

POLICY PRACTICE

THE MAGAZINE OF THE
AMERICAN PUBLIC
HUMAN SERVICES
ASSOCIATION

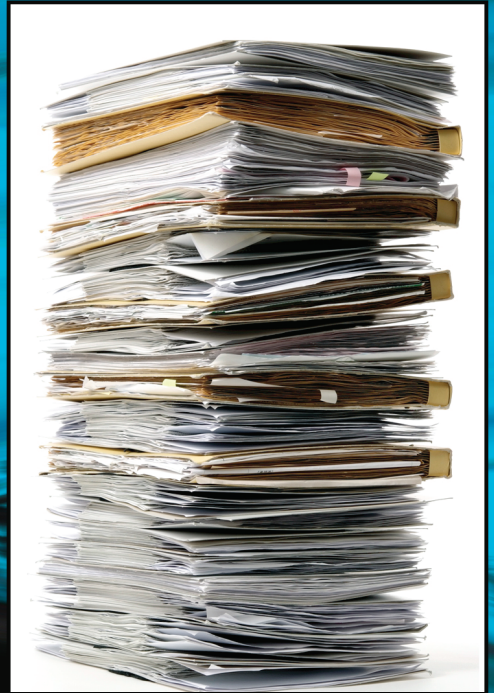
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It's a Matter of Design: Our Theory of Change



In this issue of *Policy & Practice* we focus on the heart of our collective mission—the individuals, children, and families who embody the health and human system our members and their extended networks support every day. At the American Public Human Services Association (APHSAs), we continuously strive to deliver services and products that build the capacity of the system in ways that improve the lives of all people and strengthen their communities. As part of ongoing efforts to align those services and products with the opportunities and needs of members, we have expressly articulated our theory of change and reframed our work using proven values and metaphors as follows:

Theory of Change

Our work at APHSA is guided by this **theory of change**: We aim to continually increase the **know-how** of our members, staff, and partners to build

system capacity and maximize human potential, so that we may:

- Create innovative **strategies and tools** and **effective policies** for health and human service practice, programs, and organizational functioning;
- Positively impact the **social determinants** of success in people's lives and mitigate trauma; and
- Generate a **culture of social health and well-being** in the United States.

Expressed as a **metaphor**, we aim to build human potential with the best construction and weather-proofing tools possible for people to thrive in a **well-planned, resilient** home and community.

Mission Focus for Building Know-How

Guided by this desired future state, our current **mission focus** for building know-how centers on:

- Neuroscience and other advances in understanding what strengthens and motivates people;
- Adaptive leadership;
- Multi-generational engagement and service principles; and
- Expanding our knowledge base through knowledge management, data, analytics, and return on investment (ROI) modeling.

Along with our current know-how in organizational effectiveness and many other areas, this enables us to **stage and support demonstrations of innovation and impact** through the Human Services Value Curve¹ progression toward:

- Optimal systems of care;
- Practice models;
- Policy and program designs; and
- Embedding space and support for ongoing innovation and continuous

See *Director's Memo* on page 32



American Public Human Services Association

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Acting Editor
Neil Bomberg
Communications Consultant
Amy Plotnick

Advertising
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Terri Jones
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Darnell Pinson
Design & Production
Chris Campbell

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Issue Theme

Building Transformation
Marketplace of the Future
Healthier Families/Stronger Communities
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THIS WEEK IN WASHINGTON



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Gage East A Two-Gen/Multi-Gen Story from the Prairie

Olmsted County is the home of the world famous Mayo Clinic. Our county is located in SE Minnesota with a total population of 150,000. The Mayo Clinic is the largest private employer in Minnesota, but outside of Rochester, our county and region are very rural. In Rochester alone, the Mayo Clinic employs 37,000 people. They are an economic engine for the region and state. We are a rapidly growing community with increasing diversity and challenges related to housing, transportation, and other issues connected to poverty.

In 2013, we partnered with Center City Housing, Inc. (CCH) to study family and youth homelessness. We thought we had an issue, but after the study we had a quantifiable problem and had to ask ourselves—what are we going to do about it?

At an APHSA Policy Forum a few years ago, I learned more deeply about two-generation approaches to housing with services. A powerful example for me was practically in my backyard. The Jeremiah Program out of the Twin Cities has been offering housing to moms with young kids interested in attending post-secondary education. They house low-income mothers and provide high-quality early childhood learning for their children on site at no cost, as long as the mothers stay in school. The outcomes of this approach show the women earning more than \$19 per hour when they exit housing and their children are entering school ready to learn. What a win!

With the documented success of these approaches, we engaged CCH to start exploring solutions for our homeless youth and families. The Gage



Construction is underway at the Gage East Apartments.

East Project is a multi-dimensional partnership with CCH that weaves services and funding together to provide housing with services to homeless families and youth. CCH is the housing developer and provider. They purchased an aging school no longer in use and the surrounding property. CCH is building 30 units of housing for homeless families and 25 units for homeless youth.

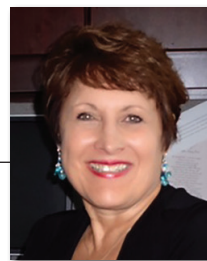
CCH intends to build new units and refurbish the old school to create an Empowerment Center. The Empowerment Center will have services such as a high-quality early childhood program, domestic violence

services, youth and adult education programs, work skills development and training, and other services that are still being defined.

The Empowerment Center will serve the entire neighborhood, not just the folks in the new housing. This is a neighborhood with a high level of poverty. The school district just received a grant to enhance the elementary school next door to become a community school. That means they will be bringing enhanced community services into the school for families to engage in a deeper way

See Gage East on page 33

By Nannette M. Bowler and Stacey D. Hardy-Chandler



Charting a Course for Change Navigating Change with Intentionality and Courage

“Smooth seas do not make skillful sailors.”

—AFRICAN PROVERB

Providing services to families and communities is a voyage. The condition of the waters changes with federal and state mandates, budget implications, shifts in the standards of practice, gentrification, and communities caught in the midst of violence. Ultimately, we may not be able to predict the exact nature of the changes we face as human service organizations, but we do know that change is inevitable.

Realizing that many changes are driven by external forces that are often beyond our control, we, at the Fairfax County Department of Family Services (DFS), realize the import of intentionally developing internal capacity to mobilize staff to navigate change, whether external or internal.

So, while change is not a surprise, the key to leading in times of major disruption is how we prepare our workforce for the calm times and for weathering storms. Fundamental to this preparation is assuring that they have access to the developmental opportunities and resources they need to be a cohesive team—much like the skilled crew of a ship. This involves the pre-work of building a strong foundation so that we are able to consistently keep our bearings.

In *The Leader of the Future*, Harvard University’s Ronald Heifetz describes the kind of break from traditional leadership we at DFS have adapted when he states, “[i]magine the differences in behavior between leaders who operate with the idea that ‘leadership means



influencing the organization to follow the leader’s vision’ and those who operate with the idea that ‘leadership means influencing the organization to face its problems and to live into its opportunities.’ That second idea—mobilizing people to tackle tough challenges—is what defines the new job of the leader.”¹

Whereas traditional approaches to leading change are centered on reacting to the immediacy of external influences, we have chosen to intentionally maximize *internal* change for a more long-term benefit. To be clear, we do not neglect our

See *Navigating Change* on page 31



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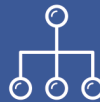
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BY THE NUMBERS

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ENGAGING THE CONSUMER VOICE



BY JEFFERY MCNEIL AND PHIL BASSO

Consumer engagement comes in many forms, sometimes through chance encounters. Through one such encounter a street vendor and an association leader form a relationship, listen to one another, and advance each other's understanding of how our field is serving those who come through our doors—and how our services might evolve for even greater impact.

Policy and Practice: *Jeffery, you are a writer for Street Sense, which is an advocacy publication based here in Washington, D.C. that advocates for the homeless. Could you tell us a bit about yourself and what you do for the publication?*

Jeffery McNeil: My name is Jeff McNeil and I'm originally from New Jersey and how I got with *Street Sense* (SS) was that it was the last house on the block. I tried agencies, I couldn't find a job and I was unemployable, and SS gave me the chance to sell newspapers and also broadened my horizons and gave me a forum to see and to worry about some of the things I saw going on in the community....

P&P: *Now how did you make your way from Jersey to D.C., if you could inform us?*

JM: I believe what happened was by accident. Before I came to D.C., I was a loser, I was unemployed, went through a series of jobs. I suffered from depression and addiction; and in N.J. what they do for the homeless is, they give you two choices, jail, or they say you can go someplace else. One day they caught me on the street and gave me a bus ticket. I was meeting a group of people in the shelter at the time



Jeffery McNeil, 49, is a contributor to the D.C.-based publication *Street Sense*, homeless advocate, and Gulf War veteran.



Phil Basso is the deputy director at APHSA.

I GOT NOTHING BAD TO SAY ABOUT SOCIAL SERVICES ... JUST TO SAY THEY DO SOME GOOD AND THE MAJORITY OF THE PEOPLE, THEY'RE GOOD PEOPLE.

and someone said D.C. had a lot of job opportunities, so I just got on a bus and went to Washington, D.C.

P&P: *I understand you had some experience with the military, is that correct?*

JM: Yes, during the first Gulf War.

P&P: *And did you immediately have these challenges in life or...?*

JM: No, actually, I lived a good life, the economy was good. I actually never saw myself becoming homeless; I was working at the Trump Taj Mahal, I was making good money. I was down on the poor because I thought [being] poor was a behavioral thing...it was... you were poor because you weren't trying hard enough. Then suddenly the economy just started drying up and with my issues and everything else, I just started getting fired—couldn't find work.

P&P: *What were some of the challenges you faced once you got out of the military, and began working?*

JM: I've always been the sort of person that's been self-reliant and I didn't get the proper treatment plus I have dyslexia and learning disabilities. I try to do things by myself and I suffer the consequences of it 'cause I didn't go get the proper treatment for my bipolar disorder. I self-medicated and there was just a whole series of things—my mom died, I was in a relationship and I got dumped, I didn't think anybody in my family loved me, because I went by the philosophy that you self-help, and I thought that I had let everybody [down].

P&P: *And then, eventually, you had the opportunity to come to D.C.*

JM: The way things happened... there was a church called Miriam's Kitchen and I made my way to social services and everything...I got nothing bad to say about social services... just to say they do some good and the majority of the people, they're good people. One day, this old guy was selling SS and it just looked to me that it was better to sell some papers 'cause I didn't want to beg or panhandle and I didn't want to sit around waiting for stuff—from what I've seen in the system, people were just waiting for things to happen, waiting for housing, waiting for jobs; I didn't want to wait; I wanted to get off the streets.

Phil Basso: So, when Jeff says, "I didn't see myself as homeless." Society can label us by challenges that way, homelessness, that's your whole identity. I think that Jeff, the way he is describing himself... he's a whole person. He's got a lot of different interests; he's got a lot of things that are going on in his life's history, certain objectives in the world now. I think that this is common. If we see our consumers as real people, we would see all of this in all of them, including what Jeff is talking about as his challenges. It's not just one thing, right? [JM: Yeah.] He's actually experienced a few, whether you want to call them insecurities like homelessness, not having forms of security or some of the driving causes of that—addiction, difficulty in a very personal relationship—these are the kinds of things that good human service practice understands and responds to as a system, as opposed to the label.

JM: I think that my frustration with the system was that I think everything was labeled as economic. You're poor because you don't have a home or you're poor because you don't have a certain thing. I needed temporary relief; I didn't want someone taking care of me. I was really frustrated because one time I got unemployment and what happens is that they'll give you \$1,200/month unemployment and then they'll call you up and say well here's a job for \$900/month. So if you're in the system and then you want to do things, if you do good—you sell

SS, but the minute you do a little bit better, they take you off the system.

PB: Yeah, that's called the financial cliff, that's actually being studied now in our field. It's a problem that's been recognized. Everyone—Republicans, Democrats—everyone is focused on this very thing you mentioned.

P&P: *Phil, do you see the value curve as a remedy for things like the financial cliff?*

PB: It lends itself to it. In other words, you look through the value curve as a lens on the system—you notice what's good in the system—and what needs to be improved or even transformed about the system—so some of the changes that are necessary can be huge things, like a financial or fiscal cliff that's built into the design of the programs. It might require changes at the congressional level, in the U.S. Congress. Not an easy thing to achieve, but necessary.

P&P: *Indulge our listeners for a moment and tell us what service or services in the human service spectrum you receive benefits from.*

JM: OK, I've gotten food stamps, which...doesn't make no sense because I'm in a shelter, which was like four years ago. They gave me \$200 worth of food stamps, but the shelters, they have no cooking facilities, you can't get no hot food and most of the stuff you can consume is junk food, which is not good for you in the first place.

P&P: *So, one of my questions for you is as a consumer of the system, where have you noticed it to be effective and efficient? Or not, in some cases.*

JM: I don't think that the people who work in the system are bad people, but it's just the way, just like you say, that the funding, the politics of it all is where the system is bad...I don't think I've met anybody who was



I ACTUALLY NEVER SAW MYSELF BECOMING HOMELESS; I WAS WORKING AT THE TRUMP TAJ MAHAL, I WAS MAKING GOOD MONEY.

really corrupt or with really bad intentions...The problem I see with social services is most of the [decisions] are already made, that's when we all become proactive, what do we do to prevent people from falling down in the first place?

PB: Yes, that's a huge issue. And actually, I was talking about the value curve earlier; it's really the vision of the fourth stage. [See Phil's article on page 20 for a complete description of the Human Services Value Curve.] So, instead of waiting for you to be in trouble, in the generative level of the value curve, the whole system is doing what you just said. It's saying, we don't want to wait for a trauma or for severe insecurity to be occurring in people's lives. We want to figure out what we can do upstream, what we can do to prevent it and head it off at the pass, as well and as quickly as we can.

P&P: *Let me ask you a pretty blunt question. You have a very strong opinion about benefits. Do you think you are better or worse off if you had not received them?*

JM: That's a good question, because...I'm the type of person, that, I want opportunities. Somebody's gonna

offer me something...I served my country. I mean if somebody's gonna offer me \$200 worth of food stamps, I don't know if I deserve it or not, but if somebody is gonna give them to me, then it's the same thing as unemployment. I paid my taxes and I was unemployed and I felt that this was something that you paid into.

P&P: *Did you feel like you deserved it because the need was there?*

JM: I feel like everything is complex. It's not really a blanket question. People do fall down...there are a lot of people hurting and I was hurting at the time... it was either that or face the street so I mean, it does serve its purpose...I've seen that some people do

need benefits. There are some people who are sick. I've never been against helping the super-sick. What is always [an issue] with me was the people who are capable of doing something...and they had only eyes on the system. What frustrated me about the system was the long wait in lines, like...the only way I got my Obamacare was I had to call my [city] councilman because I had to wait five months, and they never get back to you.

P&P: *Do you think benefits helped you reach your goals?*

JM: No, because...I pretty much, well, all the things that I've gotten in D.C., it's because...maybe the indirect benefit, because it was sort of going to the AA meetings, going to the church and I felt like the churches, the non-profit organizations, were a lot better because they were doing...Programs to me like SS were a lot better than the social services because you get a better choice on how to spend your resources. You know better what you need, better than any government official. They can only help you with the basics like food stamps, getting housing...

See McNeil on page 34

What would you do if a convoy of 2,500 school buses, loaded with infants, passed you on the highway? Or if you went to a football stadium and the patrons were 100,000 little babies?

First, you would tweet to your 500 best friends about this freakish event. You would probably begin to take photos and upload to your favorite social media. And then your mind would kick into gear and you would start to ask,

“What is going on here?”



NO
MORE BAND-AIDS

A Science-Informed,
Two-(or More)
Generation Reset

By Janice M. Gruendel and Roderick Bremby

The answer may surprise you. If these two events had actually happened, you would quickly discover that these buses and stadiums filled with babies were active child welfare cases of substantiated “neglect.” If you kept digging, you would also learn that in 2013 our child welfare agencies managed about three times as many cases of substantiated neglect, just under 320,000, for children younger than six years of age.

You would also learn that the true number of young children impacted by conditions of scarcity, adversity, and risk is actually *much, much* higher in America today. How much is “much, much” in more data-sensitive terms? If neglectful behavior is defined as circumstances in which children’s basic needs for food, shelter, supervision, and care have not been met, then we could be talking about one in four young children across America.

What is the proxy data point here? These are young children living at or below the Federal Poverty Level (FPL). If we expand the proxy data point to include children living at or below 200 percent of FPL (a commonly accepted definition of “low-income” status), we are talking about nearly one in two

young children overall and more than six out of ten among families of color.¹

The Impact of Poverty, Chronic Stress, and Adversity

A decade ago, in 2006,² the federal Administration for Children and Families (ACF) identified poverty as an “underlying” risk factor in child neglect. In its 2012 guidance,³ poverty was identified as a “societal” risk factor, a category of risk that also includes lack of social support and neighborhood distress. Writing in 2010, noted child welfare policy leaders Joy Duva and Sania Metzger reminded us that, “When parents struggle to provide the day-to-day necessities of their children, they can feel anxious, depressed, fearful, and overwhelmed. The stress of living in harsh, deprived conditions can have a debilitating effect on parent capacities, resulting in inconsistent discipline, failure to respond to a child’s emotional needs, or failure to prevent or address a persistent risk to safety.”⁴

While ACF connects the dots between poverty and neglect, and Duva and Metzger connect the dots between poverty and parenting, the science of early brain development reveals the explicit linkages between poverty, parenting, and young child outcomes. Connecting these is a set of life conditions we have come to call “toxic stress.” Toxic stress and its fellow travelers—adversity and trauma—function as strongly negative influences on the child, the parent (or other primary caregiver), and the child–adult parenting relationship.⁵

In their edited volume *Consequences of Growing Up Poor*,⁶ scientists Greg Duncan and Jeanne Brooks-Gunn alerted us nearly two decades ago to poverty’s negative effect on children’s health and mental health, early childhood development and school readiness, K-12 academic performance, post-secondary completion, later workforce participation, and economic security. Now, an expanding body of developmental neuroscience reveals that living with stressors associated with poverty actually changes our bodies and our brains at the biochemical, synaptic, and genomic level.

Scientist Ross Thompson writes in *Helping Parents, Helping Children*, the 2014 volume of *The Future of Children*, that “The biological effects of stress undermine (children’s) ability to concentrate, remember things, and control and focus their own thinking,”⁷ all critical elements of executive functioning and self-regulation essential to successful functioning in school, work, and life.

Research has also shown that many adults living with chronic economic challenge experience other co-occurring stressors. These include low educational attainment, living as single parents, and experiencing residential instability, chronic health, and mental health challenges (including maternal depression).⁸ At the same time, research reveals the now well-documented, very long-term and highly negative impact of adverse childhood experiences (ACES) on children as young as three years of age. These impacts include developmental delays in the first three years of life along with substance abuse, depression, cardiovascular disease, diabetes, cancer, and premature mortality later in adulthood.⁹

Adverse childhood experiences include verbal, physical, or sexual abuse and/or physical and emotional neglect as a child, as well as living in a family with an incarcerated, mentally ill, or substance-abusing adult family member, experiencing domestic violence, or the absence of a parent because of divorce or separation. Adult caregivers who have experienced these circumstances as children are often challenged to provide the kind of reciprocal, responsive parenting relationships with their own young children that are needed to assure optimal early development, meet basic needs, and assure adequate care and supervision. And so the cycle continues.

Taking a Two-(or More) Generation Approach

Clearly, we cannot proceed on a public policy pathway in which one in two American children will grow up in circumstances that limit their mental, emotional, and physical health and



Janice M. Gruendel is a senior fellow at the Institute for Child Success and a consultant with the Public Consulting Group.



Roderick Bremby is the commissioner of the Connecticut Department of Social Services and chair of the APHSA Leadership Council.

age-appropriate development. There is simply no future in that for any of us.

Fortunately, we do not have to. In *Rethinking Young Child 'Neglect,'* we have argued that taking a science-informed, two (or more) generational approach to working with vulnerable families can improve life and learning outcomes for our children, dramatically improve the efficacy of our service provision and, over time, reduce its cost to taxpayers.

The brain science tells us that we should focus especially on the needs of young children because they constitute a significant portion of the child welfare caseload and because it is during a child's earliest years that "... their brains are growing the fastest and critical language, emotional, behavioral and early executive function skills are emerging and...adversity has its greatest negative impact." The brain science also tells us that "...we must focus on the primary caregivers of young children (usually but not always the birth parents) because it is within the context of the 'serve and return' interactions with their children that age-appropriate early brain development occurs."¹⁰

While attention to "two-generation" approaches has garnered much recent attention, its roots can be found in the settlement house movement of the 1880s where we worked to help whole families of immigrants become assimilated into our culture and grow out of poverty.¹¹ The federal government stepped in with Head Start in 1965, Early Head Start in 1994, and a series of other two-generation investments during this same period.¹² High-quality early education and home-visiting programs also had their beginnings during these years.

Two-generation frameworks focus on both the child and the parent, simultaneously, to the greatest extent possible.¹³ Common features of two-generation frameworks include adult education and post-secondary enrollment; sector and jurisdiction—specific workforce preparation, certification and skill building; economic supports; parenting supports; and high-quality early care and education, attention to child and adult health and mental health needs and challenges; and the

Yet while the science of poverty, adversity, and stress ought to provoke important changes in the ways in which we serve these families, we continue to misdiagnose parental inability to provide appropriate care and supervision of young children as willful acts of omission or lack of cooperation or noncompliance.

development of peer and social capital networks.¹⁴

In the spring of 2014, the complete issue of *The Future of Children* was dedicated to a series of important research summaries of the impact of "two-generation mechanisms" on children's development.¹⁵ Summarizing these findings, Ron Haskins, Irwin Garfinkel, and Sara McLanahan offer a positive, but cautious perspective. We know that two-generation mechanisms (i.e., child and parental health, family assets, family income, parental employment, and child and parental education) work, but we should not expect dramatic gains from any one of them. Rather we can expect important cumulative effects through small gains in outcomes from each. Finally, as research proceeds we can expect that interventions based on these mechanisms will continue to improve.¹⁶

Time for a Reset

Substantiated child neglect comprises between 75 percent and 80 percent of the current child welfare caseload, and many of these families are known across our health, human service, and justice systems as well. Yet while the science of poverty, adversity, and stress ought to provoke important changes in the ways in which we serve these families, we continue to misdiagnose parental inability to provide appropriate care and supervision of young children as willful acts of omission or lack of cooperation or noncompliance.

It is time for a human service reset. Four core operating principles can guide us.

1. The early identification of child and adult challenges is the responsibility of all providers through the use of common tools and effective information exchange, followed by either direct service provision or a "warm handoff" to a receiving service or support organization.
2. Community supports and interventions are wrapped around the family as a whole. They encourage and support family decision-making and are committed to family engagement over a period that may extend for one or two years, or more. For providers, this reflects a significant shift in power from a service-driven system to a parent-led system.
3. Supports and services quickly focus on strengths and assets within the extended family and seek to build upon family and community protective factors with the goal of helping children and families become resilient. Investment is made in community health as well as in individual and family interventions.
4. Supports and services are delivered simultaneously as well as individually to the child and the parent or other primary caregivers and are integrated across service sectors to (a) decrease cognitive load on the consumer, (b) increase service effectiveness for the provider, and (c) maximize resource efficiency for the funder.

See *Band-Aids* on page 34

EDUCATION

TRANSPORTATION

HEALTH

FINANCES

CHILD CARE



A Whole-Family Approach to Workforce Engagement

By Kerry Desjardins

Human service programs and social policies frequently focus only on adults or only on children. This is true of many programs and policies explicitly aimed at families. A two-generation approach to human services is one that focuses on the needs of parents and the needs of children together, out of recognition that children do better when their parents are healthy and stable, and that parents do better when their children are healthy and stable.

While the terms two-generation or multi-generation approach are commonly used, APHSA's Center for Employment and Economic Well-Being prefers the whole-family label to accurately describe the most productive approach to human services and workforce engagement; this term is more inclusive and considers the extended family context, including challenges and resources of family members outside of the assistance unit, including nonresident or non-custodial parents, adult siblings, extended family members, and kin. The whole-family approach recognizes

the importance of the roles these individuals often play in supporting family stability and well-being.

Many of the safety-net programs for low-income families include work requirements, in some instances, or opportunities for family members to voluntarily engage in various programs aimed at increasing their employment and earnings. These work-oriented efforts are critical components to moving them to a path of self-sufficiency, well-being, social integration, and greater opportunity. However, being a working caregiver presents a number of challenges, and the nature and circumstances of the work can have significant impacts, positive or negative, on a child's well-being and future. Studies show that stress and dissatisfaction at work negatively impact relationships and parenting style. At the same time, stress and concerns at home can negatively impact work performance. Both need to be addressed by attaching families to necessary work supports, including transportation, child care, and ongoing job counseling and case management.

The Argument for a Whole-Family Approach to Workforce Engagement

A whole-family approach to workforce engagement not only reviews the parent or caregivers needs, but also considers the needs, challenges, and resources of family members outside of the traditional assistance unit. Noncustodial parents (NCPs), adult siblings, and other working-age family members besides parents often contribute to household income. In fact, most low-income families, including single-parent families, do have more than one potential wage earner. Addressing the employment needs of the entire family is important because low-income families often need more than one wage earner to secure an adequate household income. By utilizing a whole family approach to workforce engagement, we can encourage and support the gainful employment of all potential wage earners in a family, which increases the likelihood that they will successfully increase their income and self-sufficiency.

Unfortunately, many current policies and practices fail to consider and address the whole family. Workforce programs are typically funded based on individual eligibility and individual outcomes and are not rewarded for their work with families. Therefore, there is little incentive for programs to address the employment needs of the entire family, or the impact of a participant's employment on their household. For example, the Temporary Assistance for Needy Families (TANF) program places strong emphasis on work activities that count toward work participation rates

rather than those which lead to meaningful outcomes that strengthen each unique family. As a result, parents may feel pressure to accept jobs or work assignments even when the working conditions create instability or another situation where they cannot adequately meet their children's physical or psychosocial needs for healthy development. In order to preserve and promote healthy families, while simultaneously ending needy parents' dependence on public assistance to support their children, the TANF program must have the flexibility to meet the varying needs of individual families, by conducting individual assessments of their unique barriers to sustainable, gainful employment opportunities, and strengthening their capacity to balance work and family responsibilities.

Engaging Noncustodial Parents—a Key Element of the Whole-Family Approach

While a whole-family approach can have many dimensions, one of its key elements is engaging absent NCPs both economically and socially, where possible, in their children's lives. When child support policies and practices lack a whole-family approach, the resources and needs of noncustodial parents can be overlooked. Noncustodial parental employment has significant implications for low-income families with children. On average, child support payments from the absent parent represent 40 percent of additional income for poor families. New family-first payment rules provide this income to those who have established paternity, have a child support order in place, and receive collections, usually through the Title IV-D child support program. Child support payments represent one of the largest wage supplements for low-income working families and a critical add-on to families receiving cash assistance.

Unfortunately, many NCPs, including a disproportionate share of those whose children are living in poverty, have low incomes themselves. They are often unable to pay child support orders that constitute a large percentage of their already

Human service agencies must lead their partners in utilizing a whole-family approach to workforce engagement efforts in order, most effectively, to support the success of low-income working families, and to empower them to achieve self-sufficiency, economic mobility, and broader family well-being.

limited income. Efforts to enforce child support without offering low-income NCPs supports and incentives can drive them underground or to informal work arrangements and job-hopping when wage-withholding orders cause their disposable income to fall below their living expenses.

Some states and localities have established programs for noncustodial parents (most often fathers) to improve their parenting skills, increase their earnings and employment, and encourage them to pay child support. More than half of states have work programs with active child support agency involvement that serve NCPs; however, these programs tend to be local. Maryland is a notable exception. Maryland's statewide Noncustodial Parent Employment Program, funded using TANF dollars, links NCPs who cannot afford to pay child support to job training, educational opportunities, and work experiences. Between 2007 and 2014, the program enrolled more than 17,500 NCPs in job training and job readiness programs to help them find and retain employment. Collectively, those parents made \$97 million in child support payments, much of which was disbursed to former recipients of TANF cash assistance.



Kerry Desjardins is a policy associate with APHSA's Center for Employment and Economic Well-Being.


Another state that is proving to be a leader in engaging low-income NCPs is Texas. Texas' Noncustodial Parent (NCP) Choices program targets low-income unemployed or underemployed NCPs who are behind on their child support payments and whose children are current or former recipients of public assistance. The NCP Choices program is not statewide, but is operated by 17 of the state's Workforce Development Boards. Like Maryland, Texas' NCP Choices program is funded with TANF dollars. The results of the program have been outstanding; 71 percent of participating parents entered employment, and 77 percent of participating parents retained employment for at least six months. Between 2005 and 2015, program participants paid more than \$202 million in child support.

Direct-service programs for NCPs can be an effective method of engagement, but New York has proven that policy changes can be as well. For years, New York has offered an Earned Income Tax Credit to NCPs who stay current on their child support

payments. The Noncustodial Parent New York State Earned Income Tax Credit is just one of a number of state initiatives to address the needs of low-income NCPs in an effort to help them be more involved in the economic and social well-being of their children. It has proven to be one of the nation's most effective tools for increasing labor force participation of low-skilled workers, and an efficient means of supplementing the income of low-wage workers.

Conclusion

Employment is one of the surest and most long-lasting means for working-age individuals and their families to achieve self-sufficiency and economic well-being. Human service agencies, along with their workforce development partners, the economic development community, the education and training system, and other stakeholders, play a critical role in supporting our customers' success in the workforce. The implementation of the Workforce Innovation and Opportunity Act and impending

reauthorizations, such as the Carl D. Perkins Career and Technical Education Act and the TANF program, hold the potential to enable workforce programs to better serve the employment needs of the entire family. In the meantime, implementing a whole-family approach to workforce engagement requires deliberate collaboration and creativity in utilizing multiple funding sources. Human service agencies must lead their partners in utilizing a whole-family approach to workforce engagement efforts in order, most effectively, to support the success of low-income working families, and to empower them to achieve self-sufficiency, economic mobility, and broader family well-being. Learn more about a whole-family approach to workforce engagement by visiting APHSA's Center for Employment and Economic Well-Being website¹. 

Reference Note

1. <http://www.aphsa.org/content/APHSA/en/pathways/center-for-workforce-engagement.html>





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Travels



With the Value Curve

By Phil Basso

“A journey is like marriage. The certain way to be wrong is to think you control it.”

—John Steinbeck, *Travels with Charley*, 1962

I was one of those kids who read under the covers at night with a flashlight. The Hardy Boys series and any books on sports were my regular birthday and Christmas requests. In adulthood my interest in reading was joined with travel, bad golf, sporadic exercise, watching the NFL Draft, and wine tasting. I’ve learned that reading and wine tasting either reinforce one another, or they’re inversely correlated. I’m not too sure, so I’ll need to continue experimenting.

In between sneaking a read and taking a mulligan, there was John Steinbeck. Like everyone in a U.S. public school, I read *Of Mice and Men* and *The Pearl*, but I kept going. Steinbeck solidified my belief that books can shape our lives. *The Grapes of Wrath* set me on my professional journey through unions, management, human resources, organizational effectiveness, and now, health and human service system transformation.

Speaking of journeys, a year ago I wrote an article for *Policy and Practice* about the transformative Health and Human Services Value Curve.¹ Since its introduction in 2010 by Antonio Oftelie and Harvard’s Leadership for a Networked World, we are seeing more and more examples of agencies and their community partners applying the Value Curve (VC) and Maturity Model (MM)² through a range of actionable strategies, and winning stakeholder support for advancing through its four stages.

For those of you not yet accustomed to this journey, the Value Curve describes how health and human services are provided to those we serve at **four progressive levels of value**, each building from and expanding the consumer value delivered at the more formative levels:

- At the **regulative level**, consumers receive a specific product or service that is timely, accurate, cost-effective, and easy to understand. Many agencies and systems around the country are focused on achieving efficient and effective service within a specific program area, and to a large extent this is good for consumers. But we know that there are value limitations of sending those we serve through many program doors, engaging them within a limited program scope, or focusing primarily on program compliance and related output goals as measures of our own performance and value, whether or not these outputs have the desired consumer impact.
- At the **collaborative level**, consumers “walk through a single door” and have access to a more complete array of products and services that are available “on the shelf.” At this level, agencies with their partners focus on cross-programmatic efficiency and effectiveness, often requiring operational innovations like unified intake and eligibility systems, cross-program service plans that address multiple consumer needs, and shared data platforms or protocols to support these integrated services. Certainly a big step up in value for consumers, but not the best we can do.
- At the **integrative level**, products and services are designed and customized with input from consumers themselves, with the objective



Phil Basso is the deputy director of APHSA.

of best meeting their true needs and enabling positive outcomes in their lives. The focus at this stage is on more consultative consumer engagement methods, product and service flexibility, and enhanced service delivery. This is all geared toward supporting people to prevent problems upstream, versus fixing or recovering from them downstream. This all requires redefining casework practice and skills, providing real-time technology tools for caseworkers, establishing new forms of data and analysis geared toward problem prevention, and instituting highly adaptive program design and funding mechanisms.

- At the **generative level**, different organizations providing various products and services are joining forces to make the consumer’s overall environment better for them, resulting in value that is broader and more systemic than an individual or family might receive directly. At this stage of value, agencies with their partners focus on general consumer advocacy and co-creating capacity at a community-wide level as a means to meet consumer needs. This requires collective efforts targeted at community-level infrastructure building, and enhancing societal beliefs and norms about government in general, and those we serve in particular. This ultimately results in greater commitment to leveling the playing field, plugging everyone into the community as a whole, and employing practical solutions that work.

I’ve now been privileged to “travel with the Value Curve” and work hands-on with a number of agencies and their communities as they apply models and tools from our Transformation Toolkit.³ Like all such journeys, the “learning by doing” benefits have been priceless—by sharing a few of them with you here, we hope to provide you with a bit of this travel access:

1. The regulative stage of this model is often viewed as “inferior” to focus upon and strengthen. This creates significant confusion and tension in system change where it isn’t useful. It is important to look at regulative value as essential for

VC stage progression overall, considering what regulative efforts are likely to do so, and what regulative efforts are likely to be barriers (e.g., legal services supporting data sharing within the parameters of privacy law, versus blocking it completely).

2. Related, the VC stages are at times not appreciated as mutually reinforcing building blocks that each, in turn, enable future stage progression. Some systems will attempt to “skip to generative” because it’s the most advanced stage, only to realize later that they have a ton of shoring up to do, especially around technology and workforce barriers that are best addressed at the earlier stages.

3. Most agency leadership teams aren’t clear on how to translate VC stages to individual and functional roles, which is essential in making the model “real world and grounded” with the staff. I’ve been asked to reduce the model stages as closely as possible to “a simple, single word we can all relate to” and have come up with these, to fairly good effect:

- Regulative: Integrity (timely, accurate, cost effective, within the rules)
- Collaborative: Service (making things easier for your internal/external customers)
- Integrative: Root causes (solving problems at their root vs. addressing symptoms)
- Generative: Bigger than the family (using population-level analysis to drive prevention and structural or capacity changes at the system level)

4. It’s unclear to most system leadership teams what change management methods will best enable VC progression. For example, viewing the effort as entirely novel—separating previously used approaches with an “entirely new” approach—doesn’t work well. Rather, building from the existing approaches by using improvement teams and facilitated critical thinking to move forward from the system’s current strengths works much better—a parallel process to Integrative casework, by the way.

5. There is limited understanding in most systems regarding the respective roles of local, state, and federal

operators when it comes to driving VC progression. Going forward on this journey, it would be useful to focus on this interplay of system levels in those systems making concrete efforts to use the VC. This focus should include lessons about the best timing of state and federal influence efforts, such as using effective demonstrations to drive broader structural reforms rather than the other way around.

6. Related to enabling VC progression, adaptive leadership can sometimes be misunderstood as a forceful personal quality—“thinking outside the box,” “being bold,” or “having profound concepts to share”—when, in actuality, the required leadership approach has much more to do with how one guides and leverages the efforts of others when the solutions are not known. This approach to leading is more facilitative, flexible, and empathic in nature.

7. “I’m doing VC progression by another name” may be occurring in many systems, but the field currently does not have any quality control, evaluation, or accreditation-type mechanism to ensure this is true case by case. This creates risks for the VC model in practice, since practitioners will come to see their idiosyncratic efforts through the VC lens, without their sightline being accurate, and therefore without the effort being successful and sustainable.

8. A pleasant discovery of sorts is that most systems find they can augment their current approaches to strategic planning, practice model development, scorecard development, and so on with the VC stages, rather than having to replace these approaches with entirely new techniques. A related, nice discovery is that by and large, local partners and stakeholders find the VC model to be highly persuasive and attractive, maybe because of its focus on customers, service, and impact—replacing a prior focus on programs and benefits.

In the course of learning these and other lessons about Value Curve progression, an overarching lesson has been that the simplest way to describe something is often the best way. In that spirit, here are a few talking points about the Value Curve that have emerged in my own narrative:

Travels with the Value Curve has been, at the same time, exhilarating and humbling—exhilarating to see the types of breakthroughs that are possible, and humbling to know how much there still is to learn about driving system transformation.

The purpose of VC progression is “realizing the full potential” of people and systems.

What’s in this for the workers? VC progression is not “one more thing” but rather a way to fully recognize your value and build support for achieving it.

Improvements are defined as making an existing system part better. Innovations are defined as making a new and better part. Transformation is defined as making a new and better system.

The VC lens and MM can be applied to mental health screening:

- **Regulative:** high-integrity use of the screening
- **Collaborative:** integrating this screening with others to provide a holistic screen
- **Integrative:** ensuring that the screening enables root cause analysis vs. only identification of symptoms
- **Generative:** looking at mental health screening across populations to identify opportunities for broader intervention (e.g., high domestic violence linked to drug abuse)

The VC lens and MM can be applied to the family involvement continuum:

- **Regulative:** limited to efforts to receive a specific benefit or service
- **Collaborative:** limited to receiving an array of fixed benefits and services

- **Integrative:** full involvement in setting goals, assessing gaps and reasons, developing customized benefits and services, monitoring their impact, and making adjustments
- **Generative:** involvement in developing community-wide strategies to prevent trauma and build capacity

The VC lens and MM can be applied to results-based accountability:

- **Regulative:** measures that reinforce timely, accurate, and compliant service delivery
- **Collaborative:** measures that reinforce customer satisfaction and ease of access across a spectrum of related services
- **Integrative:** measures that reinforce testing and refining root cause hypotheses
- **Generative:** measures that reinforce population-level prevention of trauma and achievement of positive outcomes

Communication with staff can also be viewed through the VC lens:

- **Regulative:** information is timely and accurate
- **Collaborative:** vehicles for communicating are more advanced
- **Integrative:** communication with staff is a two-way dialogue
- **Generative:** communication is a dialogue that focuses on empowering staff to create new tools and strategies

In closing, travels with the Value Curve has been, at the same time, exhilarating and humbling—exhilarating to see the types of breakthroughs that are possible, and humbling to know how much there still is to learn about driving system transformation. We’ll just have to wait and see what’s around that next bend in the road. 📍

Reference Notes

1. <http://aphsa.org/content/dam/aphsa/Toolkit/Human%20Services%20Value%20Curve%209-5-14.pdf>
2. http://www.aphsa.org/content/APHSA/en/pathways/NWI/BUSINESS_MODELS/h-hs-integration-maturity-model.html
3. http://www.aphsa.org/content/dam/aphsa/Toolkit/TOOLKIT_Moving%20through%20the%20Value%20Curve%20Stages_links.pdf



Vetting Prospective Foster Parents

The wrong foster parent can pose a security threat to a child and a liability threat to a human service agency. So, do you know someone who wants to be a foster parent? Expect them to be vetted as part of the home study process.

According to the U.S. Department of Labor, “In recent decades, the number of Americans who have had contact with the criminal justice system has increased exponentially. It is estimated that about one in three adults now has a criminal history record—which often consists of an arrest that did not lead to conviction, a conviction for which the person was not sentenced to a term of incarceration, or a conviction for a non-violent crime.”¹

Vetting is the clearance process required for people who will have substantial unsupervised access to children. The purpose is to provide an appropriate level of assurance as to the trustworthiness, integrity, and probable reliability of the prospective foster parent. Such things as criminal background, identity verification, employment history, character, and residency are checked. Results of the vetting should not be taken at face value. Additional probing is key:

- Are job titles and responsibilities exaggerated? Embellishment is a sign of being misleading.
- Are the dates of the applicant’s work and education history accurate?
- Are there unexplained gaps in the application that the applicant seems to be trying to cover up?
- Some applicants may have lived or worked abroad. Such global experience should be verified.
- Are there any discrepancies in an applicant’s past? Such discrepancies could be considered material



misrepresentations and grounds for denial or revocation of a license.

- Qualifications such as degrees or certificates earned should be verified.
- Does cybervetting—the search and analysis of a person’s digital footprint—reveal any concerns or potential pitfalls?
- If an applicant falsifies any significant elements of the application they should be rejected. After all, if they lie about the “little” things won’t they certainly lie about the “big” things?

Vetting is a filter. Once through the initial vetting process there may be a tendency to be lulled into a false sense

of security. Some people have a clean record simply because they haven’t yet been caught. Just because an applicant passes the initial formal hurdles, human service staff must remain vigilant. Vetting applicants is a necessary undertaking for understanding an applicant’s risk prior and *during* their licensure. It is not a one-time, isolated activity. It is always appropriate to investigate if something doesn’t seem right. Discrete inquiries should be encouraged. Questions should be asked, and results analyzed.

Rescreening can ensure that no new red flags have appeared since

See *Vetting* on page 35

When Do Informal Parenting Arrangements Need Approval from the State?

It is axiomatic that, ideally, it is best for children to be cared for by their parents. Yet, on an informal basis, thousands of children reside for extended periods of time with a caregiver who is not their parent. Often they are the child's relatives, sometimes they are friends or acquaintances of the child's family. This may be done to accommodate unique family dynamics, after-school or social activities, or for a variety of other reasons. Such time-efficient and cost-effective arrangements are accomplished without involving any lawyers or signing any legally binding documents. All things being equal, is there an expectation that such arrangements have to be sanctioned by the state?

Consider the following scenario: While Lily, a single mother, is putting her life back together, she decides it's best for her daughter, Madelyn, to stay with her friend Sophia. Everything is going well until Child Protective Services (CPS) gets a call that Sophia may be abusing her own biological daughter. CPS investigators come out and determine the allegation to be unsubstantiated. In the course of the investigation CPS becomes aware that Sophia is looking after Madelyn on Lily's behalf. Should Lily or Sophia have informed the local department of human services about the arrangement? As the Indiana Supreme Court recently cautioned, "[n]ot every endangered child is a child in need of services, permitting the State's *parens patriae* intrusion into the ordinarily private sphere of the family." *In re S.D.*, 2 N.E.3d 1283, 1287 (Ind. 2014). Has the department of human services, through its *parens patriae* (Latin for



“parent of the country”) responsibility, now obligated itself to ascertain whether Sophia's home is a safe and suitable place for Madelyn?

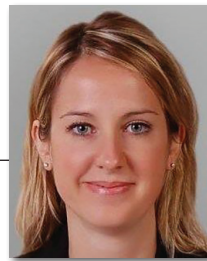
In the United Kingdom, when a child younger than 16 (or younger than 18 if disabled) is cared for 28 days or longer by someone who is not their parent or a close relative, this is termed private fostering, and the law requires that the local child welfare authority be notified of this arrangement.¹ In the United States, under what

circumstances, if any, should informal parenting arrangements need the approval of the state? Has there been an increase in the rate of informal parenting arrangements? If so, what factors have attributed to this rise? Here are the perspectives of a handful of expert attorneys:

1. Sarah E. Oliver, Esq., California. Many benefits to informal parenting arrangements exist: parents have the

See Arrangements on page 28

By Rachel Frey



Unlocking “Household DNA” to Deliver a Personalized Customer Experience in Health and Human Services



We all have a unique combination of characteristics that make us individuals: our employment history, financial circumstances, and educational background, among other things. The environment in which we live, where we live, and with whom we live further shapes us as individuals. Moreover, we exhibit specific behaviors in our reactions to different situations. Taken together, these characteristics and dispositions make up a kind of distinct profile that we call “household DNA.”

Delivering personalized, outcome-based services that aren’t cost prohibitive has long been the holy grail in health and human services (HHS). With the adoption of efforts such as real-time eligibility and mobile applications, increases in home placements and care, and the never-ending need to do more with less, face-to-face interactions with

clients have been declining. These changes are driving HHS agencies to rely more heavily on digitized information, and even more so, on client and household insights from what clients and other sources provide. With the growth and availability of data, we have entered a period in which agencies are able to utilize an individual’s or household’s DNA to help provide personalized customer experiences.

Exposing Individual and Household DNA

Take the case of Jennifer, for example. When Jennifer requests services, a lot of what we know about her and her household stems from what she has reported. Her application data may be augmented with data from other state, federal, or third-party sources or anywhere she may

have left a digital footprint. While agencies may capture Jennifer’s data in a way that supports speed and accuracy, the data are not always presented in a way that easily exposes her individual or household DNA.

With this initial set of data the agency captured, what does it know about Jennifer’s DNA? Is she working? If she is, how many hours? Is someone in the house receiving child support? Have people moved in and out of the house? Are there income fluctuations or personal safety issues? Are the kids in school full time? What about how Jennifer completed the application—did she enter her answers quickly, change her responses to certain questions, or complete it in a certain location or at a certain point in the day? While aggregating these data may move us closer to a 360-degree view of Jennifer, it doesn’t go far enough. It stops short of providing much needed

guidance for what services and types of interactions are likely to have the most impact for Jennifer and her household, based on her DNA. It also does not indicate what parts of her DNA matter the most for her current situation and the future.

Segmenting Customers with DNA Commonalities

While each of us has our own unique DNA profile, we also share commonalities with others at different points in our lives. Commonalities may stem from financial or nonfinancial characteristics, how individuals interact with agencies, and other lifestyle behaviors. Some of these change over an individual's lifetime while others remain constant. By grouping clients according to their individual or household DNA commonalities, distinct clusters or segments emerge. These customer segments offer agencies insight into the distinct attributes of different customer groups they serve. They can use these insights to determine individual service needs based on the desired outcome sought and the most effective method and frequency of communication. More broadly, segmentation can help them better understand the needs of the population they serve and how those needs and preferences may evolve over time.

How might this apply to Jennifer? In her 18th month of assistance, Jennifer reports that her employer has reduced her hours by 10 hours a week and her husband has moved out. How has Jennifer's DNA changed? How does she align with the individual and household DNA segments based on her latest changes? Going beyond her current circumstances, what specific services and interactions have helped people like Jennifer increase their hours and overall financial health and improve their family situation? By isolating discrete events from the cohort group, agencies can identify and recommend the services that have successfully worked in the past for individuals with DNA similar to Jennifer.

Getting Started

When getting started with segmentation, it's important to keep the old

It's also important to recognize that as individuals change over time, so must their individual and household DNA profile. Personalization, then, cannot be a one-time effort but rather an ongoing exercise to be effective.


maxim, "Don't let the perfect be the enemy of the good," in mind.

Selecting where the data should come from invariably raises questions about data quality, completeness, and accuracy. While many struggle to get over this hurdle, data do not need to be perfect and complete.

Agencies can narrow their data needs for creating the DNA segments by starting with a small population based on a focused business need like fostering financial independence. To address this topic, teams may identify potential characteristics that impact financial self-sufficiency such as income (both type and amount), income fluctuations, time on assistance, assistance needed, household composition, and geography, among others. By selecting those individuals that have achieved financial self-sufficiency, agencies can explore the characteristics that had the most influence on that outcome. As common characteristics start to emerge, agencies can uncover individual DNA segments across the population of individuals that are financially self-sufficient.

With an initial set of DNA segments that group the population according to the financial factors that support self-sufficiency, how can agencies use that information to change the way

they serve clients? In other words, if Jennifer walks in tomorrow to request services, what could we do differently to personalize her experience based on what the data tell us about people like Jennifer who have successfully achieved financial self-sufficiency? By looking at Jennifer's DNA and what has worked for others with a similar profile who have gone on to achieve financial self-sufficiency, agencies can tailor the services and supports they deliver, and the way in which they are delivered, to effectively personalize Jennifer's experience. So, the communications Jennifer receives through the customer contact center, in addition to SMS and text messages, along with the frequency with which she is nudged using behavioral economics techniques, can all be personalized using her DNA.

It's important to note that segmentation is not a one-time exercise. As new program data become available and new data sources introduced, the DNA characteristics may expand. This requires ongoing refinement to understand which characteristics truly differentiate the DNA segments while still keeping the number of characteristics manageable. It's also important to recognize that as individuals change over time, so must their individual and household DNA profile. Personalization, then, cannot be a one-time effort but rather an ongoing exercise to be effective. 

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Rachel Frey is a Technology Principal in Deloitte Consulting's Health and Human Services Systems Integration Practice.

NAPCWA Continues Education and Advocacy to Advance Child Welfare Finance Reform Legislation

APHSA and the National Association of Public Child Welfare Administrators (NAPCWA), along with the Alliance for Strong Families and Communities and the National Organization of State Associations for Children, The Triad, issued a press release through the Triad Partners Keeping Kids in Families Campaign urging Congress to formally introduce the Family First Act. As currently drafted, the Family First Act represents a major step forward to improve child welfare services and to prevent children from entering foster care or residential settings for temporary out-of-home placements. The current legislative draft includes Triad recommendations that called for the use of high-quality residential settings for treatment needs and including family and permanency teams as part of functional needs assessments.

Last December, Julie Krow, deputy executive director of Community Partnerships at the Colorado Department of Human Services and NAPCWA president, visited with Senators Cory Gardner and Michael Bennett, Rep. Scott Tipton (R-CO), and Morna Miller, minority staff for the House Ways and Means Human Resources Subcommittee, to discuss the emerging bipartisan Senate Finance


Committee legislative proposal, the Family First Act. The meetings allowed for additional discussion and clarification of the provisions outlined in the legislative summary, as well as opportunities to present a number of questions and concerns voiced by NAPCWA members.

NASCCA Comments on Child Care Regulations

In February, the National Association of State Child Care Administrators (NASCCA) submitted comments in response to the December 24, 2015 Notice of Proposed Rulemaking (NPRM) on the Child Care and Development Fund program that was issued by the Office of Child Care. The comments noted the opportunities provided through the Child Care Development Block Grant Reauthorization (CCDBG) of 2014. The bill increases focus on improving the overall quality of early care and education programs while promoting economic stability for low-income families. The comments letter included overarching principles that high-quality early care and education are critical to healthy development growth in early years; successful implementation of the reauthorization law is multi-faceted and will require staging and phasing; and providers are key partners in this work.

The comments balanced the need for guidance and clarification on specific provisions in the reauthorization law. Visit <http://www.aphsa.org/content/NASCCA/en/home.html> for additional information.

NAPCWA Joins Steering Committee for National Technical Assistance Center

NAPCWA is pleased to serve on the Steering Committee for the National Technical Assistance Center for Child, Youth and Family Mental Health (NTTAC). The Steering Committee will lead, guide, and advance the NTTAC efforts so that children, youth, and young adults with serious mental health disorders have greater access to effective services and supports to improve their lives. This effort will include projects to: (1) build a workforce skilled in community-based approaches and evidence-based programs (in partnership with the American Psychological Association and the National Child Welfare Workforce Institute); (2) customize approaches in Medicaid to meet the specific behavioral health needs of children, youth, and families involved in child welfare; (3) create learning communities on subjects such as early intervention with young children and working with co-occurring substance abuse disorders. 

ARRANGEMENTS continued from page 25

flexibility to choose a caregiver whom they trust and who shares a common culture or language, family contacts are preserved, and children gain stability when a parent may be homeless, incarcerated, or struggling. California law does not require these arrangements to be reported regardless of duration. In fact, under Family Code section 6550, with a Caregiver's Affidavit, which does not require the consent of the parent, child protective services, or the

court, a caregiver may enroll a child in school and a relative caregiver may also consent to a child's medical, dental, and mental health care.

State approval of these arrangements should not be required unless a risk factor occurs such as an abuse or neglect referral or the legal parent's disappearance. California law already provides adequate oversight of children in all caregiving arrangements. California's Child Abuse and Neglect

Reporting Act (CANRA) requires numerous professionals—including teachers, physicians, and commercial film processors—to report child abuse or neglect when they reasonably suspect it. Failure to do so can result in severe penalties. The Department of Social Services Structured Decision Making Manual (SDM), which guides child protective service agencies' risk assessments statewide, provides for an extensive safety assessment

of substitute care providers when an abuse referral is made. If no safety threats are found, the SDM guides the social worker to leave the child in the substitute caregiver's home. Together, the CANRA and the SDM ensure the child's safety and well-being—meeting the state's interest in child protection—while protecting the parent's wishes and the child's stability.

2. Bonnie Saltzman, Esq., Colorado. I never advise parents to have an *informal* arrangement when their child(ren) reside with others during a difficult time. Inevitably, the situation explodes and human services ends up getting involved. I advise parents to give the caretaker a formal Limited Power of Attorney or give them temporary guardianship. Colorado actually has a Power of Attorney form on its judicial website that I recommend parents modify for their use.

I also believe, and Colorado case law supports, the premise that parents are presumably capable of making good decisions for their children. When a parent is not able to care for their child(ren), the parent should have the authority to seek an alternative that provides the child(ren) with a safe, healthy environment. A fit parent recognizes when he or she needs help and seeks that assistance. Generally, state intervention is needed only when parents make poor choices for their children.

3. Stephanie L. Curtin, Esq., Massachusetts. In Massachusetts, there is no requirement that parents involve the state in the care-giving arrangements they make for their children. However, failing to formalize such arrangements could cause problems for temporary caregivers. Temporary caregivers can face difficulties enrolling the child in school or seeking medical treatment for the child. To alleviate these burdens, and to ensure that a temporary caregiver can properly care for the child, the parent has several options. The parent could choose not to involve the state at all, and instead execute a "caregiver affidavit" that authorizes the caregiver to make decisions on the child's behalf. Alternatively, the parent could involve the state in a limited manner by petitioning the court for a temporary

guardianship, which could be terminated when the parent was able to parent the child again. With either option, there are tradeoffs. A temporary guardianship can protect the child by requiring, for example, that the caregiver pass a Criminal Offender Record Information (CORI) check; but, the parent risks losing custody of the child if the court determines that the child needs permanency and care that the parent cannot provide. The question becomes: which side of the scale tips the balance—assurance of safety or preservation of parental autonomy? Only the specific facts and circumstances of the particular care-giving arrangement can properly answer that question.

4. Jeanne Hannah, Esq., Michigan. Michigan's Estates and Protected Individuals Code, MCL 700.5103, states that a parent or guardian of a minor child may leave the child in the care of a third party and may, by a properly executed power of attorney, delegate to another person any of the parent's or guardian's powers regarding care, custody, or property of the minor child or ward. Exceptions to the authority delegated are authority to consent to marriage or adoption of the minor or to release of the minor for adoption. Such a delegation is, by operation of the statute, valid for only six months unless renewed, except in the case of a deployed person. In the latter case, the delegation is effective until 31 days after the end of the deployment. If the person executing the delegation is a guardian, the court authorizing the guardianship must be notified within seven days of the delegation.

I believe that it's a good thing that such delegations are allowed. First, parental rights are protected by a delegation. No one can claim that a parent has abandoned a child as to whom the parent executed or continued a delegation. A charge of abandonment can lead to termination of parental rights. Thus, a proper delegation can protect the parental rights of one who properly executes and, perhaps, extends a delegation. Moreover, the delegation provides a third party with authorization to enroll the child in school, seek emergency and ordinary day-to-day medical care, among other things.

Second, I see the delegation as being protective of the child's right to a parent-child relationship with his or her parents. The delegation may prevent an intrusion into or a disruption of the relationship. Because a major facet of my practice is parental abduction, my focus tends to be focus on the constitutional rights of parent(s) and child(ren) to preserve their natural or legal relationship.

5. Robert "Chip" Mues, Esq., Ohio. Chapter 3109 of the Ohio Revised Code governs parental rights and responsibilities. In Ohio, an "informal" parenting arrangement means just that—because it's informal, it's not overseen by the state. For the state to even take notice, the arrangement must either be brought in front of the court, or a complaint regarding the arrangement must be made to the authorities.

Ideally, every living arrangement, including that into which a child is born, would be monitored to ensure its safety and stability. However, in reality we presume that a parent knows what's best for their child and will act accordingly. Therefore, until a question is raised to the contrary, the state usually won't intervene.

Requiring parents to report informal arrangements, unless it is, perhaps, part of one's parole, probation, or court-ordered sanction, seems an intrusion on the inalienable rights afforded to parents. In addition, if it did choose to get involved, how would the state decide when to step in? When the child's left for an arbitrary number of days? Must these be consecutive days? A certain number of days or a month? Should it depend on where the child is left? What if the child remains home but with someone new? Demanding such reporting would lead to a slippery slope in which the right of privacy and the family sphere in general are jeopardized. ■

Reference Note

1. See Children Act 1989: Private Fostering. <https://www.gov.uk/government/publications/children-act-1989-private-fostering>

Daniel Pollack is professor at the School of Social Work, Yeshiva University, New York City. Contact: dpollack@yu.edu; (212) 960-0836.



Name: Christine Tappan

Title: Director of Strategic Management

Time at APHSA: 5 months

Life Before APHSA: I've had the good fortune to live and work in many areas of the United States and around the world, in government, education, social, and for-profit sectors. Just prior to joining APHSA, I was a senior manager with ICF International, in the Children, Youth, Justice and Behavioral Health business area, where I was the deputy project director of the Child Welfare Information Gateway, an information service of the U.S. Department of Health and Human Services, Administration for Children and Families Children's Bureau. Previously, I led the Bureau of Organizational Learning and Quality Improvement for New Hampshire's agency, overseeing child care, child welfare, and juvenile justice services where I directed knowledge management functions statewide, including training, policy, data analysis, research, and continuous quality improvement. I've been a member of the American Public Human Services Association (APHSA) for more than a decade, including serving on the Board of the NSDTA affiliate. I have a BA in Social Work from the University of New Hampshire, an MSW from the University of Michigan and a Graduate Certificate in Leadership and Organizational Development from Plymouth State University.

Priorities at APHSA: My role at APHSA is targeted toward the development and continuous improvement of a range of Knowledge Management (KM) and strategic partnership strategies. Two primary areas of focus are leading our KM team and supporting

Knowledge Management (KM) is a strategic priority at APHSA and our team supports members in mobilizing and translating knowledge into actionable information to enhance staff and organizational capacity and consumer outcomes. Current KM initiatives include development of an Innovation Center and Deputies Dashboard, both projects that will include resource repositories on best practices related to advancing Pathways and the Human Services Value Curve.

the Locals Council and local agency members. As a member of the APHSA Executive Team, I'm also responsible for guiding operationalization of a continuous improvement approach for APHSA's overall value proposition.

What I Can Do for Our Members: KM is the process of managing knowledge in organizations and is a rapidly evolving field significantly influencing the effectiveness of health and human service agencies. KM is a strategic priority at APHSA and our team supports members in mobilizing and translating knowledge into actionable information to enhance staff and organizational capacity and consumer outcomes. Current KM initiatives include development of an Innovation Center and Deputies Dashboard, both projects that will include resource repositories on best practices related to advancing *Pathways* and the Human Services Value Curve.

I also have the good fortune to be leading APHSA's support efforts for our growing local agency members. The Locals Council is actively engaged in

a robust agenda to advance integration, interoperability, and innovation to create more individualized paths toward improved self-sufficiency across the lifespan within a Social Determinants of Health Framework.

When Not Working: I live in rural New Hampshire and love the outdoors, even in the winter! My husband and I enjoy an array of multi-season sports, including hiking, kayaking, and skiing. Two of my favorite activities, orienteering and volksmarching, come from my days of serving in U.S. Army Intelligence in Germany during the Cold War. I also have a passion for traveling both for work and pleasure and one of my favorite places in the world is the little known country of Kyrgyzstan—called the Switzerland of Central Asia—where I served as a Fulbright Specialist.

Motto to Live By: I hail from the "Live Free or Die" state. My motto is a slight variation on this. As someone proud to have a 25+ year career in health and human services, I believe we should, "Live Free and Help our Neighbors Thrive." 📍

responsibility to address the ebb and flow of external forces nor do we implement internal changes arbitrarily. Rather, we strategically assure that investing in our workforce remains a priority that is not overshadowed by those external forces. It is through investing in our staff, building in the policies and practices that support their work, and carving out avenues for bolstering their efficacy—that we do our best to navigate through our “journey of service.”

How do we do this? First, by creating a culture of continuous improvement at all levels, we are able to focus on our true north, our values. From individual staff to entire programs, our values comprise the rudder that keeps us on course. The bottom line is that decisions, policies, and practices are considered through the lens of our values and are value-driven. Our mission, vision, and values are not mere words on a wall poster, but integral to our work on a daily basis.

Second, we make it a clear priority to build the internal capacity of staff through:

- 1. Expanding our definition of “leader.”** We employ a broader definition of who we view as leaders and empower all our staff to all act in leadership (and “follower”) capacities according to their roles and performance needs. As advised in the book, *First, Break All the Rules*, “**Make every role, performed at excellence, a respected profession.**”² By providing the resources for all to lead “right where they are,” we promote adept fluidity between leader and follower roles—irrespective of title or position. Helping people to understand when they need to step up and inspire others, or when it is time to step back to listen to others, is key to an engaged, competent, and vibrant workforce.
- Example:** The **DFS Leadership Academy** is open to all employees, not just those in higher HR

Ultimately, at (Fairfax County Department of Family Services) our stance is that change is not some enemy to be fought or avoided. It is part of our journey as much as the waves and currents that keep the ocean in motion. Our direction and culture is about harnessing change for a greater good—to continuously improve ourselves in service to our community.

classifications or a limited number of “emerging leaders.”

- 2. Welcoming talent.** By examining and revamping our hiring process, we aim to increase our ability to recruit, retain, and promote a high-performing and engaged workforce. As Jim Collins has proven, selecting who “gets on the bus” is key to going from Good to Great.³
 - Example:** Our **Hire for Talent** initiative assures that we improve our process for selecting who will join us. This has involved refining our interview process and shifting our views about “fit” for our current and future needs.
- 3. Serving with integrity.** In human services we are all about helping others—our clients and community partners—to navigate change, yet often human service agencies struggle with change themselves. We strive to continuously challenge ourselves to develop the same strengths, resilience, and fortitude we are so good at inspiring in our clients.
 - Example:** Plans for our **Data Fellows Institute** are being developed to assure that we are using facts to make decisions as an organization, just as we would advocate for the children, adults, and families we serve. We give them information to make informed

choices about the situations that brought them to our attention and we, too, need to use agency data to build opportunities for our agency “family.”

Ultimately, at DFS our stance is that change is not some enemy to be fought or avoided. It is part of our journey as much as the waves and currents that keep the ocean in motion. Our direction and culture is about harnessing change for a greater good—to continuously improve ourselves in service to our community. **■**

Reference Notes

1. William C. Taylor, “The leader of the Future: Harvard’s Ronald Heifetz Offers a Short Course on the future of Leadership,” *Fast Company* (1999). Retrieved from <http://www.fastcompany.com/37229/leader-future>
2. Marcus Buckingham and Curt Coffman, *First, Break All the Rules* (1999), p. 184.
3. Jim Collins, *Good to Great: Why Some Companies Make the Leap...and Others Don't* (2001).

Nannette M. Bowler is the director of the Fairfax County (Virginia) Department of Family Services.

Stacey D. Hardy-Chandler is the manager of Professional and Organizational Development at the Fairfax County (Virginia) Department of Family Services.

improvement within programs and funding streams.

Impacting Environmental and Behavioral Factors

Over time we aspire to positively impact:

- **Environmental factors** such as poverty rates, crime, use of the health care system, economic and employment opportunities, infrastructure, and access to community-based supports; and
- **Behavioral factors** such as trauma and stress, educational attainment, job access and progression, substance abuse, nutrition and physical activity, and volunteerism.

Our general **ROI outlook** is for a culture of well-being to “pay off” through:

- Stronger and more resilient families and communities;
- Increased opportunities for everyone, no matter what zip code they live in; and
- Reduced trauma through prevention and early, low-cost interventions.

General Strategy and Role as Change Architects

Our **general strategy** is captured by *Pathways* and carried out through our Value Proposition (*Influence, Build, Connect*). These blueprints for change, which all flow from the Human Services Value Curve, set the stage for a range of deeper strategies for optimizing our role, with and through our members, to:

- Advocate,
- Build capacity, and
- Connect or broker needed collaboration.

Our **role as change architects** includes:

- Improving federal policy and regulations through collective advocacy and impact;
- Reframing our messaging to effectively engage our audience and inform continuous learning;

Over the course of the year, we aim to bring this theory of change and our accompanying strategies and tools to life through active engagement with our members and partners.

- Staging field transformation;
- Facilitating councils, affiliates, centers, and leadership teams—both for the entire field and within specific communities;
- Brokering knowledge of innovations and solutions across states and local jurisdictions;
- Fostering the needed strategic partnerships; and
- Advancing a range of member engagement strategies.

Construction Tools

Our own **construction tools** include:

- Virtual centers of excellence and innovation;
- Staff and methods for optimizing national policy developments, strategies, and decisions;
- Affinity groups with expertise in both program and enterprise-wide supports;
- Effective communication, including social media and traditional publications; and
- Organizational effectiveness institutes and direct consulting services.

Weather Proofing

The **weather-proofing effect** of our construction effort includes:

- A federal, state, and local system of collaboration across programs and jurisdictions;

- Data and analysis employed at the whole person and the population level;
- Public agency, private provider, and nonprofit partnerships;
- Integration of health care and human service goals and strategies; and
- Local communities driving field transformation from the consumer level of the system.

All of this, in turn, helps generate the intended understanding and will of our citizens.

Equipping Ourselves

In order to properly **equip ourselves** and maximize our own potential for this mission, strategy, role, and set of construction tools, APHSA is building:

- A culture of continuous learning and improvement,
- A strong operational base,
- A team that will enable us to perform at our best,
- A financial and business growth engine to keep us supplied,
- An adaptable structure that fosters teaming and empowerment, and
- A leadership culture that stretches people and capacity in tune with the rest.

Over the course of the year, we aim to bring this theory of change and our accompanying strategies and tools to life through active engagement with our members and partners. As always, we welcome feedback from you—our members and partners—on how to best execute our blueprint so that it is truly possible for people to live well and thrive in their communities. 📄



Reference Note

1. See <http://aphsa.org/content/dam/aphsa/Toolkit/Human%20Services%20Value%20Curve%20209-5-14.pdf>

GAGE EAST continued from page 5

as a community. We are planning to partner with the school district and the community school to maximize our impact in this neighborhood.

I am thankful we have an integrated model of service. Funding the building and the services for Gage East was incredibly hard. CCH received full capital funding for the housing units from the Minnesota Housing Finance Agency in a competitive process because we were able to braid and blend various sorts of funding at the local level, giving us a competitive advantage in their scoring criteria. This would not have been possible without a two-generation approach that leveraged resources in an integrated manner.

As part of this project the Olmsted County Community Services Adult and Family Services Division is committing 15 banked beds to this project. This is state funding for housing with services that we can use from closed residential programs. It is a unique and precious funding source. In addition, our Child and Family Services Division (CFS) is committed to master leasing five of the youth apartments. CFS is also committed to providing two case management staff and \$20,000 in respite care funds for the families.

As a community service organization our department is integrated with the Olmsted County Housing and Redevelopment Authority (OCHRA) and the Dodge/Fillmore/Olmsted County Community Corrections Division (DFO). The OCHRA is committing 30 project-based HUD Section 8 vouchers for this project. Our juvenile probation unit of DFO is master leasing five youth apartments per month as part of their support for this project. We think this may be a building block for serving some of our sex-trafficked youth.

This is truly our first foray into this type of model. The building is under way and we are partnering with the University of Minnesota—Humphrey School of Public Affairs to build a measurement plan for the outcomes. We are confident that this project will



(Above) Community members gathered for an event announcing the start of construction.
(Below) Construction of the lobby and front desk area at the Gage East Apartments.



lead to better outcomes for homeless youth and families. We have learned a lot and we are anxious to learn from our own community experience. This work matters and we are very thankful to the many communities and providers who have traveled this path ahead of us. 📍

Paul Fleissner is the director of Olmsted County Minnesota Community Services, an integrated

human service agency that includes social services, probation services, veteran services, public assistance programs, and the Housing and Redevelopment Authority. He currently serves on the board of the National Association of County Human Service Administrators as well as the Locals Council Executive Committee at APHSA and has recently joined the APHSA Board of Directors. He can be reached at (507) 328-6350.

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P&P: Phil, do you have anything to say to that?

PB: It's really resonating with me, this notion that you can have control of your own finances because it's clear that one of the paths to self-sufficiency and financial success in life is financial acumen, right? It's learning how to manage.

JM: Another thing, what basically happened to me, I come from that old school. We don't want to be looked down upon, getting charity, but I did keep to my culture, or whatever, so I was always adverse to getting [assistance] from the government...but when my dad was dying, I could say that indirectly, that it was very helpful. My dad had cancer and then he passed away and he had to be on Medicaid and Social Security and they, the government, they paid for his funeral and everything else.

P&P: Let me ask you, from a policy, legislative, or bird's-eye view, what can be done to address these



I'VE ALWAYS BEEN THE SORT OF PERSON THAT'S BEEN SELF-RELIANT.

systemic events, occurrences, and issues within the health and human spectrum?

PB: I think that one of the primary things that can be done is defining the role of the caseworker, in a fully realized way...A lot of times, what Jeff or other people who interact

with human services experience, is a caseworker who is very limited to a particular program eligibility assessment as opposed to the kind of assessment work that really gets to the heart of what it is that Jeff needs, or a person needs, or also that gets to the heart of what you want. 📌

BAND-AIDS continued from page 15

We have spent decades trying to address behavioral symptoms of chronic poverty and adversity by “servicing” one parent or one child at a time. In America today, there is no more time for band-aids. We must reset agency policy, practice, and investment to address these challenges at the community level and at the population level. Taking a science-informed, two (or more) generation approach to help families and communities strengthen resilience and advance toward self-sufficiency can guide us. Our young children will benefit, our schools will benefit, our workforce will benefit and—when we remove the injury rather than covering it up—we can put away the band-aids, once and for all. 📌

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1. Gruendel, J., Cagle, B. and Baker, H. *Rethinking Young Child 'Neglect' from a Science-Informed, Two-Generation Perspective*. When Brain Science Meets Public Policy. Institute for Child Success, November 2015
2. *Child Neglect: A Guide for Prevention, Assessment and Intervention*, Administration for Children and Families, 2006
3. *Acts of Omission: An Overview of Neglect*, Administration for Children and Families. Child Welfare Information Gateway, 2012
4. Duva, J. & Metzger, S. “Addressing Poverty as a Major Risk Factor in Child Neglect: Promising Policy and Practices.” *Protecting Children*, Vol. 25, No.1. 2010
5. “Toxic Stress” (video), Harvard Center on the Developing Child. <http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>
6. Duncan, G. & Brooks-Gunn, J. (Eds). *Consequences of Growing Up Poor*. Russell Sage Foundation. 1999
7. *Child Neglect: A Guide for Prevention, Assessment and Intervention*, Administration for Children and Families. 2006
8. *Rethinking Young Child 'Neglect'*, op cit.
9. *The Adverse Childhood Experiences Study*, Centers for Disease Control and Prevention, Retrieved February 2015
10. *Rethinking Young Child 'Neglect,'* op cit., p. 14
11. Gruendel, J. *Designing for Outcomes through a Two-Generation Lens—Good Science and Good Common Sense*. When Brain Science Meets Public Policy, Institute for Child Success, March 2015
12. Ibid.
13. See Ascend at the Aspen Institute for a rich and continuously updated body of two-generation information and resources. <http://ascend.aspeninstitute.org/>
14. *Designing for Outcomes*, op cit.
15. *Helping Parents, Helping Children: Two-Generation Mechanisms*. The Future of Children, Princeton University and Brookings Institution, Spring 2014
16. Haskins, R., Garfinkel, I. & McLanahan, S. “Introduction: Two-Generation Mechanisms of Child Development.” In *Helping Parents, Helping Children*, op cit.


VETTING continued from page 24

the initial home study. In Montana, per Admin. Rule 37.51.310, "...5) An annual name-based criminal records check and a motor vehicle check for licensed foster parents are required for relicensure. (6) Persons formerly licensed as foster parents will be treated as new applicants if the former foster parents have not been licensed for a period of more than one year or if the foster parents have lived out of state for any period of time since being licensed in Montana. (7) If an applicant has children, a child protective services check will be requested from all states in which an applicant has lived since the birth date of the applicant's oldest child. (8) If an applicant does not have children, a child protective services check will be requested from all states in which the applicant has lived in the previous 15 years ..."

Foster care recruiters must have the correct vetting processes in place to reduce the risk of licensing parents

who are dishonest and potentially dangerous. Pennsylvania attorney Katie Shipp observes, "Unfortunately, there are many cases where children are placed in foster care only to be retraumatized and abused by those who were selected to care for them. It is the responsibility of human service agencies to make sure that foster children are truly protected. This goes beyond just finding them a bed with a roof over their heads. Individuals who prey on foster children may specifically target high-risk children with no support system. An effective risk management approach unfortunately requires expecting the worst and hoping for the best in every single case. Only with constant vigilance and close supervision can agencies protect the vulnerable children in their care."

If done correctly, the vetting process will indicate to the public, the applicants, and the human service agency's own staff that the agency is serious about licensing only applicants of the

highest caliber with unimpeachable integrity. Recruitment staff should consult with their supervisors and legal counsel to ensure that the process of vetting foster care applicants complies with appropriate federal and state laws and regulations as well as conforming to the industry's appropriate standard of care. 

Reference Note

1. See DIR 2013-02, available at <http://www.dol.gov/ofccp/regs/compliance/directives/dir306.htm>, citing written Testimony of Amy Solomon, Senior Advisor to the Assistant Attorney General, Office of Justice Programs, U.S. Department of Justice (DOJ), submitted for EEOC Meeting to Examine Arrest and Conviction Records as a Hiring Barrier (July 26, 2011), available at <http://www.eeoc.gov/eeoc/meetings/7-26-11/solomon.cfm>

Daniel Pollack is professor at the School of Social Work, Yeshiva University, New York City. Contact: dpollack@yu.edu; (212) 960-0836.

The graphic features a central arrangement of colorful puzzle pieces in shades of green, yellow, red, purple, and blue. Each piece contains a white icon: a family, a bar chart, a hand, a person with a computer, a person with a stethoscope, and a person with a lightbulb. The puzzle pieces are surrounded by large grey gears. Silhouettes of people are placed on the gears: a family on the top-left gear, two people on the bottom-left gear, and a family on the bottom-right gear. The text 'INSPIRE.' is on the top-left gear, 'INNOVATE.' is on the bottom-left gear, and 'IMPACT.' is on the bottom-right gear. The APHSA logo is at the top right, followed by 'NATIONAL HEALTH & HUMAN SERVICES 2016 SUMMIT'. Below that, the dates 'MAY 22-25' and the location 'KEY BRIDGE MARRIOTT ARLINGTON, VA' are listed. At the bottom left, the website 'www.APHSA.org' and social media icons for LinkedIn, Facebook, and Twitter are shown, along with the handle '@APHSA1'.

INSPIRE.

INNOVATE.

IMPACT.

APHSA
NATIONAL HEALTH & HUMAN SERVICES
2016 SUMMIT

MAY 22-25
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In Our Do'ers Profile, we highlight some of the hardworking and talented individuals in public human services. This issue features **Anne Mosle, Vice President of the Aspen Institute.**

Name: Anne B. Mosle

Title: Vice President, the Aspen Institute

Term of Service: 30 years in policy and philanthropy

Rewards of the Job: One of the best rewards is working with diverse leaders who are developing solutions that build an intergenerational cycle of opportunity. Identifying and accelerating proven and promising strategies and policies that help children, parents, and families achieve economic security, educational success, and health and well-being is the heart of our work. Serving at the Aspen Institute, I have the distinct pleasure of working with terrific, highly entrepreneurial colleagues and committed philanthropic partners who keep me on my toes and energized every day. And third, I continue to be inspired by the passion and tenacity of the families we serve. As one parent recently shared, “We are not numbers in a system but people with real potential.” Watching that mother and her children thrive together while her civic leadership grows is the real end game.

Accomplishments Most Proud Of: I am honored to have helped spark a new national conversation focused on building the economic security and educational success of children and the adults in their lives. Ascend at the Aspen Institute has developed a national movement to achieve better outcomes for families through a two-generation approach. To see the two-generation approach reflected in federal and state policy efforts, and most recently, in President Obama’s fiscal year 2017 budget is pretty amazing. The Aspen Institute Ascend Network is the backbone of the movement with 100 leaders and organizations on the front-lines of solutions for families. Together, they serve 1.3 million people in 30 states, steward \$6.2 billion in public services; support almost 500,000 students in higher education, and are making two-generation policy shifts in seven states.


Launching one of the Aspen Institute’s most dynamic fellowship programs provides an opportunity for continued learning. The Aspen Ascend Fellowship invests in established leaders with big ideas to improve the lives of children and families. Values-based and action-focused, the fellowship brings together diverse, multi-sector leaders, including some of the most influential and innovative leaders in education, economic assets, and health and well-being. From community

college presidents to cutting-edge early childhood policy experts to human service innovators—a new generation of leaders is poised to amplify their solutions. Ascend Fellow and TN Commissioner for Human Services Raquel Hatter said, “We need to dispel the fallacy that we don’t know what to do about poverty. We do. And we need to train the workforce that’s out there to do it right and do it with some fidelity.” Leveraging the trillion dollar human service lever is essential to creating more durable pathways and effective springboards for children and families. I remain committed to partnering with front-line human service leaders with the drive and vision to challenge the status quo and make a difference.

Future Challenges for the Delivery of Public Services:

Working in a climate of limited resources, political polarization, and increasing demand, human service agencies are in a pressure cooker. Human service directors tackle complex issues, and the stakes are huge—the health and well-being of our most vulnerable children and families. I believe it is time to transform the human service platform into a powerful human capital agenda. To do this, human service leaders will have to act and lead differently. They need to set a clear north star for their entire agency that focuses on defined family outcomes. They need to inspire their teams to work across divisions and see, for example, how TANF and the Workforce Innovation Opportunity Act (WIOA) can collaborate for better employment and family results. Department leaders need not only to build critical relationships with the legislature, partner agencies, contractors, and nonprofits, but they also set the tone and culture for each employee. While not an easy job, there is a growing movement of leaders and states across the country, red and blue, who are working across silos to deliver better results for families in deeply challenging conditions.

Little Known Facts About Me: I grew up in Pittsburgh, PA and remain a Steelers fan. I was lucky as a kid to see Roberto Clemente play for the Pirates. I read Martin Luther King’s *Letter from Birmingham City Jail* on MLK Day for personal reflection.

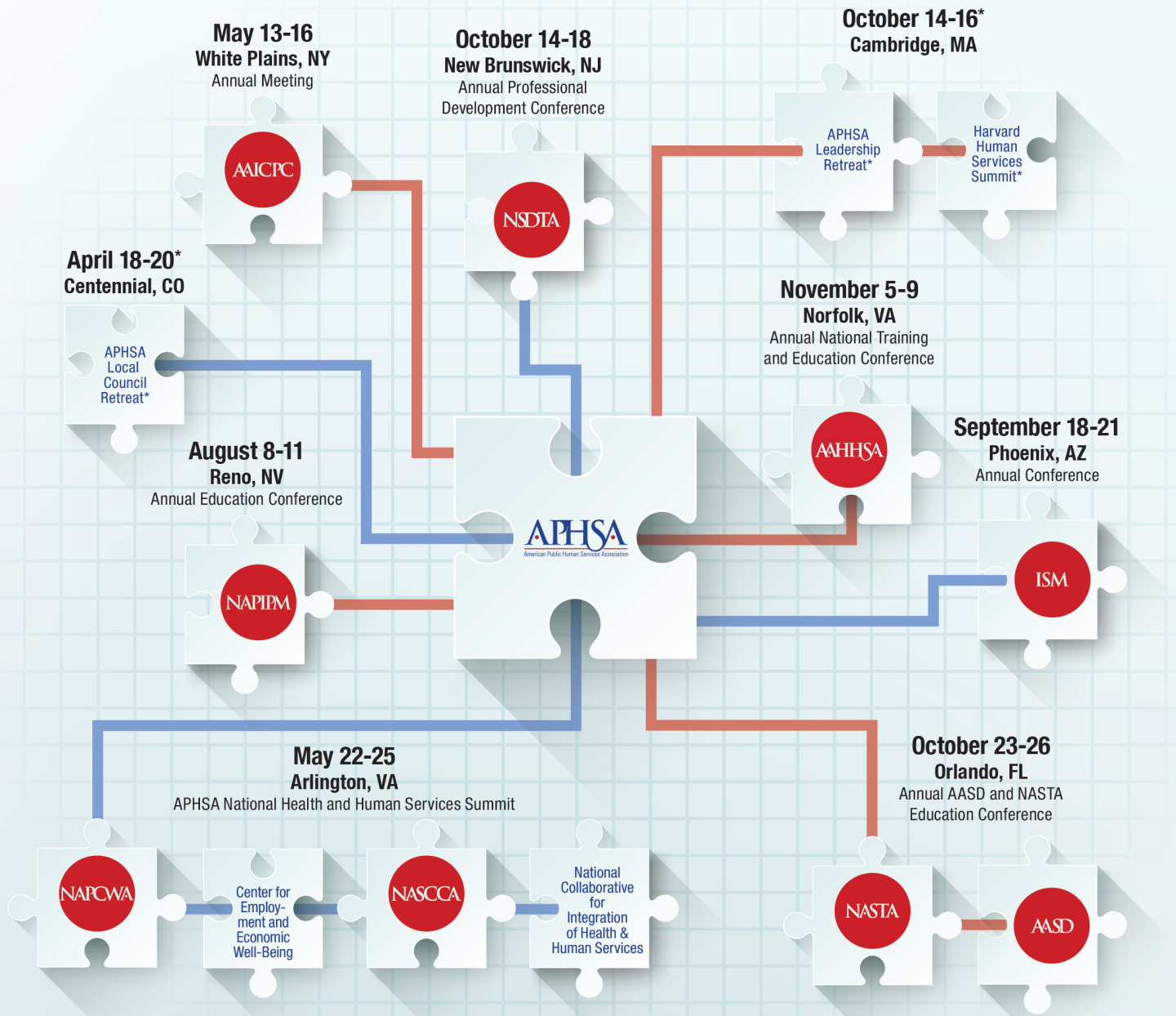
Outside Interests: Hiking and hanging out with my husband, kids, and golden retriever. One of my favorite spots in the world is Telluride, CO—and even better when a music festival is in town. Traveling is always great—and a trip to South Africa in 2014 remains a standout experience on many levels. 

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