

Julie Fliss:

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Hello, good morning. Good morning. It's my pleasure to welcome all of you who are here in the room with us, as well as those who are joining us via live stream.

My name is Julie Fliss, and I'm going to be the moderator today for this morning's master session on community-based ... I knew I was going to mess that one up. It's the easiest part, is the name of the session, right? I'm prioritizing community-based family support.

In order to truly be effective, strategies and initiatives that support families and mitigate risks for prevention must be occurring at the community level. That's why this is such a priority of the administration for children and families, and the children's bureau.

As part of the Office on Child Abuse and Neglect, I am a federal project officer for the Community-Based Child Abuse Prevention programs, or CBCAP. I see some friends in the audience here from CBCAPP. That's great.

CBCAP is authorized through the Child Abuse Prevention and Treatment Act and currently is the only federal funding that prioritizes primary prevention. In fiscal year 2018, approximately \$39.7 million were allocated for CBCAP, which occurs in every state, the District of Columbia, and Puerto Rico. Because this is such a small resource, it requires states to work creatively with communities to leverage existing resources, such as parent leaders, and community leaders, youth leaders, to really look at what are the most effective ways to build the capacity of parents to implement safe, stable, and nurturing environments for their children?

Overall, communities are the best position to be able to identify the unique needs of their residents, and what are the most effective ways to address their needs? Because of their unique knowledge and commitment to the needs of their families, understanding of cultural norms and expectations, and other informal and formal support systems that can be mobilized to enhance family and child well-being.

During today's session, you will have the benefit of hearing from champions, who not only are doing this work, but have been doing it for years and are doing it successfully.

On our panel, it includes Sasha Rasco, who is the associate commissioner for Prevention and Early Intervention at the Texas

Department of Family and Protective Services. Since 2013, Sasha has led the growth of prevention and early intervention, which grants over \$100 million to community-based organizations serving children, youth and families. Sasha will help ground us today in how to support and coordinate family support efforts across systems and communities.

You'll also have the benefit of hearing from Katie Albright, who is the chief executive officer for Safe and Sound, which was recently featured in one of the Administration for Children and Families information memorandum on how to reshape the child welfare system, to better strengthen families by collaborating with key stakeholders, such as community based organizations and community members with lived experiences.

Based in San Francisco, Safe and Sound supports the most vulnerable families to provide support to them through innovative data-informed services and programs that build resilience, stability, and concrete supports for families, and work to disrupt cycles of poverty, trauma and abuse. Katie will be bringing the perspective as someone who has been leading an effective community-based program for over a decade.

We also have with us Marcus Jordan. He's a youth advisory committee coordinator at Good Samaritan Community Service Center in San Antonio. Marcus' key goal is to continuously empower youth to give them a voice and to remind them that they have the power to change the world. Marcus will be bringing us the perspective of how to value and the benefit of empowering youth and bringing their voice to family support efforts.

Finally, it gives me the greatest pleasure to introduce to you Benjamin Soriano, who is one of the youth leaders that Marcus has worked with. Ben is a senior at Lanier High School and will also be attending the University of Texas in San Antonio this upcoming fall semester. Ben works as an advocate for his community and he hopes to empower others to bring change to the west side of San Antonio. Ben will be kicking off our panel discussion this morning.

Ben Soriano:

[00:05:20](#)

Hello, I'm Ben. Like what she said, I'm from the Lanier High School from the west side of San Antonio, Texas. It's an okay side of town I guess. It's not the best, but the fact that ... Okay, I don't even know how to start.

I grew up, when I first moved into the west side when I was around seven years old, and I went to Good Sam for the first

year I was there. It was fun but it wasn't really me at the time. I was still shy, kid didn't really want to talk to no one. Then I stopped going, got to middle school, started going there again.

I noticed in my community how the people were, I guess, because my dad was friends with everyone and it's a little weird. I didn't know why he was friends with everyone, it's because I found out he grew up in that community. Well, he just did his own thing, I guess.

My dad didn't finish high school and I guess he chose ... Don't get him wrong, he was a very good person. He was a very good dad. He taught me a lot of things. Well, he got addicted to drugs and it really impacted me and my family because it sucks to have a father who would rather choose that over his kids and his partner. The fact that not having them there for a while, it hurt me and it hurt my sisters, and I'm pretty sure hurt my mom, too.

I guess the fact that not having him there made me not want to do certain things. At the time in middle school I just was like, nah, I don't really care about school, but I still had to get good grades because my mom would be like, you better get good grades.

I guess that's when the time around I started going to Good Sam again. I met Marcus and he was a big influence in my life. He did a lot for me. He became my father figure that I didn't have. He did it out of his own kindness, not because, oh it's my job. No, he did it because he's like, hey, this kid's a good kid, and I'm surprised he saw me as a good kid because I was a little rude to a lot of people. I would just have that face like if I look at you and like, oh you don't like me. It's a little weird.

He just really showed me things. He made my talent grow from what they were. Good Sam, well, Marcus in Good Sam, [inaudible 00:07:58] Youth Advisory Committee really helped me benefit of my talents.

I love art. I love basketball. I love music. Marcus said, "Oh, you like basketball? All right, we'll practice," and he made me a good basketball player. I started playing JV when I was in eighth grade. It was cool for me.

For art, he got me into all these art programs in my neighborhood that I didn't even know about. He got my art out

there. We got to make t-shirts, the YAC shirts. It's just, he made me grow from the person that I didn't think I would become.

I was a very down, shy kind of mean kid and he made me, he's like, "No, you've got to talk to people. You got to show people that, if you want a voice, you can't just stay quiet. You'll have no voice." He just really put me out there and it made me grow as a person, in my own opinion, and he helped me a lot, like a lot, because I was something else, a little bit. Him and my mom really told me education's everything. The fact that you need school to do something. My mom tells me all the time, a high school diploma, it's a good, good thing to have, but it's a necessity in this world. You can really be proud of yourself when you graduated from college. Just the way my mom was, she was like, "You get straight A's, nothing else, straight A's." My mom was like, "Don't do that because that's not the good thing." She really did something. The fact that she's a single mother and she raised me and my two sisters, and my older sister graduated from UT Austin. My middle sister's about to graduate from UTSA, and now the fact that I'm going to college, too, I'm really happy to see that my mom did that all by herself.

The fact that, my dad, it's not ... Okay. I don't know how to say it. I don't want to sound rude or anything. I always used to tell my mom, "How can you raise me? You didn't do the same thing as dad did with me." My mom has her own things, and I have the things I like. My mom did things with my sisters, but it wasn't really things I like to do. You get what I'm saying? Yeah?

I didn't know how, but then that's when I met Marcus and Marcus was like, "Oh, you like that? Let's do that together" And he really helped me and it took a lot of weight off my mom, I guess, for me to become a person that I wanted to do. Like I said, basketball, music, art. He opened doors up for me I didn't think that would be open. So, yeah.

Katie Albright:

[00:10:55](#)

I think we just heard from the next leader in our world. Thank you so much, Ben, for sharing your story. It's an honor for me to share the stage with Ben and Marcus, Julian, Sasha. I'm Katie Albright. I'm the CEO of Safe and Sound. We're a community-based organization in San Francisco. We're really a children's advocacy organization working around our region to strengthen families and child abuse.

Safe and Sound was founded about 45 years ago. I've been there for about 10, through an amazing pediatrician in our community who saw what was going on with children in our community and said, "How, as a community, can we come

together and protect kids?" Since then, we've had a singular goal of ensuring that we're keeping kids safe.

Indeed, we believe that every child should grow up safe, protected, and loved. We strengthen families by directly serving families in our community, parents, caregivers, children in San Francisco through our Family Resource Center, which I'll spend more time talking about. We also build community by educating, collaborating, and advocating with a network of family-strengthening organizations and our government partners in San Francisco, throughout the region and in California.

I, myself, have been doing children's advocacy work for 25 years. I've worked as an attorney for the city and county of San Francisco, as well as our public schools. I've worked in nonprofits. I started my career right here in D.C Working in our D.C. Courts for the council of child abuse and neglect.

My first client was a 26-year-old grandmother, and I'll let you do the math. My second client was a 15-year-old girl who was seeking permission from the court because she wanted to get an abortion. Her mother's boyfriend had raped her. From these two cases, I quickly learned that the courts can do a huge part of the work, and our child welfare system can do a huge part of the work, but really, in order to support families, it takes community. I say this with the deepest respect.

My sister is a judge in Montgomery County, Maryland, and was here earlier this week, and I know deeply values the work that we're all doing and deeply values the work of communities. Let me talk a little bit about the child welfare system in which we all work. It started with this little girl about 150 years ago. It was 1874 in New York. The name of this little girl was Mary Ellen Wilson. It's my guess that many in this room know of Mary Ellen Wilson's story. As you may recall, Mary Ellen's father died when she was just a baby, and her biological mom was not able to care for her, so she lived with an adoptive mom. Her adoptive mom, as you may recall, abused and neglected her severely until a neighbor saw what was going on, as well as a home-visiting nurse. They reported it to the ASPCA.

It was an organization set up as it is now to protect animals, because at that time there were no organizations, no laws, no systems to protect children, only animals. The ASPCA brought the case to court, and the judge removed Mary Ellen to ensure that she'd be protected in her life based on the general laws of

humanity. This then became the first child abuse case in our country that was reported.

Over the past 150 years, we built a child welfare system with mandated reporter laws, crisis hotlines, trained first responders, and a foster care system that comes to protect kids from further abuse. While my guess is, and we could raise our hands if we knew that story, my guess is that many may not know the story of her parents, Frances and Thomas Wilson. I think it's really instructive here.

They lived in Hell's Kitchen in New York City and by all accounts I've read, they were loving parents, but their life circumstances prevented them from caring for their daughter.

Thomas was a soldier in the Civil War and he died fighting for our country. Frances, who is now a widower, had to take a job and could no longer care for Mary Ellen in the home. Frances boarded Mary Ellen, which was a common practice at the time, but when her financial situation worsened, she wasn't able to make visitations and she wasn't able to pay for the boarding house. So, the boarding house put Mary Ellen up for adoption. It was that adoptive mom that we know about who abused her.

While you may be thinking this is a very interesting history, why am I sharing it with you? My hope is that you'll consider, as you hear today's discussion, what it would have been like had we focused on Mary Ellen's parents, Frances and Thomas, at a time when they so desperately needed our help?

I think that we can see a glimmer of what might've happened if we looked at primary prevention programs that are happening throughout our country in every community. You may know of these as Family Resource Centers, Family Support Centers, Family Strengthening Centers, Family Centers of Excellency. In California, we call them Family Resource Centers. I have to say, whatever their name, we all have one common thing and purpose. We believe in preventing abuse and neglect before it happens.

Now, let me share a little bit more about San Francisco, specifically. Over the past 15 years, our community has substantially invested in Family Resource Centers and primary prevention. We have 26 Family Resource Centers in total, represented by the blue dots and the heart on this map, and together, we serve nearly 20,000 of the most vulnerable children and families in our community, in every neighborhood, with every population in our city. Of that, where I work, Safe

and Sound, we serve 1200 families, and you can see our locations represented in the hearts.

This entire community of care has been made possible because of incredible strong public-private partnerships between community organizations and several government agencies, including our Child Welfare Department. Together, these government agencies blend their resources so that we, as community organizations, can get support. Funding from our county general fund, our state tobacco tax, as well as [IV-E 00:17:53] waiver dollars.

Our primary prevention investment is working. Over the past 15 years, our county has seen a 65 percent reduction in the substantiated rates of child abuse in our community, and a 73 percent decrease in the number of children going into foster care in our county. We believe these decreases are happening for many reasons. Changing demographics in San Francisco, intentional changes in practices in our child welfare system, as well as this intentional investment in primary prevention, and specifically, Family Resource Centers.

Let me tell you a little bit more about what we do at Family Resource Centers. We provide a range of primary and secondary prevention services. Families can really just walk in and get whatever they need, voluntarily, pretty much anything to support their families before a crisis happens, before a child is removed, before a court intervenes.

At Safe and Sound, our Family Resource Center, and here's pictures of our Family Resource Center, parents and caregivers can come in and drop in and talk with a counselor about a crisis or a parenting challenge, attend a support group or a workshop, learn skills for raising their family, just take a break in our common day room, pick up food, clothing, shampoo, diapers. Diapers are really expensive. Join a family meal. There is nothing like a family meal to bring folks together.

We also have a 24/7 phone support line. We've been there 24 seven for the last 44 years. We went down during one of our earthquakes, but other than that for a few hours, we've been there for families because we know parenting is 24/7.

Families are referred to us by their friends, by teachers, doctors, clergy, neighbors, as well as social workers in our Child Welfare Department. All the services that I just described, we call our Supportive Family Services, and you can see it here in this slide, in that white circle.

When a family presents with a higher level of risk, they're living in maybe a more vulnerable circumstance, a predictive factor for abuse, like domestic violence, a history of abuse or substance abuse, we'll really try to work with a family with more intensive level of service. This is what we call our Integrated Family Services, and you can see it in this blue circle.

It's a wraparound service, meaning we're there, no matter what, to help a family. It's two generation, which means that we're working with both the caregiver and the parent, as well as the child. We use evidence-based and evidence-informed practice, care coordination, therapy, child education, parent education, child therapy, and then we structure a service delivery plan that's individualized for a family, that's focusing on mitigating risk factors. I'll tell you more about that, and most importantly, building protective factors in families. This service is embedded within our general services, so that when families don't need that kind of higher level of service, they graduate into this lower level of service, and we're always with them.

Let me explain exactly how this works through a story. This is a story of our client and her name is Maria. Maria had a tough childhood. She describes her mom as a tyrant who locked her in a closet and hit her. At 16, she ran away from home. Eventually, she married a man and they were in love, and they had a boy. They had a little boy. His name was Gabriel.

Shortly after Gabriel was born, their house turned violent. Gabriel watched as his mother was hit by his father, and was there when he threatened to kill her with a gun. This violence continued year after year, until Gabriel turned 12, and that's when Gabriel began taking his own anger, his own rage, his own fear out against his mom. He pushed and he shoved her one day so hard that she fell down. She was afraid of her own son. It was then that she realized that in order to stop the violence in her own life, in order to stop the violence in Gabriel's life, she needed to reach out for help.

She asked a friend what to do, and her friend gave her our phone number, and she came to us voluntarily because she wanted to get support for her family. We were there to help her put the pieces of her life back together. We were there 24/7.

At first, she came just for our drop-in hours, but when she built trust with a counselor, she was able to really share her full story. We enrolled her in our more intensive level of service that I told you about. Working with a care coordinator, she was able to get a restraining order against her husband, and we

were all able to help her find a safe home for herself and her son.

She engaged in our evidence-based parenting classes, our triple P program, to learn skills on how to raise Gabriel. She also engaged in therapy, so we were able to help her deal with her own, and really understand her own trauma. We were also able to help Gabriel. He loved our therapeutic playroom. He really enjoyed his therapy sessions. Slowly over time, Gabriel grew up from being a fearful, angry little boy to being a confident young man.

I saw him the other day. He's gone from failing in school to getting A's and B's. He's a star on his school's soccer team, and he's even talking about going to college.

Ben, when I think about your journey, I think about Gabriel's, because that's what his family wants. He'll be the first in his family to go to college. I have to say Maria and Gabriel's story is one of hope, it's one of courage, because together, they were able to break generational cycles of violence.

In essence, when they came to Safe and Sound, we were able to help them focus on five protective factors, protective factors that the Center for the Study of Social Policy have found to be essential components for strengthening families and preventing child abuse. First, we helped, and I'm going to go through all five, we helped Maria really understand her own resiliency, and we help parents to understand how they can weather the ups and downs of life. Can they bounce back after being up all night with a sick child or losing a job? And if not, we're going to be there to help them through therapy, through our 24/7 phone support line.

We also help children build their resiliency, their social emotional competencies. We ask whether or not they can use their words, can they express their anger? Can they make friends with kids, with their parents, with adults, with other adults? If not, we're going to support them to grow those competencies in our playroom or through therapy.

That's really two generational work. We're working with parents and with children and really trying to improve outcomes. We also work with parents so that parents understand age appropriate behavior. Thank goodness, we as parents, don't have to know everything, but we do have to know the basics of stages of development. It's okay for the two-year-old to spill the

milk off the table. It's not okay for the 11-year-old. We need to understand that and really support our children appropriately.

We have wonderful evidence-based programming and parenting classes for parents to build their skills. We also want to make sure that parents are surrounded by a community, and so we're building social connections. In this case, Maria had friends she could reach out to, but in so many cases, families are so deeply isolated because of language or mental health issues or violence, and they have no one that they can reach out to for help. We help to try to build a community around them. I talked about family meals and family events. There truly is nothing like a family meal to build community.

Finally, the fifth protective factor, and it's really the foundation of so much of where we need to start, it's building concrete support. Do families have food, clothing, shelter, and safety and times of joy, as well as in times of crisis? If not, we're going to help them find housing, find food, find jobs, so parents and caregivers can ensure that their kids are safe.

When families come to us, we understand what their risk factors are, we equally understand what their protective factors are, and we build an individualized service delivery plan, and we look at the outcomes for families. All of our families served every three months. You can see on this graph, that our families are improving their protective factor to keep their kids safe.

When we first get to know a family, you'll see that we actually decline in services as we're building trust, but then we increase over time. That's the darker blue line. The lighter blue line is showing that the scores of our families in their protective factors are equally improving. So, that's family.

I want to just really thank you so much, the Children's Bureau, for recognizing Safe and Sound's work as being a promising and effective practice, and it would be incredibly exciting to see this work. I know it is. We're going to hear from Sasha, what's happening in Texas.

I just want to say a huge and deep thank you to Jerry Milner, David Kelly, and Debra Samples for visiting Safe and Sound, and serving dinner to our families. It was an incredible evening and they are big friends in my book. Thank you. Thank you so much.

I just wanted to end on that last slide because it's not just about individual families. We need to build community and that's

what's so exciting about what Sasha is going to share with us. I just end with this, and thinking about Mary Ellen, that if we imagine what had happened over the last 150 years and if we had really supported Frances and Thomas Wilson, what would our system of care look like right now? I believe we'd have more laws, more funding, more systems to strengthen families. We'd protect children before abuse happened, before they were neglected, and I think that truly we'd create a world where all children are safe, protected and loved. Thank you so much.

Sasha Rasco:

[00:28:54](#)

Good morning. I'm also thrilled to be here to talk about what's happening at the state level in Texas with Benjamin and Marcus, who are a part of that, and also to follow Katie's story because I think we sort of strive to scale the work the way they have in San Francisco. We're not quite there yet in Texas.

Before I start on my presentation, I'll just kind of lay the groundwork for what my scope is of work in the Texas Department of Family Protective Services. We do house our child welfare system in this agency, but the division that I run, the Prevention and Early Intervention Division, is a separate parallel division that is granting funds, a mixture of state and federal funds, to community-based organizations, to do a variety of the kind of work I'm sure you're hearing about in this conference. Everything from home visiting, nurse family partnership, to crisis counseling work, to youth mentoring work, and then a lot of innovative, very community-built systems of navigation or collective impact. I'll touch a little bit about that.

To also talk a little bit about how Benjamin and Marcus, and then I got to know Jerry Milner, I think similar to Katie, Commissioner Milner came to visit San Antonio and we took them on a parade of tours through everything San Antonio had to offer, including Good Samaritan, the Good Samaritan program, and Benjamin and some of his colleagues in the Youth Advocacy Committee.

I will say that my previous career had been regulating the foster care and adoption sectors in Texas and our early childhood or childcare facilities. While never having worked directly in child welfare, had overseen foster care, had seen the worst of the worst, the children with 57 placements who couldn't even be safe in psychiatric settings, just the trauma and the pain and the complexity of caring for these children in foster care. I got it, intellectually, and I was saying all the right things about-

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Sasha Rasco:

[00:31:00](#)

... still, and then I got it, intellectually, and I was saying all the right things about prevention and helping families before abuse or neglect occurs, and being in the community. I mean, I kind of knew the difference and where we were on the continuum, but when Commissioner Milner came to visit and met Benjamin and his colleagues on the Youth Advocacy Committee. From his perspective just quickly articulated how much he enjoys meeting foster children, and how rich an experience, and his favorite part of his job that is, he had yet to have met youth who were able to stay at home, in their own families, and be supported, and growing those strong connections by community providers.

It was the first time I really clicked from that foster care perspective, from that perspective of talking to foster children day in and day out about their experiences in the foster care system, and then really getting to meet kids who can articulate so well, like Benjamin did, what he needed, and how he was able, he and his mom, were able to access the supports at Good Samaritan and a community-based program, and avoid all that comes from being involved in child welfare or, conversely, the juvenile justice system, which is another system we aim to divert children and families away from.

That's how, I think, we ended up invited here. Again, I'm just really honored to even be a part of what they do, at the state level. I'll just let you know, just quickly, by the numbers, I think you heard that we have about \$105 million, which is still just 5 percent of our agency total. In terms of really making prevention a big part of the continuum, it's far from there. We're a small piece of the budgetary puzzle, partly, that's because of the greater expense down the road, which partly why the return on investment is huge for working in the prevention area. We fund about 160 community-based providers throughout the state of Texas, serving a little over 67 youth and families. When I heard Katie say that she was serving 20,000 in San Francisco, alone, I thought "Oh jeez, we're not, that's what I meant, we're not scaled quite there yet," because Texas is pretty big.

To give some scope to that, in the last census, there were about 706,000 families living below 100 percent of the federal poverty level in the state of Texas. Just using poverty as a proxy for vulnerability, alone, and that's not the only one, by far, we know if we really want to get these services to all the families that maybe could use it and would voluntarily access it, we've got a ways to go. We also are very outcome-focused. By being in the child welfare agency, one of the things we can do is a meta

and outcome match between the families we serve and then families in the child welfare systems. We do take the clients that we serve and then just run their identities against our child welfare system and confirm, both during services, one year out, two year out, and three year out, that their kids remain safe from abuse and neglect. Even at three years, children and youth served in our services, 94 percent of them are still free from abuse or neglect. Similarly, 96 percent of the youth we serve, they are not referred to the juvenile, or adjudicated in our juvenile justice system. Given that the juvenile probation courts are a high referral source for some of our programs, that gets pretty good success rate because they've at least had one encounter with, many of them, with our juvenile justice system.

When I first got to the job, there was this discussion about separating our juvenile justice prevention work from our child abuse prevention work because this sort of siloed mentality. We had to explain, well, the biggest precursor to juvenile justice is what: abuse and neglect. What are the solutions for both behavioral and high-risk behaviors? Safe, stable, secure relationships. So the solution is the same, same for school readiness, same for school literacy, same for public health. You name it, it really all starts in those early relationships. Lastly, Katie mentioned the protective factors. We use a pre and post-protective factors survey with our children and youth served to measure whether we've increased protective factors. 90 percent of our families show at least an increase in one factor.

Our home-visiting programs, and we do have the Maternal, Infant, Early Childhood Home Visiting dollars, the federal dollars, so we administer the state's Nurse Family Partnership, and Parents as Teachers, and Safe Care, and PPP, and HIPPPY programs. 85 percent of our home-visiting families are still engaged a year out, which is tricky to do, particularly in a state like Texas, where there's a lot of mobility. 27 percent of our infants are still breastfed at six months, which is compared to 15 percent for the general population. More than half of clients have achieved self-sufficiency by the time they've finished the NFP, or any of our home-visiting programs. One of my favorite client success stories recently is a mom who showed up in a community, Wichita Falls, it's north of Dallas, really just south of the Oklahoma border.

She was pregnant. She didn't know it at the time, but she was pregnant with twins. She was homeless. She just came via bus to the community. She also had both substance abuse and mental health issues, but through NFP and wraparound supports, was able to get an apartment. Eventually, two years

later, she had saved enough money for a car. She had breastfed her twins till they were two. She had taken them on the city bus for a year until she had a car. She had an apartment. She had a job. That's an immediate case where there was a high likelihood of removal otherwise, but because of Nurse Family Partnership, or it could've been any other home-visiting program, that was the glue she needed to access other supports and services, and get on her feet, and keep her babies.

I love this picture. If you'll see, on the left, that's our commissioner. Hank Whitman is the commissioner of our agency. He loves to ride along with CPS workers. He is a former law enforcement officer. He really has that appreciation for the front lines, so I said, "Well, you really need to go out with our frontline, which are our granted programs, and our home visitors, our youth mentors." This is him with one of our young moms in Beaumont, Texas, and her baby. Here's a little graduating class, or course, in one of our at-home-visiting programs. I just wanted to show a few pictures in there of our early childhood work.

Our funding sources, I mentioned, we actually are largely state-funded. I know I meet with a lot of my colleagues around the country, and many of them are working with just their CBCAP budget, or maybe just their MIECHV budget, or a little bit, if you'll see this little orange slice near the bottom, at 5:00, that's our Children's Trust Fund dollars. I think most states that I know of have some sort of fee collected on top of a marriage license which is dedicated to child abuse and neglect prevention. That does come our way, as well, and IV-B, Promoting Safe and Stable Families is also part of our funding stream. TANF, we use for our Nurse Family Partnership program. But 60 percent of our funds are state allocated, which is unusual for that amount of state dollars to be dedicated to upstream solutions.

One of the things... My role in this panel, I think, was to talk about scaling. Right? Benjamin's story is amazing. Good Samaritan was there before there was a Division of Prevention and Early Intervention and probably before there was a Texas department of whatever, anything probably. It's been about 150 years, I think, in the making. Most of the organizations we work with were doing work. We don't own these programs. We don't even really run them. We grant fund them, but we have learned a few things about trying to be a state partner and about really taking a public-health approach to preventing child maltreatment. As you can imagine, if you really want to prevent child maltreatment, the parenting supports, alone, are not enough. We've really put a lot of training, and technical

assistance, and emphasis on a collective impact framework or doing community-based systems integration work of some sort and not stopping at helping the parent or the youth but learning from them what else they need and cannot access or struggle with in their community, and then turning around and doing something about it at the community level.

What we hear the most, and I'm sure, well, I don't know about San Francisco, there might be some difference, but what we hear the most our families need help with transportation, child care, mental health, and housing. That's not our... That's not what we're funding. \$105 million in the state of Texas isn't going to get you a lot of child care, housing, transportation, or mental health supports, but what we do do is give a lot of training, technical assistance around how to build a collective impact effort on how to use results-based accountability. San Antonio, where Benjamin and Marcus are from, they have a Ready Kids SA initiative. They've set benchmarks city-wide. The mayor's office and the city use it to set budget priorities. It's that kind of work that we also support and fund, which is taking that broader sweep look at what vulnerable families need in a community and aligning around providing it.

In doing that and realizing child maltreatment prevention and supporting children and families is the broad, multi-sector effort, we've also gotten to know our philanthropic funders a lot, because, as you can imagine, when you're grant funding and when you're grant funding this kind of work, you're really sharing that space with philanthropy. There've been a lot of optimistic thinking about... I think we each think optimistically about what the other is going to fund, and so I know, for example, at the state level there was some hope that if the state could seed some innovation and effectiveness at the local level, that then the state could step out and the local community and philanthropy would step in and sustain something because it with the communities' to own. Right? Well, it sounded great. We even started out with grants where we said, "Oh, we're going to fund you 100 percent for year one and two, and then we're going to start dropping you down. We're going to give you 75 percent of your budget, then we're going to give you 50 percent of your budget, and you just... You'll be able to get that money, right, because we'll have given you enough time to demonstrate awesomeness."

Well, we quickly learned that not only did our organizations usually not have the bandwidth to do that kind of, I mean, just from an infrastructure perspective, didn't have that kind of bandwidth to go around writing all those grant proposals, but

that's not how private philanthropy worked. They really saw themselves as seeding innovation and doing the fun startup stuff. They thought if it was effective that government would come in and scale it. Then we became even more sympathetic to the organizations we fund who, as I'm sure many of you might be, that everybody wanted you to go sustain their funding with somebody else's funding source. We were just sending everybody chasing around their tail, so we've also done some work... If you really want to take a public health approach to child maltreatment prevention and align around some common goals, we also, as public and private funders, need to get on the same page. We've been more collaborative in that manner at the state level.

Diving back to Community Youth Development, which is the program that we fund, that Benjamin has participated in and Marcus works within, although Good Sam also provides our home-visiting program and does a variety of other services. You can see, when we talk about scale, this is what we're talking about. We're in about 15 communities. That represents about \$8 million, but there's a lot of that's not colored in on that map. These are really neighborhood-based programs. We fund these to operate more at a ZIP-code level. Even in the communities, and particularly places like Houston, Dallas, San Antonio, Austin, there's lots of other areas even within those cities or counties that we're not representing.

Here are our youth at a... We do bring our youth leaders it's a program with a lot of intentionality around youth leadership. There's youth advocacy. We also bring them together. We brought the youth advocacy leaders together for a summit to help us think about the program and design our youth summit. Every summer, the Youth Advocacy Committee and the mentors get an opportunity to visit a college campus and be trained in leadership that they can take back and advocate at the community level. This is just one of our structured funding sources. We, of course, we have a strategic plan. It's awesome. I'm sure it just, you wouldn't be able to put it down. It would keep you up at night. But I think it says all the things you would expect it to say, but we've been very intentional about taking a public-health approach using data. Again, where we can't maybe fund something, still helping communities think about what child maltreatment prevention means for them and giving them tools to start conversations.

We've done trainings with what we call a brain architecture game, which you can use community-wide to... It really talks about toxic stress and early brain development. It's just one

example of the kinds of trainings we've done to give tools to community leaders. From a data perspective, we've partnered with our university, University of Texas, to take all of our child maltreatment data, all abuse/neglect cases over the last 10 years, and match it against as much census or other big public data as you can to build a risk profile of what did those families, at least, that ended up with confirmed cases, which we know is only a proxy for what is out there for abuse, and neglect, and maltreatment. But what, at least, was going on with those families and found corollaries, probably things that wouldn't be totally surprising, but some maybe unique things like the health insurance rates, and unemployment rate for men, or public housing, and built a map that helps communities identify, to the ZIP-code level, where they see pockets of risk.

We intend to use this both to inform any growth we may be lucky to fund but also to help our community providers outreach to the most vulnerable, which is really half of the work of doing true, primary prevention is seeking those hardest-to-serve, most vulnerable families, and engaging them, and bringing them voluntarily into services. To that end, we do public awareness. We have a website. Help and Hope is our campaign. It has a lot of parenting tips and it's a search mechanism to find a prevention provider by ZIP code or by county in our state. It has links to, I mean, again, it's probably what anyone would design on the back of a napkin for the most part, so I won't belabor it, but what we did find in doing a lot of focus-group work... Our old campaign had been very dark and had really focused on abuse awareness, and surveillance, reporting abuse and neglect, and it had testimonials from parents who had abused their kids, and had regained custody, and learned a lot.

Those are all powerful and moving, but they weren't really engaging those families in earlier stages of crisis that don't identify themselves as abusing or neglecting their kids because they're not. What parents really wanted was just the help with the everyday stress. We realized we had a lot to do to normalize parental stress and encourage help-seeking behavior. I know we've done this at the state level, but we've also had our partners... I see one of our Houston providers here. He's done a lot of that work specific at the community level. Texas is big, so these messages... There's a lot of market segmentation that needs to happen to reach all the different kinds of folks throughout this state and how they feel about parenting.

We've run ads. We have little animated, two-and-a-half-long videos around what I'd call our stress touch points like taking

Berry Brazelton's touch points, but from stress so infant crying, toddler tantrums, teenage behavior, and we've given little two-minute YouTube videos about how to handle those stressful parts of parenting. We've partnered with PBS in a couple of communities to host panels on their local PBS station and have parenting events with Daniel the Tiger. My kids are 17 and 13. I didn't even know who he was, but he's really popular. We had an event scheduled before Harvey in Corpus Christi, which is a coastal community that was not as badly as impacted as others but they, obviously, had to reschedule. When they rescheduled it, because there had been so much trauma, and there was so much need, and they had things like diapers and other help and support, people from such a wide region came. They wanted to do something fun.

We hear this a lot about parenting events, just the need for, the need in many places, particularly rural Texas, for parents to have a place to recreate with their children, and to have fun with them, and to do positive, normal activities that they can't quite afford. If you want to go to our Help and Hope site, there's where you can find our 30-second link. Again, it was a very high-quality film showing toddlers running around just creating havoc. They had a lot of fun filming it. They really let them go wild. There's like remote control in the fish bowl, and kids throwing toys in washing machines, and just saying kids are going to stress you out. It's how you handle it that matters. That's sort of a quick sweep at all the touch points that trying to scale this work from a state perspective. We still have a long way to go, but there's more to it than just funding evidence-based programs. Thank you.

Julie Fliss:

[00:50:30](#)

Thank you very much. We're going to have just a couple questions before we open it up to the audience. Sasha, you just spoke a little bit about the need to get prevention up to scale and some of the challenges involved with it. Ben, if I could start with you, I'm just curious about some of your thoughts about what are some of the changes that may need to happen within a system or in a community to really bring the prevention and the family supports up to scale or to expand them to where they need to be?

Ben:

[00:51:06](#)

I believe it starts with the kids, I guess, because I believe all kids are different, and all of them learn in a different way, and all of them have different interests so just to get to know what the kid likes and what he wants to do or what she wants to do, I guess, will help a lot. That's what I believe. So yeah.

Julie Fliss: [00:51:23](#) Great. Thank you. Katie, this is an area where it seems that you've been very successful with Safe and Sound. Can you speak to that a little bit, about bringing prevention to scale and what systemic shifts we need?

Katie: [00:51:33](#) I think it's a great question and one of the, I think, fundamentally, we as a community, and when I say we as a community, it's not just San Francisco, but it's the entire country community, really needs to understand that prevention pays. Child abuse costs, prevention pays. We've just been doing research around understanding what the economic cost of childhood abuse is to San Francisco, the Bay Area, as well as California. We just came out with a report that said that the cost of child abuse to the state of California is \$19.3 billion for survivors of abuse in 2017 alone, cost of child welfare, special education, incarceration, health care, and loss of productivity. It's a massive number. You think about that that number could send every young child to preschool in California as well as afford to pay for a portion of their college.

When you begin, as a policy maker, to really think about let's use our resources in a different way, you think about evidence-based programs and home-visiting programs. The return on investment for those programs for a dollar spent versus what the ultimate yield is, is massive. It's going to take some courage of policy makers to say we want to focus and invest in prevention. I think that's the seismic shift is just an attitude of role change that policy makers, and really, again, Associate Commissioner Milner is leading the way around showing about how important it is to focus on prevention. I think we need to take that message across to every community, every state house, and into, obviously, the federal government.

Julie Fliss: [00:53:11](#) Sasha, did you have any other thoughts on that?

Sasha Rasco: [00:53:13](#) Yeah. I think I understand, as we speak, the House and Senate chambers of our state legislature are meeting to figure out their budget for the next biennium. I've been a part of helping them decide what to do, at least, when they ask. I get that they really want to budget in a 24-month cycle, so I think this return on investment conversation is hard because they want to see the return neutralized in the budget they're working on. This convincing folks to maybe make a ten-year or fifteen, or twenty-year investment that they really are the up front... They're not going to see that return on investment immediately. It's not going to neutralize the amount of money they have to put up front is what struggles. I haven't found anybody who disagrees with the idea that they'd rather be helping families earlier. There

might be questions as to who would be the best people to help families earlier or how to do that, but it's this issue of getting the return on investment laid out in a 24-month budget, or a 12-month budget, or whatever budget makers are thinking about that's been a hard conversation to have.

Julie Fliss: [00:54:33](#) Yeah. Thank you. You all have really spoken to the value and benefit of engaging the youth's voice or those within the community. What are some of the various ways that you are accessing your services and, aside from those crisis points, how do you know when you are really serving the right families and youth? Marcus, could you talk a little bit about that?

Marcus: [00:55:01](#) Yes. Good morning, everybody. I would say that the proof is basically in the pudding. I mean as we serve our families and clients, it's just them coming back and showing gratitude from what we've done as an agency to help them out. I mean, they have other options that they can choose, but they choose to come back to our agency and continue services with us because they believe the way that we proceed to help them is the right way. They understand that we're not just there to just be there. We're there to actually help, and we mean it when we do it because we show it in our work. I think it shows, big time, with Ben and his family because I've known them for about eight years now. They understand our mission. They understand what we're about and that we're not just there to be there. We are actually there to help our community, and build, and make a change and difference so...

Julie Fliss: [00:55:59](#) Great. Katie, did you want to speak to that, too? How we are accessing...

Katie: [00:56:05](#) In terms of the perspective, absolutely, the family and the children are critical. To take another, to completely underscore what Marcus is saying and to take another perspective, I think it's also really important to look at the people who are trying to help families. I look at doctors, and teachers, and other first responders who are really trying to help families and see things. We have an amazing partnership with the healthcare organization in San Francisco. The doctor there, the pediatrician there, calls it "pink flags". Now, a red flag, you're going to call CPS. A pink flag, you're really worried about a family and you want to be able to provide them services, but it may not be appropriate services in a doctor's office, or it may not be appropriate services in childcare setting, or an education setting.

But a family resource center provides a great partnership with a pediatrician, or a doctor, or a teacher to be able to provide the services that help build protective factors. That's some of the work that we're helping to build. I know it's happening in Texas with respect to Nurse Family Partners, and other home-visiting programs, and how to connect those families to community services as well. I think we have to look at both the organizations as well as the linkage of services between them.

Julie Fliss: [00:57:21](#)

Great. What are some of the things that continuously surprise you about this work? Sasha?

Sasha Rasco: [00:57:32](#)

Like I said, I had been on the other end of the continuum, regulating the foster care system, so it's easy to get overwhelmed when you think about the needs of families that, once they do encounter the child welfare system, sometimes a level of substance abuse, or mental health, or domestic violence that's happening, you can become a cynic fairly fast. Right? Some days, I think, "Are we really helping? I mean is it really possible that a 12-week parenting class or a youth... I mean are we really serving the right families and making a difference?" What always surprises me, and it shouldn't [inaudible 00:58:11] say, "Well, yes, yes, in fact it does work." It works in a fairly light... It can work on a fairly light touch, low-interventionist way.

The number of families who we hear saying, over and over again, "I just didn't know. I did not know how to positively reinforce behavior. I did not know if I promised my four-year-old carousel ride if they made it through the grocery store and then didn't give them a carousel ride at the end of the grocery store that they would behave really badly and that then, if I spanked them for behaving really badly, which is what would've happened to me, that then they would behave even worse the next time I took them to the store. All it took was for someone to help me be consistent. I mean, some of the knowledge of parent and child development, and positively reinforced behavior, and now, not only does my child not behave badly, I enjoy being with them."

This relationship is, in itself, rewarding. It sort of starts snowballing in the other direction. The number, I mean, the heartbreak is, to Katie's point about Mary Ellen's parents, the number of parents who, if they get a certificate or finish a program say, "I've never been given any kind of award." Or, "No one's ever told me anything positive or reinforced anything positive about me." That's the heartbreak. Then you realize once you change that conversation and that trajectory, which I

know can happen inside the child welfare system, but let's be honest. It's not really designed to positively reinforce behavior. It's sort of, just by its own nature, scary and shaming. This prevention opportunity is an opportunity to really work with parents in a different way. It shouldn't, but it continually surprises me how much low-hanging fruit there is out there and how you can easily change the trajectory of a parent-child relationship towards a positive.

Julie Fliss: [01:00:15](#) Great. Thank you. Marcus, is there anything that still surprises you in this work, or...

Marcus: [01:00:22](#) I mean, not really. I wouldn't say surprised. I would say it's more of a... It's just an awesome feeling just to see the work that we do just play itself out and from what we do to go word-of-mouth from whether it be Benjamin and his family to somebody in the community that knew nothing about us, but they heard about us through Ben or maybe one of his friends. Then they come, and then they're interested in what we do in our services. Then they say, "Hey, well, I didn't know about that." I would say that's a surprise. I would say I'm excited about it because of the fact that we're doing so much good work that it's like a blossoming tree. It's like they're spreading the word without us saying it. We have other people coming in and really learning about what we do. They're spreading the word as well. I wouldn't say I'm surprised, but I would say I'm just excited to continue to see it grow.

Julie Fliss: [01:01:21](#) That's awesome. Has anything surprised you, Ben, with your experiences or...

Ben: [01:01:28](#) No, just going back to what Marcus said, the way I found out about Good Sam was when I was in middle school, and my friends was like, "Oh." I asked him where he was going. He was like, "I'm going to Good Sam." I was like, "Oh, well, what's that?" Because I used to go, but I didn't really know the name. He was like, "Oh, it's this park right here." I was like, "All right." I went with him for a day, and I really liked it because it was just... You get to know a lot of people, and it helps you just be who you want to be. That's when I met Marcus and everything. I was like, "Yeah, I like this place." I told my mom about it. A few days later, I got registered, so it was really fun for me.

Julie Fliss: [01:02:00](#) Great. Thank you.

PART 2 OF 3 ENDS [01:02:04]

Benjamin: [01:02:00](#) ... fun for me.

Julie Fliss: [01:02:00](#) Great, thank you. Given what we've talked about and the effectiveness of prevention programming, what do you think... Sasha, you spoke a little bit about this, related to the largest hurdles to highlighting the importance of investing in upstream prevention and the essential piece of this as it relates to the child welfare solution. Katie, can you speak a little bit more about that in your experience?

Katie: [01:02:31](#) Absolutely. I think there's a fundamental structural hurdle on how we define safety. The way we define safety right now is freedom after abuse as opposed to freedom from abuse. I think we need to really look at what that definitional section is. I think there's some interesting... Sasha and I, when we were talking in preparation of this, we had an interesting dialogue just as what Sasha was sharing is around what is the role of philanthropy versus what is the role of government resources in terms of funding sustainability. My experience with philanthropy is it really is for innovation and government is for sustainability.

What surprises me is how we are seeing real results in this area and we need to create programs that are sustainable, because I think there's a real opportunity to make seismic shifts for children and families. I think the other hurdle is frankly how we think about data and how we think about research. It's very hard to prove prevention, that something didn't happen, and I think what the examples of data that Sasha shared in terms of what Texas is doing is a model that other communities can really look at. That is a component that we need to think about as a system as well.

Julie Fliss: [01:03:55](#) Great. Did you want to add anything, Sasha? I know you've touched on this.

Sasha: [01:04:00](#) It is both a blessing and a curse to be aligned with the child welfare sector in terms of narrative. Definitely the gravitas and the urgency that comes with addressing abuse, neglect after it's already happened, which I think we all agree is critical work. It's very hard work. It's probably, unfortunately always going to be necessary to some degree. It's not about maligning it, but sometimes that narrative is the very thing that drives interest in prevention. Were it not for the problem, we wouldn't be looking for a solution, but it can also... It still also takes up most of the space in the room. It's still the case that although there, particularly with the growth of evidence-based programming, the introduction of MEICV funding, I think there's been more

and more of a highlight on prevention and a public health approach.

Still the cost of taking care of the crisis and the public outrage over abuse, neglect kind of still dominates most of the funding and the conversation. It really is swimming upstream. It's sort of a great analogy in so many ways because you are sort of fighting this downstream current to try to get there because you're always going to... It's the river analogy, right? People want to rescue the drowning children, and there are some of us that have gone upstream to sort of figure out why they're falling in, but we're still the smaller crew and there're still children drowning. It's just really hard to shift this continuum so it's more balanced and we can pay attention at all junctures.

Julie Fliss:

[01:05:49](#)

Great, thank you. So, we've heard from Katie and Benjamin, who've discussed prevention and family support programs in urban areas, and I assume that these programs possess unique strengths but also face unique challenges as it relates to scaling based on their locality. Sasha, can you speak a little bit about the potential of scaling program in rural areas and what you see as a possible difference in scaling there?

Sasha:

[01:06:21](#)

Yeah, there's a lot of differences and of course given the funding we have and that we haven't completely saturated the state, most of our highest concentration is in our urban areas, which does make sense from a population perspective, although risk is higher in our rural communities. One of the things... I just have three points to make about serving our rural community in Texas. One, the need is greater, but the infrastructure isn't there, so it's this kind of... which is exactly probably why the need is greater. It's hard to find a way to build, so there's a lot more capacity building that needs to take place, so that's the first thing.

The second thing is when you are building capacity, it's even more important for things to be hyper-local. I think in cities, people are a little bit more open to working with an organization they may not have heard from before or accepting this broader set of service organizations, but in local communities it really has to be a local provider. That means building capacity even harder at scale. There also is a much higher demand for confidentiality. They know everybody knows everybody so even a home visit, people know if somebody's parked in front of your house that they don't, a car, they don't recognize, they don't want their car parked in front of a brick and mortar facility, because it might be recognized. Sort of, "Oh

we saw so-and-so and they were at the counseling center." There's that element.

The third thing that I've learned is even when we scale in rural areas, there's obviously concentrated hubs, right? There's the midsize or smaller towns, which are still the hub in that rural community. And they serve, they kind of do a hub wheel and they'll serve the even smaller community, that the towns with like 500 or 1000. They're even outsiders. Those of us in these big cities, we think, you know, don't they... Isn't that all the same thing, that whole county? No it's not at all, so they're even seen as outsiders. What happens, prevention is obviously an area of vulnerable funding, so I think anybody who's been around a long time has seen growth and cuts and grow, because it's this nice to have thing, if there's extra money we get to put it in prevention.

When there are cuts they pull out from that spoke in the wheel and it's the smallest communities who lose whatever they had, whether it was a part-time person or a traveling home visitor or whatever support they had. What I've been told is that it takes about 10 years to regain trust. I think everybody feels those budget cuts. Communities, families feel it, and also just the sense of like, well that program was there, but then it was gone. My sister went through it, but I don't think they do that anymore. But they really feel it in those smaller communities when you leave, and it takes a long time to get back up, so it's to this long game. When you build capacity, we really have to protect it and sustain it. That takes a lot of parties to make sure that happens.

Julie Fliss:

[01:09:27](#)

Great, thank you. All right. With that, we're going to open out up to our audience for questions. Anybody in the room or those of you who may be joining us via the live stream? We welcome any questions that you may have for our panel.

They covered everything, huh? I knew it has been very thorough. All right. If you're still thinking, I will let you think. I'm going to ask another one of our questions. We have spoken about data and the importance of data but also that there is a need to build more research too, as far as the effectiveness of prevention programs. Can you all speak to how you really know what you are doing is working and how do you feel that it's being effective? Katie, you want to start us off?

Katie:

[01:10:25](#)

At an individual level we really are looking at the protective factors that the Center for the Study of Social Policy has created. They created those out of looking at early care and

education. We have looked at assessments that exist in many fields to measure those protective factors. We look at the parent protective factor survey, which is a self-report for a parent as well as something called the family development matrix. Then we have a provider report, which is created and adapted from the North Carolina family Assessment Scale, which is a child welfare tool, and we've done crosswalks to the protective factors. We'll very much work with families and understand where they are on their protective factors and again, every three months to see where they're growing.

Because we can do a lot and we have a modified adverse childhood experiences screen and we're looking at risk factors, but there's some risk factors you can't mitigate against. One of the risk factors is children are young and children only get, they only grow up so you wait a while, but you need the protective factors really to support that. So we're deeply focused and engaged on what those protective factors would look like and it helps in terms of the partnership with the parents and caregiver as well as for the provider. Parents are very excited about engaging in their own assessments and really understanding how their their scores are going up, and we look at that at an aggregated level.

I think it's also really important to think about what are our community data points that we can look at. I think there's some phenomenal work happening with predictive factors, predictive risk factors, to really identify where the community's most in need. Similarly, I think we need to look at community protective factors. Those would include early care and education programs, access to health care programs, access to stable housing, and how can we build up those protective factors for our community. It could be as simple as places like a park or places for families to enjoy each other, time together, zoos, et cetera, whatever that looks like for them. That will look like something different, community to community. An urban setting will be quite different than what a rural setting will look like, and I think it's important for communities to identify what those protective factors look like as well.

Julie Fliss: [01:13:01](#)

Sasha, did you have any thoughts on that?

Sasha: [01:13:03](#)

Effectiveness, that's always a million dollar question, right? In addition to the data, the outcomes that we draw on our families collectively. I think the other thing... We do a lot of focus group work too, because while we're certainly interested in the quantitative results, proving that you've prevented maltreatment is really the hardest thing to do. We've done

county to county comparisons, we've tried to look at it at lots of different angles. We've really used our higher education institutions as partners, both not just in conducting evaluation, but in thinking about what's the best way to even ask the question about effectiveness. We've done a lot there, but I will... I think our focus groups have been where we've also gotten these transformative stories, and I think that is really to pick up on the data, that you've really taken somebody's life that was complicated and transformed them, and it might not, it might be a blip on the data.

So we do rely on that qualitative data, just the stories people tell us. I think the other area of success that I look to is are we reaching hard to reach families? Because that is, again, like I said, that's half the work when you're really voluntarily engaging families. We've seen this variety of approaches around the state and I think the fact that our partners are... We're partnering with community providers because they know their community, but you'll see things like in Amarillo up in the panhandle, they have equine therapy is one of the things that they offer. Not just because it's effective, but because they call it horseplay. It's a very engaging idea for the families in their community, this idea of you know, I might be struggling and I get to go play with horses again, like I said, a recreational opportunity that's not affordable for them.

It gets like this happy marriage between two, and they use horses. Other people may know this. I knew about horse therapy for PTSD, but they use it to teach parenting because they're like, look, okay, this horse has this personality, it's kind of a little bit anxious. This horse is sort of happy-go-lucky. You can't treat the horses the same, so you can't treat children the same way either, so they've even been able to use horses to help parents individually and respond differently. So you got horse therapy there.

In East Texas, our providers have gone out to laundromats and done make-and-take activities for kids, to both ease the stress of doing laundry with their kids in the laundromat, which I've done when my washing machine is broken, but also then to get referrals. To me that level of community engagement too, the creativity and the ways in which families and kids come to know a program and access it, that changing those norms is also part of being effective like you can, we all need help. We all need to be a part of a community and it's okay to access services. Seeing that happen is also another measure of effectiveness I look for.

Julie Fliss: [01:16:05](#) Great. I just wanted to open it up to the audience again, too. We do have a question from a known person out there.

Audience 1: [01:16:15](#) I have a comment and a question. Thank you all so much. You know that I envy you for getting to do the work that you do and have such tremendous appreciation for it. I do have a question for any of you, maybe particularly for Katie and Marcus because you operate in specific programs. One of the things that I hear from parents as much as anything else that I hear is a fear of asking for help because of potential consequences if a family is in trouble and need some help. Parents are often very reluctant because they are fearful that their children will be removed. How do you make your programs, or how does anybody make a program a safe place for asking for help and a place where it's okay to go in and ask for help without the kind of fear that so many of our families experience?

Sasha: [01:17:18](#) Do you want to take that, and I can?

Marcus: [01:17:19](#) Yeah. I think for us as an agency, I think it starts out that way. A lot of the families that we service do come in and they have that thought of "Hey, maybe this isn't a good idea for me to come and say hey, I need help. Because what are the consequences of if I ask for that, will this happen, will this happen?" Well, we're known as a safe place, and within our community that's what we are. We're a safe place and I think we've done a good job at letting people know that if you have concerns, questions or you need help, it's okay to come to Good Samaritan.

Ask for help, we will back you up 100 percent and there'll be none of the consequences of hey, well maybe this might happen, because we've dealt with it for so long that our work that we've done has gotten around and people actually listen and say, "Hey, you know what? I've been there and I've had the same question that you have. And they've helped me with it and there were no consequences. I felt really safe. I felt so safe that I keep continuing to go and I ask for help." I feel like we've done a great job at making people feel safe when they come there, welcoming and just keeping our doors open. It's a revolving door when you go to Good Samaritan, so I feel like we did a really good job at that.

Katie: [01:18:37](#) And I would echo that. Just in terms of creating a physical space that feels safe, families come in and we just have a family living room and it looks like just comfortable couches for people to be. There's no one sort of in your face asking for anything, you can come out and ask for help. We have this very values-based philosophy that everyone needs help. Parenting is tough for

everyone and so it becomes doing our work in a non-judgmental way. We are mandated reporters, so there are times when we would have to report child abuse to child welfare depending on a situation and 90 percent of the time, don't quote me on that number, but 90 percent of the time we'll partner with the caregiver and let them know we're going to make a report. If it's going to be a safety issue for the child, obviously we wouldn't talk to the parent in that particular way.

I would say that for the most part in the end, parents are grateful that we've made that report. Sometimes the relationship will not continue. We've lost that trust, but oftentimes the relationship does continue. Oftentimes child protective services, actually going to work with us and say, "You know what? That child has made a great relationship. That family's made a great relationship with you. They would be better served with you working with them. We'll keep an eye on it, but we're not going to remove the child." And I think that level of openness and awareness is really what creates safety for families and why... Like the work that Good Sam is doing in Texas, why families keep coming back over and over again. We create that safety and we continue to hold ourselves accountable to that safety.

Sasha:

[01:20:38](#)

Can I just add one thing? From a systems level, we do have statute that prevents us from requiring our grantees from putting their agency's name on front-facing paperwork, sort of in the spirit of that as well because of the fear that it would be frightening. In the spirit of that, when we grant something and providers do press work or do anything in their community, we respectfully stand down. I mean, we'll be there if they invite us, and our agency could certainly use the good press, but we understand. Our first priority is that families feel comfortable and that's why we're funding a community-based organization and not providing the services as state agency employees. Just to say that we do recognize the anxiety about the state's role and we don't... I think from a funding perspective we have to require they put the state of Texas or something but not the agency name.

Julie Fliss:

[01:21:43](#)

All right. Another question from the audience.

Audience 2:

[01:21:45](#)

Yes, I had a question for Sasha. You talked about TA that's often provided to communities and capacity building in the rural areas. I wondered if you could add a little bit more to that. What's the most common TA that is needed and what are some of the specific capacities that need to be built in the rural areas?

Sasha: [01:22:05](#) Well, I don't know about the TA around collective impact work and results-based accountability. I don't know if I've got a specific rural example, but I think the largest things we've done is just provide our own staff to help with community coalition and a structure through which to lay out continuous quality improvement work that you're getting from serving clients and then rebuilding your programs and doing community needs assessments. But then we've used one group, Clear Impact. They're available for our contractors to access to build a results-based accountability framework. That's one concrete example of technical assistance.

I mentioned the brain architecture game and Working For Kids, which is a curriculum that Judy Cameron from the University of Pennsylvania, I think, puts out. It is meant specifically to engage community leaders around early brain development. It's a training, it's like a train the trainer so that you can go have like a town hall forum on early brain development. In Wichita falls, which isn't... I don't think the rural community around Wichita Falls, I think Wichita Falls is rural, but it is a smaller city in Texas. They've trained, I think 1000 community partners in the Working For Kids curriculum and the brain architecture game, which is... Does anybody know the brain architecture game? You build a brain with pipe cleaners and then you kind of play a game of life. So they've been trying to raise that awareness community-wide and that's one that we provided the funding and the training for them to do that in their community. So that's one example.

Katie: [01:23:47](#) Just dovetailing off of that. In California, one of the things that we're doing is partnering between urban areas and rural areas, particularly in the mountain regions, in Tahoe, and being able to share the prevention work that we're doing in San Francisco with that community through remote access. What I find very valuable any time we're doing learning communities is we're learning from each other. When we talk about... When Sasha talked about the stigma of going to a community and that people might know you and see you in that neighborhood, there's a lot of incredible tools that the rural communities have been able to develop that we can use in urban communities, and I think that exchange of information is incredibly valuable, however to use technology to make that happen for both of us.

Julie Fliss: [01:24:40](#) Great. We have one more question from the audience.

Sandra Colette: [01:24:43](#) Good morning. My name is Sandra Colette and I am from New York. I think part of the question was already answered, but I would just like you to elaborate a little more. I'm just going to

go with... I'm sorry, San Francisco, I apologize, I don't remember your name and Texas. San Francisco, you said when there's a criteria that you feel you have to report because you are a mandated reporter, I wanted to know how was that? If it was built into your funding that you receive?

- Katie: [01:25:18](#) Why are we mandated reporters?
- Sandra Colette: [01:25:19](#) From the agency, from the Child Protection Agency or child welfare system.
- Katie: [01:25:25](#) So why are we mandated reporters?
- Sandra Colette: [01:25:27](#) No, not why are you mandated reporters. For example, for Texas, she said we don't put our name on the forefront, I forget how you said it. To me it appears that there is a little bit of leverage as to what you report and what you don't report. I'm trying to figure out how do, how do you handle that? How do you determine that? Is there a guideline that says under any type of funding, that because you're receiving that funding from that child welfare agency, you must follow those strict guidelines, and I'll tell you why [inaudible 00:24: 00].
- Katie: [01:26:00](#) Right, I appreciate it. The way California's mandating reporting laws work, it's not based on funding, it's based on the activities that we do. Because we're serving children, we are mandated reporters no matter what. It wouldn't matter if we were receiving private funding or public funding. Given that mandate, we're both given the protections of the law and reporting as well as the responsibilities of the law and reporting. Given that mandate, and we will report. The other component that we didn't talk that much about is before Safe and Sound was named Safe and Sound, we were the San Francisco Child Abuse Prevention Center, so we train on mandated reporting. It's really within the philosophy of the organization that we are mandated reporters and we also partner very closely with families if we have to make a mandated report.
- Sandra Colette: [01:26:57](#) My other question is Good Samaritan, because you said you make, and I think it's right, Marcus.
- Marcus: [01:26:57](#) Yes ma'am.
- Sandra Colette: [01:27:05](#) You said that you... It's a safe space for you. I'm getting at that because once you begin to say to a family, it is understood in families and communities, for the most part in my community, that agencies are mandated reporters, right? Even the ones that

don't work with children and families, they're mandated reporters, so it's understood. But for community based programs that do not fall under the child welfare system, just the community based program that wants to provide these services such as Marcus' program, that want to provide it, how do you attract them? How do you attract them to do that? Particularly when the funding stream is coming through that system of child protection.

Marcus: [01:28:05](#)

Is that to me?

Sasha: [01:28:11](#)

I think it could be for any of us, because I think it is hard, I mean you're right. Families are nervous. The families that are nervous about CPS... In Texas, they're equally nervous about immigration, customs enforcement. They're also nervous about going to their pediatrician. They're nervous about... And we have pockets of people that have a right to be nervous. They're historically over-reported populations in the state of Texas and in East Texas in particular, we'll have home visiting programs and we'll talk to a teen mom and that teen's mom, grandma will say, "Uh-uh, you can't have anybody coming into your house." Even though it's a completely voluntary home visiting. So it does happen, even though I don't think there's actually a knowledge that it's funded from the state. I don't think... Marcus, would you have any sense, did you, that Good Sam had like dollars coming. Would you say the parents have any sense that there's public funding attached to Good Samaritan?

Marcus: [01:29:13](#)

No, I wouldn't say so.

Sasha: [01:29:16](#)

That's my sense, is that most parents don't see these programs as public programs or as attached to any... They're just have general anxiety about being reported and that just sometimes that's sort of neighborhood by neighborhood or family, generation by generation. But I don't, Marcus can tell you how they overcome it. I just can tell you a little bit about how I think it's perceived.

Marcus: [01:29:48](#)

I think as far as the community that we live in, it's more of they find, they go through each other first. Whether it'd be their next door neighbor or whatnot, they have that conversation with them and say, "Hey, is this place really somewhere that I can be trusted to take whatever it is that I'm dealing with, and I can trust them with my information and not feel like maybe they're going to judge me or maybe they will report me to whatever it is that they're having a situation with." Once they feel that trust with the neighbor and they know that the neighbor's trust is in us, then they'll come and they'll voice their opinion, but it won't

be the whole opinion. It'll be maybe piece by piece, so you'll get something one week and then they'll say, "All right, I'm just trying to test the temperature of the water or whatnot."

Then they'll come back the next week and say, "Oh hey, well I had another question that I forgot to ask last week." And then they'll come with that. Then before you know it by the end of the month, you've got everything and you put it together for piece by piece. And then they're like, "Okay. So now I really know that I can trust him and then I trust my neighbors." It kind of pulls everybody together and makes us stronger by doing that. I understand their worry because like they say, we are really close to the border and you have grandmas and aunts and uncles, their first instinct is no, it doesn't matter who it is, don't trust, but they ask around. I think we as an agency are really grateful for that because it helps bring them to us.

Julie Fliss:

[01:31:20](#)

I apologize, we're at our time this morning. I would like to invite all of you to join me in giving a resounding round of applause for our panelists this morning. Thank you for joining us this morning. Have a good rest of your morning. Thank you, that was-

PART 3 OF 3 ENDS [01:31:42]