foremost, I have a great team that makes the statewide project possible. Every day I have the opportunity to work with bright, driven, and caring individuals committed to the work. Second, like my team, I work really hard--this is a passion of mine. And I am convinced that the work we do contributes to something that elevates the field and in turn, contributes to improving the quality of life for children and families.

Say more about contributing to the quality of life of children and families.

DM: If the work that we do brings fathers closer to their families and highlights a statewide platform that dads bring irreplaceable value to their children's lives, then I am willing to work long and hard hours--in my comfortable Converse! [We all start laughing.]

Walking in Danny Molina's shoes might not be a walk in the park, but more of a climb driven by purpose and passion. That sounds like a climb worth taking.



California Project LAUNCH

by Patsy Hampton



California Project LAUNCH is a program funded through the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by the California Department of Public Health, Maternal, Child and Adolescent Health program (CDPH/MCAH). California Project LAUNCH is a collaborative partnership between CDPH/MCAH, WestEd Center for Prevention and Early Intervention, First 5 Alameda County, and the Alameda County of Public Health, Maternal, Paternal, Child and Adolescent Health Division.

Project LAUNCH promotes the wellness of young children from birth to age eight using a public health approach to advance the systems that serve young children with the goal of attaining children’s physical, emotional, social, cognitive, and behavioral milestones. Project LAUNCH ensures that all young children reach their developmental potential, enter school ready to learn, and experience success in the early grades. Funded for five years (beginning in 2009), California Project LAUNCH works in the East Oakland community of Alameda County to test evidence-based practices, improve collaboration among child-serving organizations, and integrate physical and mental health and substance abuse prevention strategies for children and their families. Lessons learned from this community will guide state level systems change and policy development.

The Project LAUNCH community of East Oakland adopted the following strategies to address their specific needs:

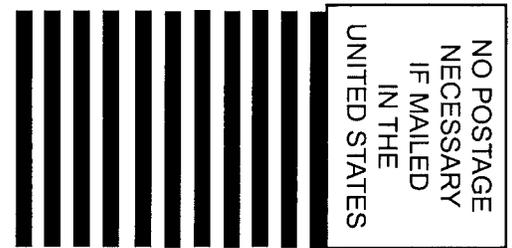
- Expand outreach and support for developmental and social-emotional screening at pediatric practices and early care and education sites serving large numbers of East Oakland residents.
- Expand home visiting programs to include high-risk prenatal and postpartum mothers residing in East Oakland.
- Expand access to mental health consultation services for early care and education providers.

- Expand summer pre-K programs in East Oakland and train school personnel and families to support transition to kindergarten.
- Integrate Strengthening Families principles into LAUNCH programs and community services in East Oakland.

Specific to strengthening families and parent engagement, Project LAUNCH hosted a series of six-week Strengthening Families Parent Cafés in East Oakland at a housing development, an elementary school, and a middle school. In a post-series evaluation, nearly all respondents said that they had learned to listen more attentively to their children, as a result of the cafés. Many parents noted that they learned about other cultures and how to communicate with each other in ways they had not previously used. Project LAUNCH also trained parents and

BUSINESS REPLY MAIL
 FIRST-CLASS MAIL PERMIT NO. 244 PARADISE CA
 POSTAGE WILL BE PAID BY ADDRESSEE

**STRATEGIES
 YOUTH FOR CHANGE
 6249 SKYWAY
 PARADISE CA 95969-9901**



NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES



→ Fold Here →

Using the Reply Card is Easy!

Need to change your address?

Yes, I have a change.

Do you wish to continue to receive the publication?

Yes, but only electronically through my email account at:

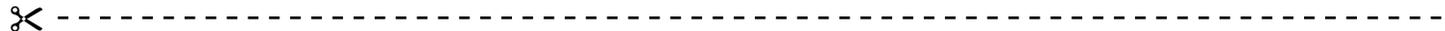
No thank you.

Instructions on how to use the reply card.

1. Cut it out of the publication on the line below.
2. Make your corrections on the back page near the current address.
3. Fold in half and secure on the top with tape or a staple.

*That's it, now just drop it in the mail!
 Thanks for your help in keeping us updated.*

↓ Cut Here ↓



community members as table facilitators for the cafés in East Oakland, including some bilingual and monolingual Spanish speakers.

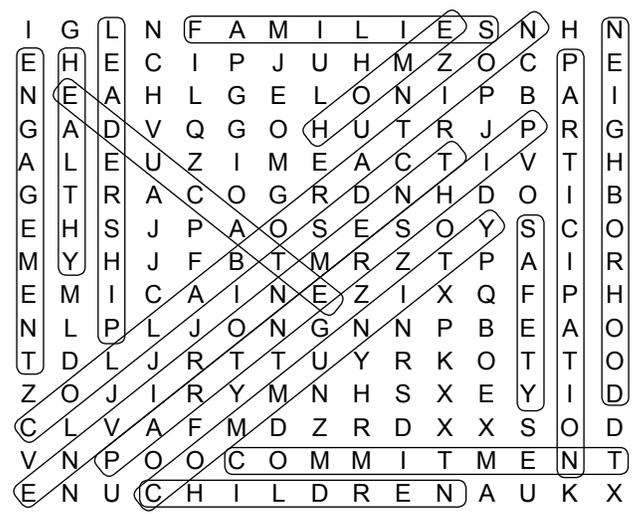
At the state level, Project LAUNCH strategies include:

- Promote a system of early identification, linkage to services, and care coordination through the replication of *Help Me Grow*, a national model of a comprehensive, integrated system.
- Collaborate with the California Home Visiting Program administered through CDPH/MCAH to plan a statewide system of home visiting through promoting best practices for cross-agency early childhood system integration.
- Build a strong workforce of mental health professionals under the *California Training Guidelines and Personnel Competencies in Infant-Family and Early Childhood Mental Health*.
- Support the development of a common agenda, shared outcomes, and data indicators across state-level early childhood agencies using the Strengthening Families Protective Factors as a framework.

SAMHSA currently funds 16 states, one tribe, the District of Columbia, and six other local communities through the Project LAUNCH grant program.



Solution to word search on page 15.





Nonprofit Organization
U.S. Postage
PAID
Sacramento, CA
Permit #1309

Youth for Change

Paradise Ridge Family Resource Center
Working Strategies
6249 Skyway
Paradise, CA 95969

Strategies is a network of three training, coaching, and technical assistance centers funded by the State of California, Department of Social Services, Office of Child Abuse Prevention, to promote a statewide network of family strengthening organizations.



*Is the Mailing Address Above Correct?
If not, see the previous page.*

Strategies Mission

Strategies provides quality training, coaching, facilitation, curriculum development and practical application of research and best practice for the growth and development of effective programs, organizations and networks that strengthen families and communities.

We promote a dynamic movement of family and community strengthening organizations and partnerships by providing information and opportunities for peer support, dialogue, and strategic action.

Strategies Vision

A world in which children are cherished, families are engaged in their communities and communities thrive.

Strategies Organizational Vision

Strategies is a nationally recognized alliance of professional trainers, organizational development coaches, facilitators, and support staff united by a set of core values and approach. We are a catalyst for positive change using research and best practice to strengthen organizations and partnerships that in turn strengthen families and communities.