

# POLICY & PRACTICE

THE MAGAZINE  
OF THE AMERICAN  
PUBLIC HUMAN  
SERVICES ASSOCIATION

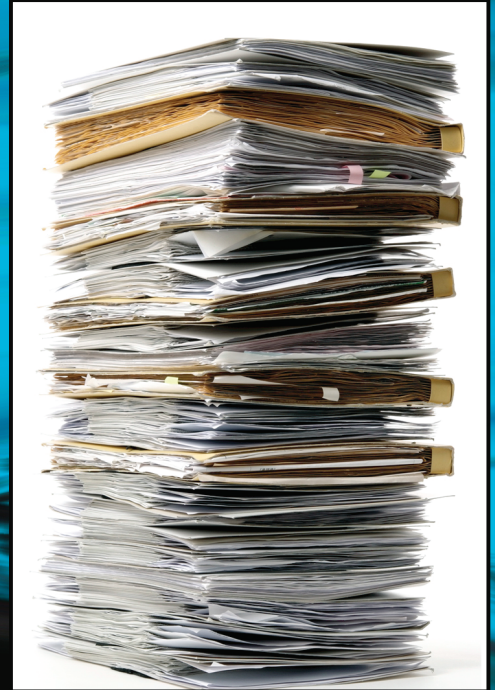
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December 2015

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## How Partnering with Scientists is Changing Human Service Delivery

The field of human services has long been known as a network of partner organizations made up of public-sector agencies at all levels of government and nonprofit providers, community advocates, universities, and private industry. Scientists, on the other hand, rarely make our partner list, and yet they are currently at the heart of major shifts in health and human service delivery. Public-sector leaders across the nation are looking to neuroscientists, behavioral economists, and other experts to better understand and apply what science tells us about human development and behavior.

As we shine a spotlight in this issue of *Policy & Practice* on how public-private partnerships—when fully leveraged—allow us to partner for impact, it is worth reflecting on the ways in which science is driving innovations in programs and delivery methods, and changing mindsets about how we engage and empower families.

Take, for example, what we know about Adverse Childhood Experiences (ACEs) and their linkage to a wide range of adverse health outcomes in adulthood when a child experiences four or more of them. We know that living with chronic poverty can create biochemical changes in brain functioning of both adults and children that negatively impact health, mental health, and executive functioning. The incredible science of brain development, coupled with ongoing research on the impact of adversity and toxic stress, is revealing fundamental flaws in our delivery and program design.

We could design the best parenting or financial literacy classes in the world and fail miserably in delivering them



if families simply cannot hear through the noise around them. What impact do these interventions have if mom or dad is constantly worrying about: How am I getting to work today? Who is taking care of my kids? Will I have enough food for the week? What happens if I miss work again because my child is sick? Where will I go if I cannot pay the rent?

At the same time, we now know that the brain has more plasticity throughout our lifespans than originally believed. States are applying this knowledge to explore better ways of engaging with families. Brain science is providing health and human service systems with an opportunity to improve child and adult outcomes by

attending to the needs and capacity of both the child and the parent together.

In Washington, the state is operationalizing the ACEs research, including use of TANF funds to support home-health services and training primary care physicians on ACEs research to help identify children and families at risk. The Moms Partnership Project in New Haven, Connecticut, is focused on supporting single mothers (often clinically depressed) to improve their executive functioning through technology designed to build their self-confidence. Colorado, Connecticut, Utah, and others are aggressively pursuing multi-generational

See *Director's Memo* on page 32



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## “Bonding” in the Child Placement Process A Psychological and Legal Perspective



The term “bonding” is frequently used but rarely defined. Nationwide, more than 397,000 children live in foster care.<sup>1</sup> When a court decides where to place a child whose primary residence has been shattered, certain guidelines must be followed. However, the lines between blood and bond are not so clearly drawn when a foster parent files to adopt the child for whom they have provided long-term care, and a previously unknown blood relative emerges to challenge the placement. Whatever guidelines are used, the court must still understand the child’s best interests. How does the court weigh the genetic relationship against the parent-in-place? When properly defined and understood, bonding merits serious consideration. In short, bonding matters. The unnecessary disruption of existing bonds can have devastating consequences.

### What is Bonding?

For the child welfare system to give bonding the attention it rightfully deserves, the concept must be objectively defined and carefully explicated so that courts and departments of human services can implement it. The following definition of bonding is proposed: Bonding is a significant reciprocal attachment that both parties want and expect to continue, and which, if interrupted or terminated, may result in considerable jeopardy to the parties involved.

Four practical means to evaluate the existence of bonding are proposed. Any one of them is sufficient to demonstrate that bonding has occurred.

**1. Time.** Bonding is possible after three months, probable after six, and overwhelmingly likely after 12 months of constant daily contact. This is a

simple restatement of the research-based timelines contained in the Adoption and Safe Families Act.

**2. Behavior.** Research shows that bonding can be assessed by the way a child acts. Based upon this research, many bonding checklists have been developed. Two good examples are Keck’s list of attachment disorders from the Ohio Attachment and Bonding Center<sup>2</sup> and the Randolph Attachment Disorder Questionnaire.<sup>3</sup> Kenny and Kenny<sup>4</sup> have summarized multiple bonding behaviors in their Universal Bonding Checklist.

**3. Reciprocal Attachment.** Measuring the interaction between parent and child is a third way to measure bonding. A two-way street, it can be measured by the strength of the parties’ mutual promises and

*See Bonding on page 30*

By Judi Jordan and Kay Reed



## Building Brighter Futures Helps Parents Meet Child Support Obligations

No one would drive in Los Angeles rush hour traffic wearing a blindfold. Yet, many people drive blindly into parenting. Unstable families, custody battles, and child support problems result.

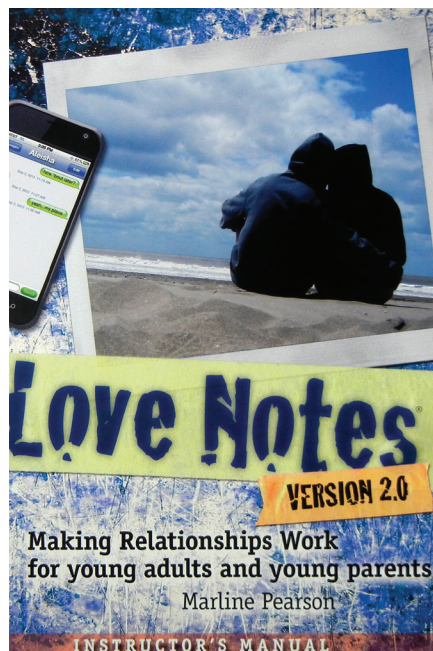
Non-custodial parents who do not fulfill their child support payments often become stuck with a suspended driver's license, garnished wages, and revoked professional licenses. They show up at the Los Angeles County Child Support Services Department (CSSD) desperate to resolve their problems.

A conversation with CSSD Director Steven Golightly inspired The Dibble Institute to create *Building Brighter Futures* (BBF), a new approach that teaches adults relationship and parenting skills while encouraging them to meet their child support obligations. Since it was initiated in 2013, BBF has yielded a 24 percent increase in child support compliance within those piloted cases.

"When The Dibble Institute approached Dr. Golightly offering relationship education classes to our non-custodial parents as a strategy to decrease parenting disengagement, increase co-parenting skills, increase economic stability and improve child support compliance, we were eager to collaborate," said Kimberly Britt, special assistant overseeing CSSD Fatherhood initiatives. "The Building Brighter Futures program aligns with our efforts to provide a holistic service approach to families."



Building Brighter Future participants (above) learn valuable life and parenting skills using Love Notes relationship curriculum.



### A Productive Child Support Services Partnership

No one going to CSSD is expecting a helping hand like *Building Brighter Futures*. For stressed parents, the smallest acts of kindness have enormous consequences; BBF, with its encouraging environment, works powerfully. Co-parenting, relationship communication skills, and understanding what children need to thrive are just some of the topics covered by BBF over eight weeks.

The Dibble Institute's relationship curriculum "Love Notes" by Marlene Pearson is the key intervention used in BBF. It has proven to be successful as a new approach for non-custodial parents stuck in negative relationship patterns. Designed to increase parental involvement (financial and emotional) with their children and increase payment compliance, it has garnered significant traction and notable increases in child support payments.

BBF participants are engaged in a variety of ways, including videos, personality assessments, discussions, lectures, and training that qualifies them for ServSafe®—a food handler's license. They also receive a meal, gift cards when they come to class, and reinstatement of their driver's license for up to six months. For many, these incentives are crucial to paying for gas or food while they job-hunt, and for getting caught up on support payments.

### Building Brighter Futures Works

For a non-custodial parent earning \$1,200 a month, \$172 is the minimum

See *Brighter Futures* on page 28

This is the final article in the 2015 Partnering For Impact series.

Photographs by Jo Anne Eason





## Goodbye S/TACWIS, Hello CCWIS!

In mid-August the U.S. Department of Health and Human Services' Administration for Children and Families (ACF) published the *Comprehensive Child Welfare Information System (CCWIS) Notice of Proposed Rulemaking (NPRM)* in the *Federal Register*.

The NPRM eliminates the requirement for a single comprehensive system [a State/Tribal Automated Child Welfare Information System (S/TACWIS) or S/TACWIS-compliant system] and allows state Title IV-E agencies to implement multiple systems specifically tailored to meet the specific needs of different state and tribal administrations, including their unique programmatic and technical environments.

The proposed rule: (1) permits the use of modular solutions through the use of *Commercial-Off-The-Shelf (COTS) products* in recognition of the reduced costs and reuse potential among states and tribes; (2) utilizes industry standards that align with successful public and private solutions; and (3) emphasizes the value of *real-time data collection, quality improvement, and information sharing* to support data-driven decision-making.

APHSA's National Collaborative created a CCWIS National Advisory Committee, comprised of state child welfare program directors and chief information officers, over the summer and conducted five teleconferences to discuss the NPRM in detail, section by section, in August and September.

While there was much agreement on the principles ACF is hoping to achieve, we were able to make recommendations in a number of areas that we brought to ACF's attention in a formal response prior to the end of the comment period.




Among the Advisory Committee's recommendations were that: (1) ACF should ensure that the Final Rule require that all system-related decisions be driven by a programmatic focus on improved outcomes closely tied to a child's well-being; (2) additional clarification was needed with several of the proposed requirements associated with project design, data exchange standards, etc., to comport with ACF's desire to provide the states with the flexibility they will need to implement CCWIS successfully, and; (3) modifications to several of the proposed requirements that inadvertently limit a state's opportunity to create innovative solutions to child welfare issues unique to their jurisdictions.

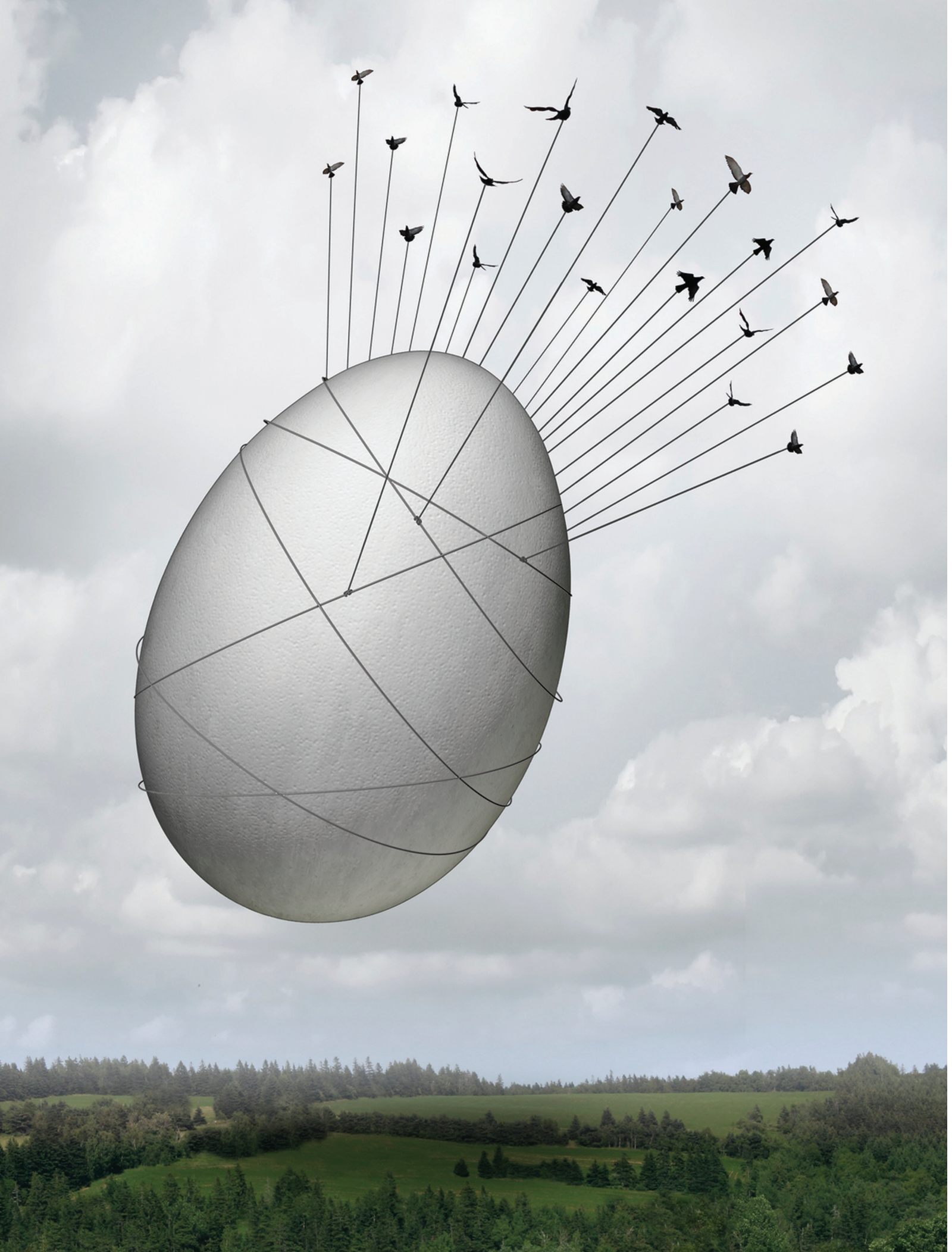
We also communicated the Committee's concern that, absent the changes we recommended, the administrative burden on states and their trading partners could actually be increased, rather than decreased, in terms of both state outlays and staffing.

One example we cite is the NPRM's discussion of a "continuous federal review process" that the proposed rule, unfortunately, failed to explain in greater detail. With the review criteria unclear, it would be difficult to know how to plan for such reviews in the future.

Clearly, APHSA is very supportive of the CCWIS concept and believes the release of this NPRM is an important step in the right direction. With the modifications that states and APHSA have sent to ACF, we are confident that the CCWIS of the future could be of significant assistance to IV-E agencies and their partners in moving toward a data-driven culture and a holistic view of children within the child welfare system of care.

The entire letter is available at [www.aphsa.org](http://www.aphsa.org). 

**Megan Lape** is the assistant director of the National Collaborative for Integration of Health and Human Services at APHSA.



# Partnering. . .for Communities

How one organization is leveraging  
collaboration for the good of communities

By Elizabeth Leiviska

Foreward by Susan Dreyfus

Human services is in a world of volatility, uncertainty, complexity, and ambiguity, but this is also a time of unprecedented opportunity for us to get underneath root causes and truly make sure more people have equal access and opportunity to reach their full potential. Rapid change is occurring in science and technology, demographics related to age and ethnicity are significantly shifting, and the demand for impact and integrated services has never been greater. Are we ready to seize this unprecedented moment?

The Alliance for Strong Families and Communities has a remarkable national network of more than 450 private nonprofit human service organizations. I am honored that our board of directors includes Tracy Wareing Evans, executive director of APHSA, and I am proud to serve as a member of APHSA's governing board. The Alliance is energized to partner with APHSA in moving the human services value curve from dream to reality by being excellent in our work and by generating resources with our public-sector colleagues.

*Together, we are a mighty force.*

As APHSA came out with *Pathways*, a vision we heartily endorse for integrated health and human services and its maturity matrix for generative human services, we also leaned into these headwinds of change to create the pathway for our sector to achieve distinction.

In partnership with our network and many other experts, the Alliance developed the Commitments of High-Impact Nonprofit Organizations. This framework captures and articulates the practices, competencies, and values that private, nonprofit human service organizations must develop and sustain to achieve their missions and maximize impact. For us, impact ultimately comes down to increasing the number of people experiencing lives of financial stability, safety, health, and educational and employment success.

We believe that if both sectors embrace the human services value curve, if our sector lives the Commitments, and if the public sector embraces the APHSA maturity matrix, we will create an unstoppable convergence for good.

## Finding Synergy and Leveraging Our Sectors' Unique Strengths

The strongest partnerships are built when we understand the distinct value each partner brings to the table. The public sector contributes deep knowledge and resources, data integration capacities, and the ability to unite systems for true service integration. Our sector must be understood—both internally and externally—as more than providers of programs and services under contract with the public



**Elizabeth Leiviska** is the content and production manager for the Alliance for Strong Families and Communities.

*“Being committed to ‘Partnering with Purpose,’ [for example], means future efforts will not only be aligned, but they’ll be more strategic and better able to take on the complexities of our community’s challenges.”*

—BRIAN GALLAGHER, PRESIDENT AND CEO OF UNITED WAY WORLDWIDE.

sector. We are community educators, resource and capacity generators through partnerships, innovators, and incredible advocates for families, communities, and our nation.

The human services value curve calls us to be adaptive leaders because all of the technical fixes in the world will not solve the challenges we face. Both APHSA and the Alliance are committed to strengthening today’s leaders and nurturing the pipeline of tomorrow’s leaders. To achieve impact, strong and adaptive leaders must think and work together to unite all people around a common vision and set of values.

I have never been more hopeful in my 25 years in this field. Together, we can make sure that all Americans can achieve their dreams and live their lives to their fullest potential. Our country can’t afford not to.

## Commitments of High-Impact Nonprofit Organizations

In the face of growing pressure to achieve, elevate, and document community impact, private, nonprofit human service organizations need a methodology that empowers them to maximize capacities and meet stakeholder standards. The Commitments is a specific framework of approaches, values, and disciplines that outlines the path to lasting community impact. Organizations achieve excellence and impact by pursuing the following Commitments:

- **Leading with Vision:** Embracing leaders who are not simply managers, but visionaries
- **Governing for the Future:** Focusing boards of directors on the horizon, not day-to-day operations

- **Executing on Mission:** Ensuring that every program is truly mission relevant
- **Partnering with Purpose:** Collaborating with a variety of organizations to address the complexity of social challenges
- **Measuring that Matters:** Focusing on change that is both meaningful and measurable
- **Investing in Capacity:** Diversifying revenue streams and flexibly deploying resources where they will have the biggest return on investment
- **Co-Creating with Community:** Working with all elements of a community to leverage assets and build solutions
- **Innovating with Enterprise:** Embedding cultures and processes that support frequent idea generation, testing, and improvement
- **Engaging All Voices:** Putting youth, adults, and families at the center of goal setting and decision-making in their lives and communities
- **Advancing Equity:** Tackling issues of disparity and disproportionality so that all people have equal opportunity and access to economic, social, and political power

The Commitments framework is an outgrowth of the Alliance’s work in trend spotting and analysis and its four-year initiative to invest in and study strategy and its deployment within a cohort of network members. Development of the Commitments also included feedback from the Alliance network. Going beyond a mere checklist of ideas and recommendations, the Commitments framework is backed by

a deep assessment tool and learning opportunities.

“When we initially rolled out the Commitments in August 2014, it was evident our field was seeking a clear path toward achieving real impact that strengthens communities,” said Alliance President and CEO Susan Dreyfus. “We have the history, the member network, and the expertise to provide that pathway and it’s been encouraging to see how organizations have embraced the Commitments.”

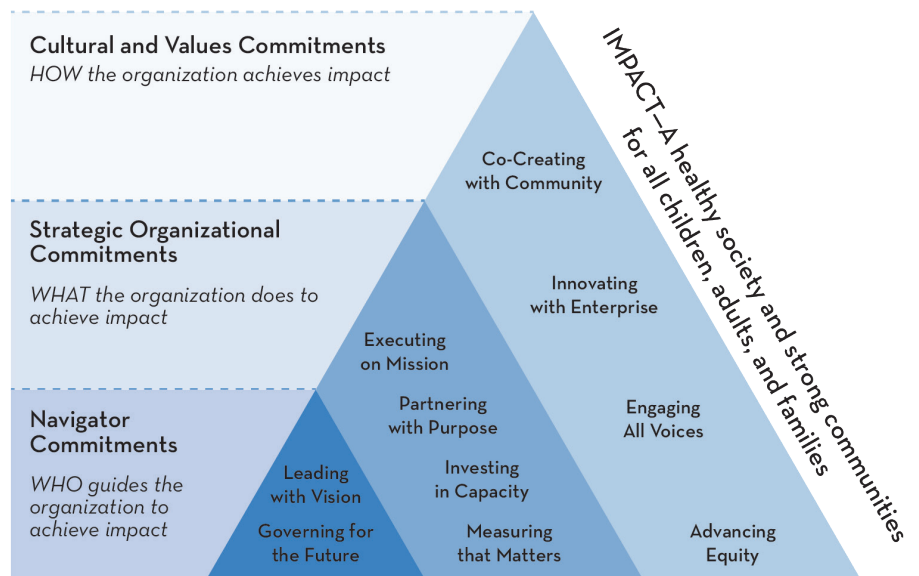
There is no stipulated sequence or pace to the Commitments framework, nor is it a rote set of compliance or accreditation standards. Instead, it is universally applicable to private human service organizations regardless of size, complexity, maturity level, or program orientation.

## Early Successes Among Organizations

Many nonprofit organizations already are experiencing value from the Commitments. “The Alliance is serving as a touchstone and model, and as a guide to helping all of us increase our successes,” said Dennis Richardson, president and CEO of Hillside Family of Agencies in Rochester, New York. A number of Alliance network members also are incorporating the Commitments framework into their 2015 strategic planning processes.

“In this signature work, we’ve captured the purpose, the difference, and the value of America’s nonprofit human service sector, and we are aligning every part of our value proposition to help our members embed and live these Commitments every day,” Dreyfus said.

To achieve high impact, organizations must be advocates first and service providers second, measuring success, not in services, but in the number of people able to live safe and healthy lives. Optimal organizational performance is a necessary foundation for impact. The uniqueness of the Commitments, however, is that they guide not just an organization’s what, but its how and why.



“Being committed to ‘Partnering with Purpose,’ [for example], means future efforts will not only be aligned, but they’ll be more strategic and better able to take on the complexities of our community’s challenges,” said Brian Gallagher, president and CEO of United Way Worldwide.

## Assessing Progress in the Commitments

The Alliance has released a robust Commitments Assessment Tool to complement its Commitments framework. It was developed in collaboration with the American Institutes for Research to help human service nonprofits measure—and maximize—their impact.

“Organizations in our sector are constantly striving to demonstrate impact for donors, funders, and those we serve, but often they’re not sure where to start,” said Dreyfus. “The integration of the Assessment Tool and the Commitments framework provides a comprehensive pathway to high impact, while evaluating each organization’s current strengths and challenges. The organization can then address its documented priorities by tapping the Alliance’s extensive support resources. We think this unique pathway—evaluation—support continuum is a real breakthrough for our network and our sector.”

As more and more organizations complete the Assessment, accumulated data will pinpoint the most powerful drivers of impact, resulting


in an unprecedented set of empirically proven best practices for our sector.

## In-Depth Data Analysis

The Assessment provides a definitive snapshot of a nonprofit’s strengths and challenges. The Assessment’s report provides highly customized analysis, with more than 150 scientifically valid questions that rigorously analyze an organization’s maturity in each of the Commitment areas.

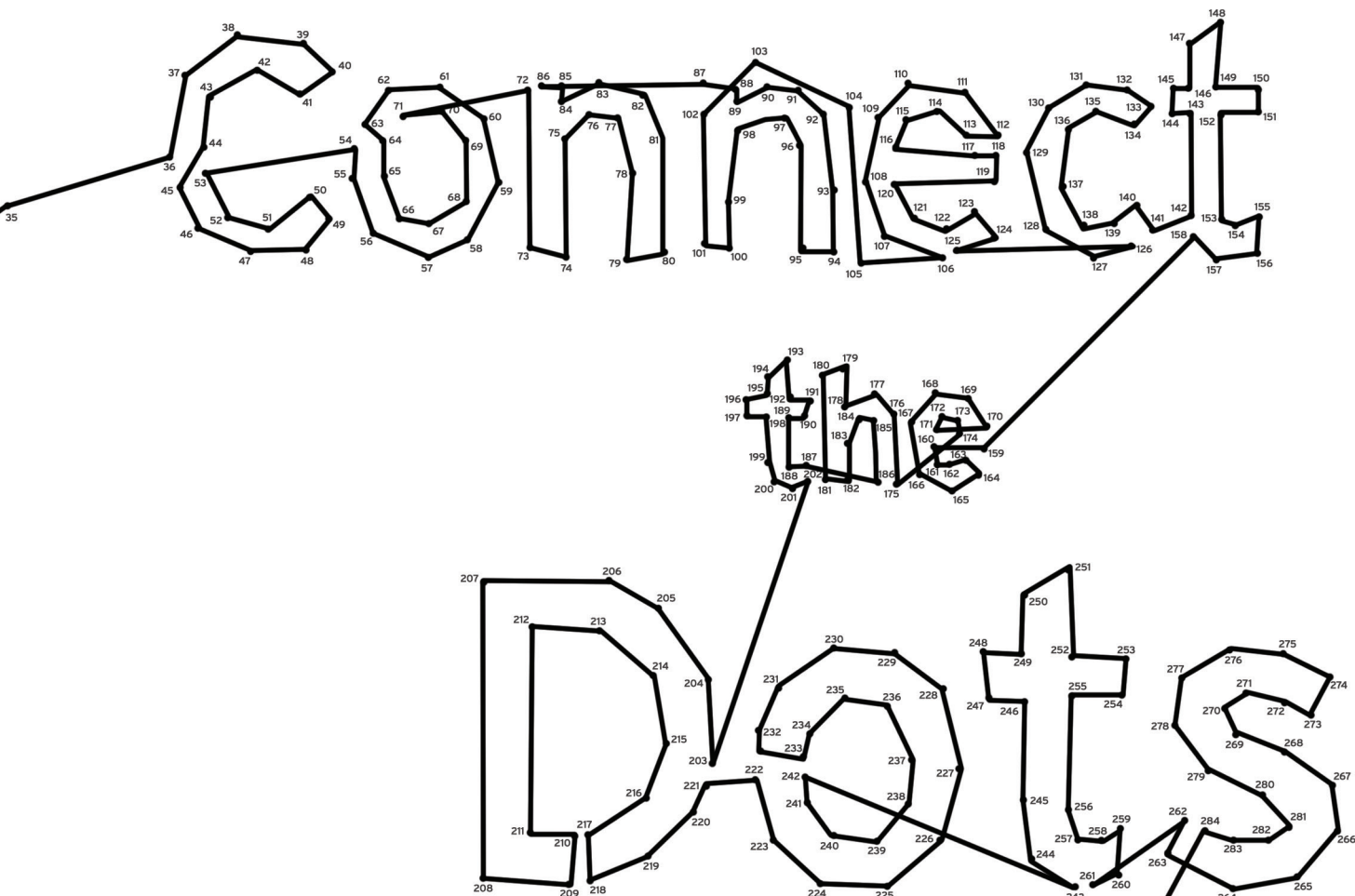
“It’s similar to the sum scores you might receive for a health risk assessment or a knowledge and concepts exam in the education sector,” said Laura Pinsoneault, director of evaluation and research services at the Alliance. “Our members see key indicators, competency levels, and percentile rankings.”

The report also allows organizations to benchmark their performance against other human service nonprofits that have completed the Assessment.

The Assessment itself includes 10 different scales—one representing each Commitment area. It is completed by all staff and takes about 35 minutes to complete via online survey. Formed on a sample of 511 individuals across 29 nonprofit human service organizations from across the country, the Assessment Tool is built around the voice of the customer and has a high degree of reliability and validity. 

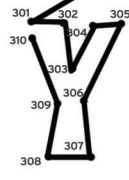
**Susan Dreyfus**, president and chief executive officer of the Alliance for Strong Families and Communities, contributed to this article.





# How Analytics Can Reveal a Big-Picture View of At-Risk Youth, and the Service Mix that Can Help Them

By Elizabeth Gaines and Gary Glickman



Youth deserve all the help they can get to be ready for college, work, and life. Currently, disadvantaged youth have access to a variety of uncoordinated, inflexible, and imprecise services. Juvenile justice, labor, health, education, housing, and human service agencies work independently, creating a fragmented system in which youth can be overlooked and underserved.

It is difficult and confusing enough to transition from childhood to adulthood. But imagine the complexity as vulnerable young people try to navigate a multifaceted system—and in some cases—on their own. Even fundamentals, such as the age at which a youth is considered an adult and eligible for programs and services, vary from system to system.

When critical services don't reach youth at the time of need, a host of problems can arise: gang involvement, lack of education, or trouble finding a job, just to name a few. To address these service delivery challenges, the Forum for Youth Investment is helping state and local agencies use data to more flexibly deliver the right service mix to youth ages 14–24, often referred to as disconnected or opportunity youth.<sup>1</sup>

## Completing the Individual Picture

Abundant point of service and research data are scattered across labor, education, child welfare, justice, health, and other agencies. Aggregating these data opens new opportunities to better tailor services to the needs of the individual, and it offers a chance to learn what works.

In collaboration with Accenture, the Forum is working with agencies to use data to identify services that will deliver the best outcomes. Analytics on data collected from state, local, federal, and provider databases are providing insights about which youth are most vulnerable and at risk.

There's a lot more integrated data can do, including:

**Provide caseworkers with a granular view.** If data from all local,

# Sharing resources is critical; dollars are often so constrained by the time they reach local providers that organizations have to stretch themselves to meet eligibility, reporting, program requirements, and other policy rules built into the funding.

state, and federal public services a youth receives were fed into a centralized, protected case management system, caseworkers could see, at an individual level, which services would benefit that youth the most.

**Measure and reward performance.** Aggregated data provide insight into which interventions and services are getting the best results, while also opening new avenues for policymakers and service providers to measure their own performance against their peers.

**Reveal important trends.** Integrated data can help agencies to better understand, on a macro level, if they are achieving desired results. For instance, by tracking key indicators of well-being, demographics, and participation levels, agencies will be able to identify trends in rates of high school graduation, youth employment, health, safety, and more. Early identification of problems can lead to earlier intervention with solutions.

Most important, coordinating data will allow agencies to work together to match the right provider with the right individual to deliver better results faster.

## Preparing to Share

Data sharing remains a nascent—and somewhat uncomfortable—concept in the public sector. The subject gained traction through the American Recovery and Reinvestment Act of 2009, when Congress took bold steps to include funding for the integration of state data on children and youth in education systems. Since that time, Congress has authorized an innovative initiative, Performance Partnerships, which will ultimately allow up to 20 communities to blend funds across

multiple education, criminal justice, labor, and other programs to better meet the needs of their disadvantaged youth populations.

Data sharing is really, after all, just a proxy for getting people to work at common purpose. So sharing resources is critical; dollars are often so constrained by the time they reach local providers that organizations have to stretch themselves to meet eligibility, reporting, program requirements, and other policy rules built into the funding. Performance Partnerships allow multi-service organizations and partnerships the flexibility to design a bottom-up approach to serving vulnerable youth.

These are among the communities signing on to measure and achieve better outcomes in exchange for increased flexibility:

**Children's Services Council of Broward County** (Fort Lauderdale, Florida). Leaders in Broward County believe that Performance Partnerships can allow them to remove the roadblocks that have kept them from providing comprehensive services that support high school graduation, post-secondary attainment, and labor market success. In an effort to increase high school graduation rates and successful transition to post-secondary education or employment, the Council has proposed to:

- Blend funds from state and federally funded programs at the local level.
- Develop common eligibility.
- Create a shared client database to streamline intake, client tracking, and outcome measurements, which would then reduce the number of staff needed to administer the

*See Connecting on page 25*



**Elizabeth Gaines** is a senior fellow and director of the Children's Cabinet Network at the Forum for Youth Investment.



**Gary Glickman** is the managing director for Human Services at Accenture.





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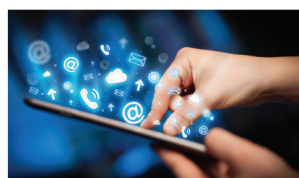


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A collage of business-related images including people in suits, hands shaking, and a meeting around a laptop, all in a faded, semi-transparent style. Three colored callouts are overlaid on the collage.

**Build**

**Connect**

**Influence**



# Redefining the Worker's Voice

How APHSA's Center for Workforce Engagement plots a roadmap toward gainful employment and independence

By Kerry Desjardins and Mary Brogdon

In the October 2015 issue of *Policy & Practice*, we touched on the important role work plays in the lives of individuals and families. Work is an essential, defining component of most Americans' lives, and for most human service customers, employment is critical to their ability to meet their needs and support the health and well-being of their families and communities. Unfortunately, many human service customers have very limited employment opportunities and face barriers that prevent them from finding and securing jobs that promote stability and well-being.

Workforce engagement efforts, at the macro and micro levels, must be intentionally designed and implemented in ways that focus on creating career pathways for families, not just to employment, but to *gainful* employment and the resulting positive and sustainable outcomes that benefit the whole family.

A new APHSA initiative, the Center for Workforce Engagement (CWE), has been established to identify and promote policies, practice models, funding structures, and other resources that can best support and enable gainful employment and independence for individuals and their families. The overarching purpose of the Center for Workforce Engagement is to advance a system of human services, workforce development, economic development, and education and training that effectively supports greater capacity and independence, employment, self-sufficiency, and well-being for low-income individuals and families.

We strive to fulfill this purpose with a number of core principles in mind. These essential premises, based upon the latest research and practice in the field, lead us to operate from the following understandings:

- For working-age individuals, having a job and staying in the workforce are critical to achieving greater independence for themselves and their families.
- Employment and achieving independence constitute a process, not a one-time event. This outcome, therefore, encompasses a variety of tools and approaches tailored to the degree of individual need.



**Kerry Desjardins** is a policy associate at APHSA.



**Mary Brogdon** is the assistant director of strategic initiatives at APHSA.

- Once basic employment elements are in place, the ability to build assets helps individuals and families move even more securely down the road to greater individual capacity and independence.
- Opportunities and supports that help prepare the supply side of the labor market can succeed only in partnership with demand-side strategies that engage employers and economic developers.

In consideration of the CWE's purpose and principles, our work is focused on achieving three primary goals. We work to:

- Promote integrated, outcome-focused policies and practices that best support and enable gainful employment and self-sufficiency for individuals and families;
- Serve as a central source of information and resources relating to workforce engagement, share existing innovations, and develop new tools for engaging people in career pathways that lead them to self-sufficiency and well-being; and
- Facilitate communication and collaboration across the human services, workforce development, economic development, and education fields in order to support a more integrated and impactful system of workforce engagement.

### Influence

One of the goals of the Center for Workforce Engagement is to *influence* policies and practices that best support access to opportunity and mobility through gainful employment. The CWE works toward this goal by tracking and analyzing policies related to workforce engagement, developing policy briefs to inform APHSA's members and the nation's policy-makers, and working with APHSA's members and partners to advocate for more effective workforce policies. The CWE's most recent policy work has focused on the Temporary Assistance for Needy Families (TANF) program and the Workforce Innovation and Opportunity Act (WIOA). Currently, the TANF program focuses too much on activity and process and too little on meaningful, long-term customer

The Center for Workforce Engagement's efforts are informed by an Advisory Committee developed to guide our way and define our work, by state and local agencies practicing in workforce engagement, and by the policies and practices that shape effective work opportunities and practice. Recognizing the necessary programmatic and policy directions for gainful employment and independence, the focus of the CWE requires emphasis on directing resources into those supports that will help adults get a job and stay employed, including:

- education and training;
- affordable, quality child care;
- secure and stable housing;
- reliable transportation;
- tools to help secure appropriate opportunities for those with disabilities;
- addressing barriers to employment of the recently incarcerated;
- advancing opportunities for micro-enterprises and similar initiatives that can provide alternative entry points into the workforce; and by
- providing other new or modernized opportunities through which adults can quickly become as self-sufficient as possible.

results. TANF must be strengthened to shift focus from participation that counts to engagement that matters.

The time is ripe for change. The bipartisan passage of WIOA in 2014 demonstrated that there is political will on both sides of the aisle to revamp workforce programs to focus on serving those with the greatest need and achieving the meaningful outcomes that lead to greater self-sufficiency and well-being. With and through APHSA's members, the CWE

is currently working with a variety of stakeholders and partners to develop suggested outcome and accountability measures for TANF that are more closely aligned with the outcome-focused measures in WIOA.

## Build

The Center for Workforce Engagement aims to *build* knowledge and capacity toward a more effective infrastructure for policy and program innovations in workforce engagement. Many human service agencies have identified the need for more and better tools at their disposal to design and execute practical and affordable engagement programs on a broad scale. Through a web-based platform, the CWE is addressing this issue by serving as a central source of information and resources related to workforce engagement, sharing existing innovations, and developing new approaches for engaging people in career pathways that undergird self-sufficiency and well-being.

The CWE is supporting knowledge and capacity building in the workforce engagement field through development of a dynamic web-based resource library. The resource library will function as a virtual database containing the best and most current information relating to a variety of workforce engagement topics. Not only does it offer a collection of resources, it also helps us to analyze the existing knowledge in the field and identify what issues and themes need further exploration.

Our Repository of Innovative Programs and Practices is a resource that members can turn to learn from innovations being implemented in other states and localities across the nation. We identify and highlight programs that are trying evidence-informed practices with promising results, especially those that are doing so through public-private partnerships. The repository supports and enables efforts to build a sound evidence base. It also highlights programs and practices that demonstrate the return on investment not only in welfare-to-work programs that reduce welfare rolls, but on investment in opening up and promoting access to meaningful

opportunities for low-income individuals and families to participate fully in our nation's economy and share in the benefits of its economic growth.

To kick off the CWE's work on information and innovation, and to encourage discussion, we have developed an initiative called the Areas for Innovation Series. We have identified several areas of workforce engagement that present opportunities for new and budding innovations that will advance workforce engagement efforts and help more workers move toward worthwhile employment, self-reliance, and wellness. The Areas for Innovation Series will highlight and explore those opportunities through discussion papers, briefs, webinars, and toolkits that will reflect our members' ongoing work as they put innovations into practice.

Through policy, advocacy, knowledge, and capacity-building, and by fostering partnerships and collaboration, we can advance a national system for workforce engagement that effectively supports workers as they develop skills, grow their individual capacities, overcome barriers, and secure gainful employment.

## Connect

The third goal of the Center for Workforce Engagement is to *connect* with our partners and stakeholders and assist them in connecting with one another to achieve positive outcomes for low-income workers and families. We are bringing together a community of practice that includes those who have common goals around workforce engagement, but who historically may not have always communicated or

worked together. We endeavor to facilitate communication and collaboration across the human service, workforce development, economic development, and education fields to support a more integrated and balanced system for workforce engagement. The center plans to facilitate relationship-building and productive conversations within and across these disciplines through monthly e-updates, webinars and web discussions, meetings, and toolkits.

Collaboration across sectors is just as important as collaboration across fields. Much of our work focuses on advancing and supporting public-private partnerships. We believe that public-private partnerships are one of the best models for achieving positive and meaningful outcomes for low-income workers, families, and communities. The center's own advisory committee models the partnership between public agencies, researchers, associations, nonprofit advocacy organizations, and private industry partners with whom we wish to collaboratively engage in the workforce engagement arena.

Human service agencies, along with their partners in workforce development, economic development, and education and training, play a critical role in supporting employment, independence, and greater individual capacity for low-income and other disadvantaged individuals and families. We can, and must, take practical steps to better align policies and programs that impact workforce engagement and build on what we know works.

Through policy, advocacy, knowledge, and capacity-building, and by fostering partnerships and collaboration, we can advance a national system for workforce engagement that effectively supports workers as they develop skills, grow their individual capacities, overcome barriers, and secure gainful employment. As a result, we help build an environment that effectively strongly supports healthy families and communities.

We welcome your feedback, insights, ideas, and support as we move forward in working together to help build a national conversation and exchange of practice surrounding work engagement for individuals and families. 

By Daniel Pollack



## Print Media Coverage of Child Fatalities When a Human Service Agency is Involved

**W**hen a child dies and we learn that a human service department or agency was involved, how well does the print media cover the story? How accurate and thorough is it? Does the story convey sufficient comprehensiveness and perspective to give the reader a solid understanding of the events? Is there any discernible information bias, either intentional or unintentional? Does the writer seem to have an agenda?

In short—is it fair? And, for our purposes, to what extent might a news story have an unintended effect on a subsequent legal proceeding regarding that same child fatality? There is no scientifically valid, objective approach to accurately answer these questions. Nonetheless, with a sincere effort at intellectual integrity, and given the space limitations, I attempt some meaningful observations. By no means should this be called a “study,” “research” or similar formal term; nor is this effort pro- or anti-department or agency.

In reviewing relevant articles, I looked at ones from 2014 to the present that had the terms “child died,” “department of human services,” and “custody” (and similar terms for each). I sifted through the results and read approximately 60 of them. In truth, I came away, not with good answers, but with tough questions:

1. Do journalists and society have an implicit assumption that a child should never die if a human service agency was involved?
2. When it comes to child fatalities, do some journalists feel they have a “calling” to expose perceived agency shortcomings, especially if



- the circumstances of the death are particularly disturbing?
3. What evidence will be sufficient for a successful motion for a change of venue (and related motions)?

From a journalistic and social policy perspective, publicity of child fatalities poses a quandary. Such focus shines a bright light so that additional facts may be revealed and considered. It can also ensure that those overseeing the child welfare and justice systems will act honestly by subjecting their judgments to public scrutiny. Conversely, inaccurate reporting may lead to inadvertent negative perceptions and bias against family members, collateral professionals, and agency employees. Especially if there are criminal allegations, there is bound to be a clash of the First Amendment right of freedom of the press and the Fourteenth and Sixth Amendments’ right to a fair trial.

We expect journalists to bring clarity to complex issues, to present facts

in a logical sequence in their proper context. All the while, we expect them to probe in a good faith way—not to create news, just report the facts. The Society of Professional Journalists (SPJ) believes “that public enlightenment is the forerunner of justice and the foundation of democracy. Ethical journalism strives to ensure the free exchange of information that is accurate, fair and thorough. An ethical journalist acts with integrity.”<sup>1</sup>

The SPJ *Code of Ethics* is a statement of abiding principles supported by additional explanations and position papers. The four principles of the Code are: “1) Ethical journalism should be accurate and fair. Journalists should be honest and courageous in gathering, reporting and interpreting information; 2) Ethical journalism treats sources, subjects, colleagues and members of the public as human beings deserving of respect; 3) The highest and primary

See Media on page 27



## Partnering in Times of Crisis

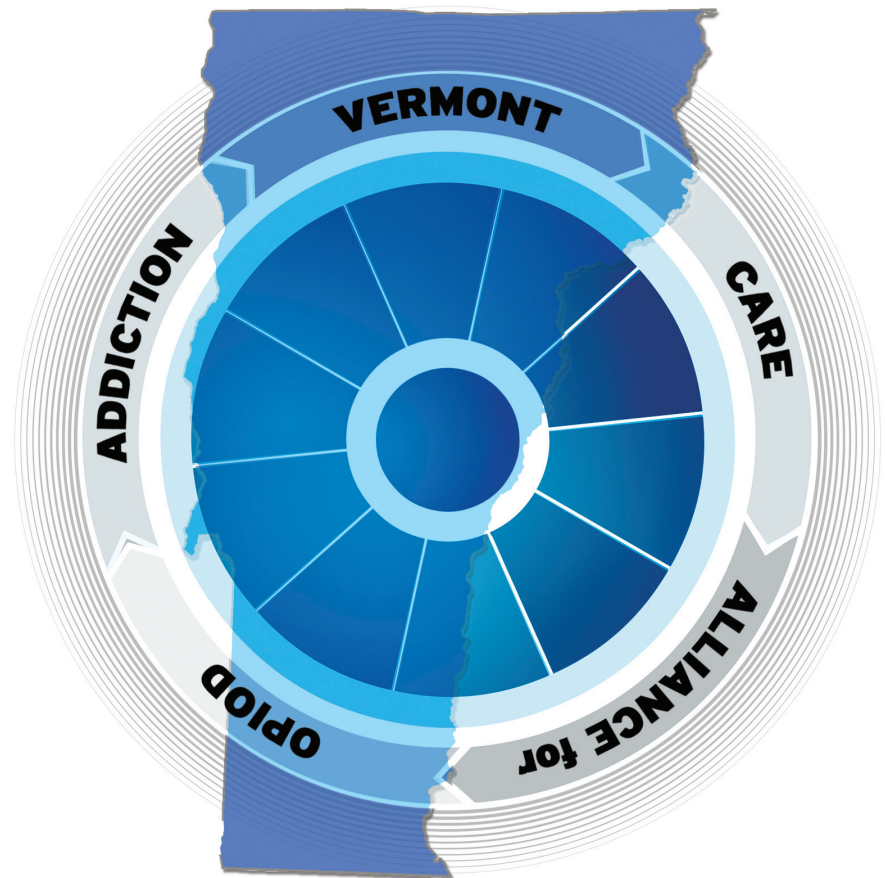
In a bold move, widely noted and praised, Vermont Governor Peter Shumlin devoted his entire 2014 state of the state address to the epidemic of heroin and other opiate abuse in his state. Citing a crisis of a “rising tide of drug addiction and drug-related crimes spreading across Vermont,” he called for a comprehensive, coordinated attack, involving government, communities, providers, and law enforcement.

Shumlin asked Vermonters to view opiate addiction as a public health issue. “We must do for this disease what we do for cancer, diabetes, heart, and other chronic illness: first, aim for prevention, and then eradicate any disease that develops with aggressive treatment.”

Vermont then embarked on an integrated response that included treatment, prevention, and reforms in the criminal justice approach to addicted offenders.

With a push from the governor, Vermont’s Agency of Human Services completed its statewide rollout of the Care Alliance for Opioid Addiction, better known as the “Hub and Spoke” system. Hub and Spoke integrated two previously unconnected addiction treatment programs. The agency’s Department of Health was running methadone clinics across the state. The Department of Vermont Health Access, responsible for Medicaid programs, provided funding for buprenorphine prescriptions. Today, the programs and funding streams are combined in Hub and Spoke.

Taking advantage of the Affordable Care Act’s Health Home Provision, Vermont won approval of a State Plan Amendment for 90/10 funding to develop regional “hubs” for assessment, specialty treatment (methadone,



when appropriate), and referrals to other services. The hubs are responsible for coordinating the care of individuals with complex addictions and co-occurring mental health issues. Hubs are variously run by traditional nonprofit substance abuse treatment providers, hospitals, and some for-profit enterprises.

The so-called spokes in the system begin with referrals to medical homes, established under Vermont’s Blueprint for Health, which is designed for coordinated treatment of chronic diseases. Other spoke services include outpatient substance abuse treatment, primary care providers, federally

qualified health care centers, private psychiatrists, other mental health professionals, and job counselors.

The model, so far unique in the nation, is a holistic, integrated approach to the treatment of the underlying causes of an individual’s addiction as well as its symptoms. Vermont’s program was recently recognized by the American Association for the Treatment of Opioid Dependence.

Early results are encouraging. According to Barbara Cimaglio, the state’s deputy commissioner for Alcohol and Drug Abuse Programs,

*See Crisis on page 29*

By Jon Rubin



## Partnerships in Action

### The Bucks County, Pennsylvania, Suicide Prevention Task Force

“**T**he Suicide Task Force will cast a wide net for membership and must include professionals in private and public practice of mental health, clergy, educators, survivors, the Coroner’s office, funeral directors, medical professionals and emergency responders.”

With these words, Commissioner Diane Ellis-Marseglia, the Board of Bucks County Pennsylvania Commissioners, including Commissioner Chairman Rob Loughery and Commissioner Charley Martin, unanimously approved the formal commencement of the Bucks County Suicide Task Force in September 2013, and set a tone of partnership and shared governance for a major county initiative.

The Bucks County Suicide Task Force is unique in that way. Although the project was sponsored by county government, leadership of the task force is a shared public-private partnership at the “Chair” level and through multiple committees focused on community participation.

The task force’s overarching goals are: reducing stigma, increasing the number of individuals seeking support, supporting individuals who have lost loved ones to suicide, and decreasing suicides in the county. These goals guide how the work happens through community involvement in subcommittees focused on:

- **Adult Suicide Prevention:** working to provide face-to-face education in the community regarding suicide prevention.
- **Youth Suicide Prevention:** collaborating with school communities to reduce the incidence of youth suicide.



- **Families:** providing support for survivors of suicide and help raise awareness by taking an active role in suicide prevention and advocacy for legislation that supports the improvement of the mental health system and treatment options.
- **Faith-Based Communities:** connecting faith communities with education and prevention resources focused on mental health to reduce the incidence of suicide.
- **Professionals and Volunteers:** supporting medical, mental health, and addiction professionals and volunteers engaged in direct public contact by assuring that these individuals have the necessary skills and

knowledge in the areas of suicide assessment, intervention, and “post-vention” care.

- **Older Adults:** seeks to provide education and resources to providers and agencies who work with older adults that may experience thoughts of suicide.
- **First Responders:** helping first responders cope with the effects of suicide response, providing education about things they can do or say when working with survivors, and providing them prevention support.
- **Transition Age Youth:** focusing on identifying the best ways to prevent

See Bucks County on page 27





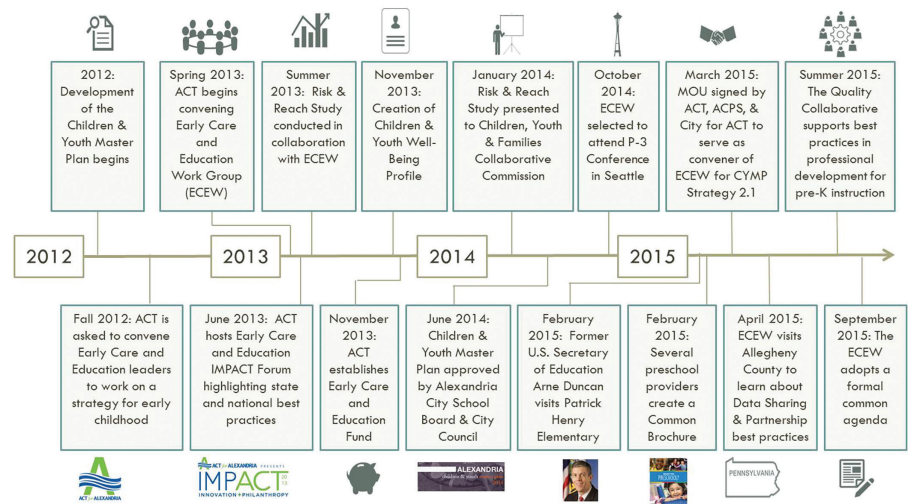
## Striving for Collective Impact Early Care and Education in Alexandria, Virginia

The Alexandria Early Care and Education Work Group (ECEW) is a cross-sector group of stakeholders from the public and private sectors in Alexandria, Virginia, working to improve the system of early care and education through a collective impact approach.<sup>1</sup> The ECEW's work is directly connected to the Children and Youth Master Plan (CYMP), which was approved in June 2014 by the Alexandria City Council and the Alexandria City School Board. The ECEW has been active since the beginnings of the CYMP process and has already seen many successes in the past few years. This includes the milestones in the timeline graphic shown on this page.

The efforts of the ECEW could not be timelier. Today's early care and education system in Alexandria is not fully meeting the needs of our increasingly diverse and growing population as well as it could. While Alexandria's under-five population is rapidly growing and diversifying, many of the various services—educational, health, and socio-emotional—are not fully aligned with one another, and often not fully accessible. As a result, families can find the labyrinth of programs and services difficult to navigate.

The ECEW is working in tandem with the Alexandria City Public Schools (ACPS), the City of Alexandria, the Alexandria Health Department, the Department of Community and Human Services (DCHS), and the private early childhood community to align their goals and strategies. In addition, the ECEW is closely monitoring the statewide

### Timeline for the Alexandria Early Care and Education Work Group



efforts of the Virginia Council on Childhood Success.<sup>2</sup> As a result, there is substantial opportunity to braid together our experiences, funding, and other resources for the children of Alexandria to create a “whole” that is greater than the sum of its parts.

### Vision, Mission, and Guiding Principles

The ECEW VISION mirrors that of Alexandria's Children and Youth Master Plan: All of Alexandria's children and youth succeed today and tomorrow. The specific ECEW MISSION is to ensure that every child in Alexandria has a strong start in life and in school.

In order to realize this mission, the ECEW is building an early care and education system that is:

- **Aligned:** Ensuring there is both variety and alignment entails that programs, agencies, and individuals share information and processes

to enable transparency, a unified voice, smooth transitions, and ease of access.

- **Accessible:** Access for all, especially for the most vulnerable, must be centered on what is optimal for children and families, and encompasses many different dimensions of access (e.g., geographic, cultural, linguistic, and financial).
- **High-quality:** Alexandria's children are entitled to a high-quality, culturally competent learning experience that is in line with local, state, and national guidelines, research, and evidence-based, data-driven practices.
- **Comprehensive:** An early care and education system that spans prenatal through third grade, including educational, health, socio-emotional, family, and community support.

See Alexandria on page 26

## **APHSA Presents Pathways at 2015 Collaborative Outcomes Conference**

The Indiana Association of Resources and Child Advocacy Institute for Excellence invited American Public Human Services Association (APHSA) to present at its Second Collaborative Outcomes Conference. National experts in child welfare and child services discussed efforts in collaboration, improving outcomes, and research evaluations. APHSA presented its *Pathways* and *Value Curve* initiatives. These efforts represent an emerging framework (or “path”) to improve outcomes across human services and facilitate progress beyond achieving program compliance (*regulative state*) toward *collaborative, integrative to generative* where agencies and partners focus on co-creating capacity at a more systemic level to meet the needs of children, youth, and families.

## **NAPCWA Participates in National Stakeholders Meeting on Managed Care and Children’s Behavioral Health**

NAPCWA Staff and Executive Committee Member Joseph Ribsam attended *Innovations in Medicaid Managed Care for Children with Behavioral Health Needs and Their Families/Caregivers*, a University of Maryland, Human Service Collaborative, and Center for Health Care Strategies national forum.

The discussion outlined emerging issues facing Medicaid Managed Care in improving the quality and cost of effectively meeting behavioral health needs. Participants highlighted promising models and approaches to finance, integrate, and improve care coordination for the populations served. Attendees also identified application of predictive modeling approaches, data exchanges across systems, and further examination of effective service delivery within different managed care delivery systems.

The event was sponsored by the Substance Abuse and Mental Health Services Administration and the Annie E. Casey Foundation.

## **APHSA–NAPCWA Cosponsors the Kempe 2015 International Conference on Innovations in Family Engagement**

This year’s conference was the inaugural event focused on family group decision-making, family engagement, and differential response. The conference builds on separate events focused on each of these innovations and sought to illustrate coordinating family meetings and designing differential response systems. Sessions allowed participants to build practice skills and knowledge (with a focus on marginalized populations); developing and sustaining the workforce; family engagement beyond child welfare; and international research and evaluations about family engagement practices and policies and implementing differential response.

## **National Convening Examines Child Welfare and Supportive Housing**

NAPCWA joined the Child Welfare and Supportive Housing Resource Center for its annual meeting on the use of supportive housing for child welfare-involved families. The meeting highlighted the work across five sites implementing the Administration for Children and Families’ *Supportive Housing Demonstration*, integrating social and health services and housing supports to stabilize families and keep children and families together. The partnership model, considered as a child welfare intervention, targets families in need of support as a result of co-occurring housing instability, mental health, or substance abuse.

## **NASCCA Update**

On September 24, the Administration for Children and

Families (ACF) through the Office of Child (OCC) Care released a second notice in the *Federal Register* (80 FR 57620) announcing the release of the fiscal year 2016–2018 Child Care and Development Fund (CCDF) State Plan for States and Territories or “pre-print.” The initial rewrite of the pre-print document responded to the new mandates within the Child Care and Development Block Grant Act of 2014 (P.L. 113-186).

In addition, OCC plans to place a greater emphasis on the information in the plan regarding payment rates and equal access as we continue to be concerned about the impact of low payment rates on equal access in all states and territories. Under the CCDBG Act of 2014, states and territories must set payment rates in accordance with the results of the current Market Rate Survey (MRS) or alternative methodology, which must be conducted between July 1, 2013 and March 1, 2016. When setting payment rates, the law requires you to take into consideration the cost of providing higher quality child care services as well. If you plan to use an alternative methodology, we encourage you to reach out to your regional office as soon as possible. ACF will need to review and approve any alternative methodology. In this second round of public comments, ACF advises states and localities to submit their comments to the Office of Management and Budget (OMB within 30 days of the publication. APHSA and NASCCA will be sending a letter to OMB discussing the need for guidance, regulations, and increased funding for implementing the new CCDF law.

## **NSDTA Presents 2015 Awards**

The 2015 NSDTA annual conference was held in Denver, Colorado, on October 4–7. It was an exciting year as NSDTA saw a significant increase in attendance with more than 31 states

*See Association News on page 29*

## NEICE Project Receives Adoption Across Boundaries Award

The American Public Human Services Association's National Electronic Interstate Compact Enterprise (NEICE) project has been recognized by Voice for Adoption (VFA) as the winner of the Adoptions Across Boundaries Award. The annual award honors a state, organization, or dedicated individual that has made diligent efforts in overcoming geographic barriers and has a proven track record of best practices in placing children across state or county lines.

Anita Light, director of the National Collaborative for Integration on Health and Human Services, and Carla Fults, division director of Interstate Affairs, were honored for their work on the NEICE Project, a web-based electronic case-processing system that supports the administration of the Interstate Compact on the Placement of Children (ICPC) by exchanging data and documents across state jurisdictions. The Children's Bureau is funding the project for three years to bring all 52 jurisdictions onboard to process ICPC cases.

"This is such a wonderful honor and we are so pleased to represent our members by receiving it today," Light said. "This project will be a game changer for how the ICPC operates across this nation and it is exciting to think about the impact this technology solution will have on permanency outcomes for children."

According to VFA, the current, antiquated ICPC administrative process keeps children in limbo for far too long while caseworkers make copies of case files and mail them to the potential receiving state. The new electronic case processing system that exchanges data and pertinent documents across state jurisdictions is far more efficient and beneficial for



(From left) Nicole Dobbins, Executive Director at Voice for Adoption, with award recipients Anita Light and Carla Fults.

children and families involved in interstate placements. NEICE is shortening the time children spend waiting for permanent families, it is also saving caseworkers precious time and it is saving states money.

"We are so honored to receive this recognition on behalf of the AAICPC and APHSA," Fults said. "Development of the NEICE is one of those tangible accomplishments that we all can celebrate because we can see the evidence of how this electronic system will impact children's lives, shorten timelines for interstate placements and improve permanency outcomes—a major coup for interjurisdictional placements and child welfare." 📌

### CONNECTING continued from page 14

program, allowing each youth to get the type and amount of services he or she needs.

**Berea Partners in Education** (Berea, Kentucky). Berea Partners in Education wants to ensure that disconnected youth in their rural promise zone receive the comprehensive supports they need to build academic skills, lift aspirations, and connect to career pathways. With the goal of providing a comprehensive suite of services, the team proposed a Performance Partnership to move toward shared eligibility and performance standards, and monitoring across multiple federal funding streams.

These, and other Performance Partnership pilot sites, commit to achieving significant improvements for disconnected youth in educational, employment, and other key outcomes in exchange for new flexibility. Data, especially

when shared across agencies and providers, can reveal whether those key outcomes are being achieved.

### Share More, Do More

The promise of data sharing doesn't stop with the youth population. This concept could be applied to other public services to reshape service delivery for a variety of segments. The actual data will ultimately prove that agencies equipped with complete information can deliver better outcomes with the funding they are given. 📌

### Reference Note

1. Individuals between the ages of 14 and 24 (who are low income and either homeless, in foster care, involved in the juvenile justice system, unemployed, or not enrolled in or at risk of dropping out of an educational institution) achieve success in meeting educational, employment, or other key goals.

■ **Equitable:** Every child and family deserves high-quality services that eliminate disparities in life opportunities and allow all of Alexandria’s children to succeed today and tomorrow.

The work of the ECEW is guided by a set of principles that underpins the way we work together collectively:

- Children and families are at the heart of everything we do
- This is a community-wide effort
- Everyone values and respects the other’s contributions
- Commitment to results is crucial

**Strategic Framework**

Achieving the ambitious mission of the ECEW will require active coordination among the many parts of Alexandria’s early care and education system, and more specifically, investing in targeted projects that collectively enable the system to better serve our children and families.

Projects will be organized according to the elements in the framework shown to the right. While the elements all have a specific purpose and scope, they also complement and build on the other’s work (see Chart 1).

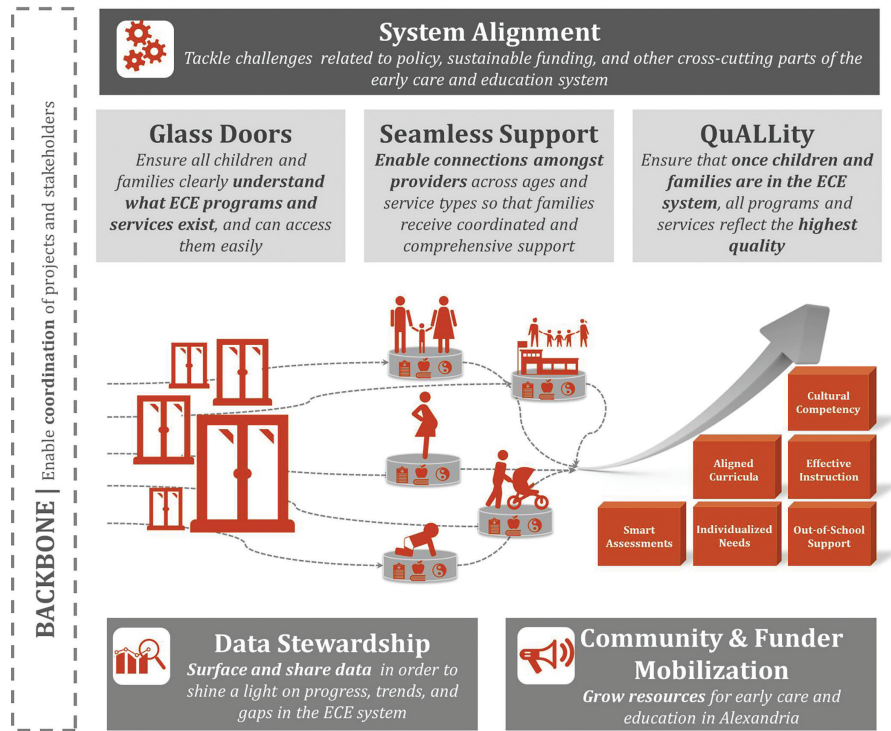
**Measuring Our Progress**

There are three main types of outcomes that the ECEW will track in order to measure progress and impact. One of the key ingredients will be working together differently, with better coordination among all actors across Alexandria’s ECE system. This will help to foster a better early care and education system for families, providers, and the community. These foundational steps will lead to the ultimate outcomes the ECEW seeks: better outcomes for children in Alexandria across several dimensions of well-being (health, academic, and socio-emotional).

The visual in Chart 2 highlights some of the main outcomes that the ECEW will use to measure progress against over time in each of these three areas.

The ECEW is also in process of finalizing a detailed learning and

**Chart 1: ECEW Strategic Framework**



**Chart 2: ECEW Main Outcomes**



evaluation plan that will ensure effective processes and procedures are in place to measure progress on an ongoing basis. The benefits of this collective impact approach will be demonstrated in the long-term and real gains have already been felt through increased collaboration, communication, and commitment to reaching our goal: Every child in Alexandria has a strong start in life and in school.

*The Alexandria Early Care and Education Work Group (ECEW) is a cross-sector group of stakeholders from the public and private sectors in Alexandria, Virginia.*

**Reference Notes**

1. See <http://www.fsg.org/approach-areas/collective-impact>
2. See [http://www.lt.gov.virginia.gov/init\\_childhoodsuccess.htm](http://www.lt.gov.virginia.gov/init_childhoodsuccess.htm)

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## BUCKS COUNTY continued from page 22

suicide among young adults in their late teens and early twenties.

Task Force accomplishments have come through the work of the sub-committee partnerships that allow professionals and community members to unite around areas of expertise and passion.

The Task Force also supports larger projects, including an annual prevention conference sponsored by one of our largest providers, Lenape Valley Foundation. Additionally, Lenape Valley Foundation was selected as one of 20 organizations nationwide to be a part of this year's learning community on Zero Suicide and is lead agency for an annual fall Candlelight Vigil. Presently, the county is planning for an awareness walk scheduled for June 2016. The walk is a direct result of collaboration among Bucks County Commissioners and local school districts.


The Task Force partnership also has more tangible accomplishments in the short time it has been in existence, such as, creating a brochure and "business"

cards that are distributed specifically to first responders in postvention efforts. This card will be used to contact the county to send a basket of resources to the family after a suicide. In addition, the professional-volunteer group developed a letter and resources to provide physicians' offices to support their efforts in every part of the county.

As part of our overall strategy to eliminate suicide in Bucks County, Mental Health First Aid training for our First Responders and Mental Health First Aid has been offered throughout the county. The Task Force is also exploring, with the First Responder subcommittee, the development of a hotline specifically designated for those who respond to emergency situations to help deal with secondary trauma and real-life concerns and experiences of police, fire, EMS, and other emergency service teams.

A significant accomplishment of the Task Force has been posting National Suicide Prevention Lifeline signs at train stations system wide. The signs offer a 24-hour-a-day, 365-day-a-year

helpline number, 1-800-273-TALK. The local hotline is supported by another of the county's community partners in suicide prevention, the Family Services Association. This number has also been posted on all Bucks County Transport vehicles that provide transportation services throughout the county.

While many agencies are doing good work in this area, in Bucks County it is our strong belief that we will only achieve our Task Force mission "through advocacy, education, prevention, intervention, and postvention we will work to eliminate suicide" if we first focus on the "WE." This Task Force is a community-wide partnership of county government, private providers and professionals, and caring members of our Bucks County community. Together we will continue to move forward until we achieve that mission. 

**Jon Rubin** is the director of Human Services in Bucks County, Pennsylvania.

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## MEDIA continued from page 20


obligation of ethical journalism is to serve the public; and, 4) Ethical journalism means taking responsibility for one's work and explaining one's decisions to the public."<sup>2</sup>

Reporting about child fatalities has built-in limitations. Some essential information may not be readily available. In addition, against a backdrop of confidentiality laws, only selected facts may be presented to reporters by the sources themselves, thereby compromising any hope of verification. California attorney Evelyn Cox notes that "determining whether a child welfare agency is at fault or not when there is a child fatality is not the work of the media, it is the work of the court. It is a properly informed public that makes our democracy work. Of course we don't want to see child care workers spend time away from protecting children because they are involved in a "media

circus" but it seems to me that child welfare agencies have legal counsel and should be able to handle the scrutiny. If there is a bias on behalf of a specific reporter or the media in general, it will reveal itself soon enough."

Maryland attorney Harvey Schweitzer has another viewpoint: "Having represented social workers and child serving agencies for many years I am dismayed at how readily the media concludes that it is the agency and the worker who must be to blame when a child in care dies. There have been times when, because I was familiar with the facts of a particular tragic situation, I was interviewed by a journalist whose approach left little doubt in my mind that the agency and the worker were the targets of what passes for 'investigative reporting.' It is sad that too frequently reporters are unwilling to sift through complex factual circumstances to

uncover the chain of events that led to a child's death, but instead engage in 'gotcha' reporting."

Attorneys are acutely aware of the impact pretrial publicity can have on juries. Without a fair press we risk inadvertently prejudicing the justice system later on. The guilty may go free, and the innocent may suffer undeserving penalties or miss their opportunity for compensation. Undoubtedly, more thought and rigorous research needs to be done. 

**Daniel Pollack** is a professor at Yeshiva University's School of Social Work in New York City. He can be reached at [dpollack@yu.edu](mailto:dpollack@yu.edu).

### Reference Notes

1. <http://www.spj.org/ethicscode.asp>
2. See the SJP Code of Ethics at <http://www.spj.org/ethicscode.asp>



**Name:** Neil E. Bomberg

**Title:** Director, Policy and Government Affairs

**Time at APHSA:** Joined APHSA in July.

**Life Before APHSA:** Prior to APHSA I was a lobbyist at the National League of Cities (NLC) for 8.5 years. My portfolio at NLC included education, workforce, health care, pensions, and social services. I was the policy director at GLSEN—the Gay, Lesbian and Straight Education Network—for 3.5 years. I promoted safe school policies for lesbian, gay, bisexual, and transgender youth. I also worked for the National Association of Counties for 18.5 years where I was associate legislative director for labor and employment. I graduated from Rutgers University with a Master of City and Regional Planning, and from The George Washington University with a Bachelor of Arts in Philosophy.

**Priorities at APHSA:** First, to maintain APHSA's position with Congress and the Administration as the go-to national organization on human service issues. Second, to be a resource for state human service leaders on a wide range of topics, including Congress and the Administration and legislation and regulations. Third, to have fun doing what I do.

**What I Can Do for Our Members:** I want to be your eyes and ears in Washington on all things legislative and regulatory; to help you better understand the whys and wherefores of Congress and the Administration; to let Congress and the Administration know how you are transforming the nation's human service system; and to provide you with the tools to be successful human service advocates.

**Best Way to Reach Me:** The best way to reach me is by email ([nbomberg@aphsa.org](mailto:nbomberg@aphsa.org)) or text (202-255-2704). I hate talking on the phone!

**When Not Working:** You can find me listening to music, reading, at the gym, or at a movie. My favorite musicians are Joan Baez and Patti Smith; my favorite author is Thomas Pynchon; my gym is Vida Fitness at 15th and P Streets, NW; and my favorite recent film is *Melancholia* by Lars von Trier. When I am not doing those things you might find me playing with my granddaughter.

**Motto to Live By:** I have two. The first is Kant's "Act only according to that maxim by which you can at the same time will that it should become a universal law." The second is from John Lennon's song, *Beautiful Boy*, "Life is what happens to you while you're busy making other plans." 📖

## BRIGHTER FUTURES continued from page 6

child support payment in the state of California. And, when you are unemployed, it's almost impossible to stay current. That's Leo's situation. A proud dad of three, Leo's oldest son's handprint is tattooed on his forearm, evidence of his love for his children. But Leo wasn't always so sure of his worth.

"I came in not knowing, am I a good person or a bad person," Leo said. For these [mostly] young adults with no previous concept of—or access to—objective emotional support, BBF was an eye-opener. Leo really responded to the self-awareness exercises. "I was surprised at how caring I am, I have this heart," he said. He left the class with a plan to do better by his children.

Tested in a pilot funded by the Office of Family Assistance since 2013, BBF's two expert instructors, Maria Ricarte and Van Ray Murphy, and host/

recruiter José Valencia build strong rapport with participants.

Educator Maria Ricarte's thought-provoking Q&A and solid facts covering parenting, relationship realities, domestic violence, and societal labels stir engaged discussions. Maria's focus is clear: "This is a preventative curriculum. You have to be willing to put your own personal life and blunders out there."

Host and recruiter José Valencia came to the classes initially as a dad with intense child support and relationship issues.

"I was dying inside," he said.

Completing BBF, Jose became the paradigm for the program's potential. "I'm going to change everything!" As the BBF recruiter, José has a table right in the Child Support offices. He shines in that role, guiding distressed

parents to learn the skills needed to become better parents and partners. The department's Vera Ashley-Potter concurs. "José is the epitome of the desired BBF outcome."

*Building Brighter Futures* works. Pain, frustration, and confusion give way to clarity, understanding, and enthusiasm to apply BBF tools in real life. Program participants experience improved parenting confidence, enhanced communication skills, and greater relationship competency to help them take their blindfolds off and navigate the challenging roadways of the parenting journey. 📖

**Judi Jordan** is a freelance writer.

**Kay Reed** is the executive director of the Dibble Institute.

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## CRISIS continued from page 21

Vermont has seen a “dramatic increase” in access to treatment.

“The commitment to support access is clear and demonstrable,” Cimaglio said.

The number of individuals receiving treatment has doubled since 2012. While it is still too early to quantify savings, Cimaglio points to reductions in emergency room visits and lower Medicaid costs for those served, as well as improved quality of care.

Vermont’s General Assembly also responded to the governor’s challenge. Legislation passed in 2014 established and funded pretrial services for those charged with a crime related to their drug addiction. Building on a rapid referral program initiated by TJ Donovan, the state’s attorney in Chittenden County, Vermont’s most populous jurisdiction, the legislation provides assessment tools for prosecutors and judges to screen and assess suspects prior to their formal arraignment. Referrals are to the hub and spoke system, with monitoring for compliance. Close coordination between the criminal justice system and service providers makes the rapid referral program successful in keeping many of those charged with nonviolent crimes out of the criminal justice system. Donovan is encouraged by what he has seen so far.

An essential element of Vermont’s plan is community partnerships.

Perhaps the best example is Rutland, a small city in southwestern Vermont. Long resistant to addressing heroin addiction in their community, a “perfect storm” hit Rutland that was inspired by the leadership of the mayor, the chief of police, and the CEO of the local hospital, in response to drug-related deaths. Rutland accepted a hub, run by the hospital, and initiated Project Vision, which brought together police, businesses, service providers, churches, and many others to combat a growing drug problem. Accepting broad-based community responsibility, Rutland has developed neighborhood responses, which led to a decline in property crimes and an increase in the number of individuals in active treatment for their addictions.

Using Rutland as the model, and Department of Health prevention grants, Shumlin promoted community meetings in 2014, encouraging Vermonters to come together to build support for local prevention and treatment programs.


Many challenges remain. Bob Bick, CEO of the Howard Center, a nonprofit mental health provider and home of a hub, sees great progress in his area with dramatic increases in the number of individuals served, but he also sees persistent waiting lists for those seeking treatment.

“It took many years for the problem to build, and it will be tough to completely eliminate,” Bick notes.

He points to the ever-increasing number of addicts and the limited number of treatment professionals. A positive, in his view, is that physicians are more attuned to the dangers of prescription pain medications. While more than half of his patients coming in for treatment a few years ago started on the road to addiction with legitimate prescriptions, that number has been greatly reduced. He strongly supports the hub and spoke model of treatment, in that it recognizes the “complexity of the individual.”

Donovan praises Shumlin’s leadership for Vermont’s new direction.

“He was able, by virtue of giving one speech, to change the debate about how we view drug addiction,” Donovan said.

Through partnerships and integration among government agencies, communities, providers, the medical community, prosecutors, police, schools, hospitals, and many others, Vermont is making steady progress in fighting the public health scourge of opiate abuse. 

**Doug Racine** is the former secretary of the Vermont Department of Human Services, a former state senator, and was the 77th lieutenant governor of Vermont.

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## ASSOCIATION NEWS continued from page 24

representing training and workforce development in public human services.

Each year NSDTA takes pride in accepting nominations and giving acknowledgment to outstanding individuals or groups of individuals who have been involved in training for public health and human services and represent distinction in their respective fields.

This year’s awards were presented in person at the conference. Sheila Blanton, who is the Professional Excellence Program Director at

Georgia State University, was presented with the *Distinguished Service in Training Award* for her many contributions and efforts to improve training programs in Georgia. The second award for *Quality Training Program* was presented to the Maine Direct Service Worker Training Program (MDSWTP). The MDSWTP exemplifies an innovative approach to training unlicensed direct service workers across programs and populations.

In addition, each year the NSDTA president acknowledges the dedication

and commitment of board members who have made significant contributions to NSDTA. Three board members received the *President’s Service Award* for their dedicated efforts: Dale Curry, professor and frequently published author from Kent State University; Freda Bernotavicz, senior researcher and educator at the Institute for Public Sector Innovation at the Muskie School of Public Services, University of Southern Maine; and Paul Needham, lifetime APS trainer for the state of Oklahoma. 

commitment. The bonded parent is the one who wants to raise the child indefinitely, through good times and bad, through joy and heartbreak. A daily journal kept regularly by foster-to-adopt parents can offer compelling documentation of this ongoing interaction and commitment. Such a detailed history of the time parents and child have lived together provides a practical measure of how connected they are. The child's willingness to respond to and accept that promise should also be considered. Depending on the child's age, the commitment may be expressed verbally or implied from the child's behavior. Stokes and Strothman<sup>5</sup> focus on this mutual interplay in presenting their structured dyadic interview to assess the strength of the parent-child relationship. Arredondo and Edwards<sup>6</sup> posit a "reciprocal connectedness," which they describe as a mutual interrelatedness characterized by reciprocity and developmental sensitivity.

**4. Family Identification.** The wisdom of the larger community attests to whether the child is perceived as a family member. The community knows who belongs to whom. To demonstrate bonding using the "family identification" criteria, the evaluator may wish to include statements from the extended family, teachers, friends, and neighbors. As Pollack<sup>7</sup> notes: "When a child is placed in a foster home it is the responsibility of the placing agency to evaluate the prospective home by considering its environmental, physical, emotional, medical, and educational benefits and hazards. Finding a compatible foster home is not just a question of finding the right foster parents. If there are other children in the home they are also crucial to the selection process."

### **Bonding Is Biological**

How the brain develops hinges on a complex interplay between the genes we are born with and the experiences we have. Evidence has emerged suggesting that the ongoing physical structure of the brain is not simply

genetically determined, but depends on activity, experience, attachment, and stimulation. Some synaptic connections, those that are formed early in life and strengthened by day-to-day contact over a period of 3 to 12 months, are relatively permanent. By age three, an infant's brain will have progressed dramatically, producing hundreds of trillions of connections in the synapses between neurons. Eliot<sup>8</sup> comments on the results of multiple experiments in human development in the first five years: "A young child's environment directly and permanently influences the structure and eventual function of his or her brain ... ."

Circuitry reflecting these experiences can now be observed. Brain scans of pre-school children have provided physical evidence of a fast-growing network of neuronal connections.<sup>9</sup>

### **Courts Recognize Bonding in Deciding Child Placement**

Seemingly, courts have traditionally favored genetics over emotional and psychological bonds, perhaps due in part to a lack of knowledge about child development and an overly attentive ear to the birth parents. Non-biological parents who have already cared for the child for an extended time period may have trouble being heard in court. As a result of increased knowledge of child psychology and changing policies about who has legal standing in child placement matters, some courts have begun to shift that stance. In addition, some courts have developed a vocabulary of their own in defining bonding. The following are a few key phrases and concepts from appellate court decisions that may be helpful in determining a child's best interests:

- Compelling state interest in the prevention of emotional harm to a child justifies interference with parent's due process rights. In the Interest of E.L.M.C., P.3d 546 (Colo. App. 2004).

- "[E]xamples of extraordinary circumstances ... include ... disruption of custody ... attachment of child to the custodian ... biological parent's abdication of parental rights ... and child's poor relationship with the biological parent." *Matter of Banks v. Banks*, 285 A.D.2d 686, 687 (N.Y. App. Div. 2001).
- "[A] non-parent who has a significant connection with the child has standing to assert a claim for custody." *Buness v. Gillen*, 781 P.2d 985, 986 (Alaska 1989).
- "[A] psychological parent is one who, on a continuing, day-to-day basis, through interaction, companionship, interplay, and mutuality, fulfills the child's psychological needs for a parent ... ." In re Clifford K., 217 W. Va. 625, 643 (W. Va. 2005).
- "the bond between the foster family and the child is a critical factor." In re Interest of J.A., 42 P. 3d 215 (Kansas, 2002).
- Some other terms that appear repeatedly in appellate court decisions favoring bonding include "continuity of care," "risks of transition," "a father in the terms that matter most," and "significant emotional bond." Kenny and Kenny provide more detail on the language that appellate courts have used to define bonding.

### **Misconceptions About Bonding**

Imprecise use of the word "bonding" has led to several misconceptions.

**Misconception One:** "Good bonders" can learn to bond easily and repeatedly. Some professionals have mistakenly believed that multiple placements teach children how to bond easily. Tragically, this is not true. Learning good manners and how to get along pleasantly and superficially is surely a skill, but it is very different from bonding. Good manners do not indicate bonding. They are superficial, a veneer to get along, a survival skill that some foster children have mastered out of necessity.



**Misconception Two:** Bonding can develop through regular visitation. People may become acquainted in that way but bonding does not occur with intermittent contact. Bonding can occur when people come together, day after day, in elemental ways and meet one another's basic needs for food, shelter, play, friendship, and love.

**Misconception Three:** Bonding therapy can remedy any problems stemming from the loss of a significant attachment. This opinion is overly optimistic. A child's early loss of a bonded caregiver colors future relationships with suspicion. This attitude may be pre-verbal and deeply embedded. Love and the best of therapies are frequently blocked by the hurt child's innate distrust, fear, and disbelief.

**Misconception Four:** Kinship is a blood tie and must come first, no matter when or with whom. The words "relative" and "related" obviously have the same root. Blood is one way people are related, but bonding is another. The critical questions are: Which relationships are most important for this child? To whom is the child most closely related overall? By presuming that genes come before bonding, this misconception negates the child's significant attachment in favor of a relative who may emerge after other vital connections have already been formed.


Sibling connections may be a lifeline, but some research has found that, in certain cases, sibling separation can actually lessen conflict and sibling rivalry.<sup>10</sup> Other situations where sibling "separation should be considered include instances of violent behavior, which may include emotional, physical, or sexual abuse, occurring within the sibling set."<sup>11</sup>

## Conclusion

An objective and evidentiary definition of bonding is critical. Bonding is more than an intense emotional feeling. The term "bonding" is best used to describe the tipping point, that line in a relationship when the attachment has reached a level where its disruption may precipitate significant harm, either immediate or delayed. Extensive research has

**When a child is placed in a foster home it is the responsibility of the placing agency to evaluate the prospective home by considering its environmental, physical, emotional, medical, and educational benefits and hazards. Finding a compatible foster home is not just a question of finding the right foster parents. If there are other children in the home they are also crucial to the selection process.**

shown a high correlation between interrupted bonds and the possibility that the child will experience problems with mental health, criminal activity, homelessness, poverty, and other serious life issues.

The importance of bonding is defined and supported by socio-psychological research and by many court decisions. In addition, brain scans have recently provided clear evidence that brain structure is not simply genetically determined. As a result of brain research, relationships can no longer be referred to as merely psychological. Bonding designates a significant relationship, more important than mere attachment. Kinship is easy to identify and is frequently given precedence. Bonding needs to be given equal weight and defined objectively in ways that can be presented in child welfare and legal settings. 

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**James Kenny** is a retired psychologist with more than 50 years of clinical experience. He has PhD degrees in both psychology and anthropology and an MSW. Kenny is a biological, foster, and adoptive parent. Contact: [jimkenny12@hotmail.com](mailto:jimkenny12@hotmail.com)

**Daniel Pollack**, MSSA (MSW), JD is a professor at the School of Social Work, Yeshiva University, New York City. Contact: [dpollack@yu.edu](mailto:dpollack@yu.edu); (212) 960-0836.



## In Our Do'ers Profile, we highlight some of the hardworking and talented individuals in public human services. This issue features Steve Corsi, Director of the Wyoming Department of Family Services.

**Name:** Steve Corsi, PsyD

**Title:** Director, Wyoming Department of Family Services

**Term of Service:** Four years, seven months in state government human services

**Rewards of the Job:** I get to work with some of the most dedicated, passionate people I have ever met.

**Accomplishments Most Proud Of:** As a parent—two beautiful, hardworking, fun loving children. As a professional—bringing a community-centered approach to child protection and temporary support systems in Wyoming while focusing on long-term family success.

**Future Challenges for the Delivery of Public Services:** I see a significant challenge in simplifying the complexity of federal rules and requirements. Modernizing outdated eligibility and payment systems is another monumental challenge, and so is keeping welfare services responsive to changing demographics with more limited resources.

**Little Known Facts About Me:** Our family raises grass-fed cattle for family and friends, I love horses, and my faith is central to all I do.

**Outside Interests:** Boot camp training, running, skiing, hunting, and reading. 📖

### DIRECTOR'S MEMO continued from page 3

approaches designed to break the cycle of generational poverty.

Behavioral scientists and economists are also contributing to better outcomes in health and human services by testing small changes in existing program design and delivery. Using behavioral insights and technology, these experts are helping the sector improve overall well-being by designing better ways to engage and connect people with preventive services and supports. Whether a program works well depends in great part on how people respond to it.

Through the White House's Social and Behavioral Science team, the Administration has been applying behavioral tools to streamline access and improve government efficiency within federal agencies. Fourteen projects were launched in 2014 across several departments; 12 of these interventions are having a positive impact.<sup>1</sup>

These behavioral insights, coupled with rapid-cycle evaluations, are allowing agencies to test and tweak more rapidly, with rigor, without legislation, at a low cost, and on a small group, rather than apply a new untested program to a large population (or an entire nation as might be done through changes in federal law). Even small changes in program design or delivery, such as how a notice is drafted or a form is delivered to a person, can make a significant difference on the program's impact and overall effectiveness.

There is a growing interest in applying behavioral insights within human service agencies at the state and local levels. Social science behavior tools hold real promise for achieving greater impacts and reducing costs within existing structures and systems.

These are just some of the ways science is impacting major shifts

in our design and implementation of health and human services and systems. At AHPHA, we continue to actively pursue a greater understanding of what scientists are learning and how it can help leaders across the country deliver on their missions. Stay tuned in 2016 for issue briefs, tools, and presentations designed to share how science is helping all of us partner for impact. 📖

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