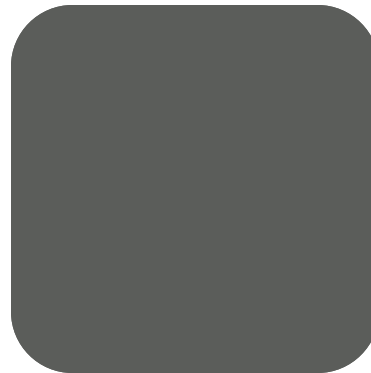# Collective Impact for Children and Youth Policy Summit

Congressional Briefing

July 16, 2015

#CollectiveImpact
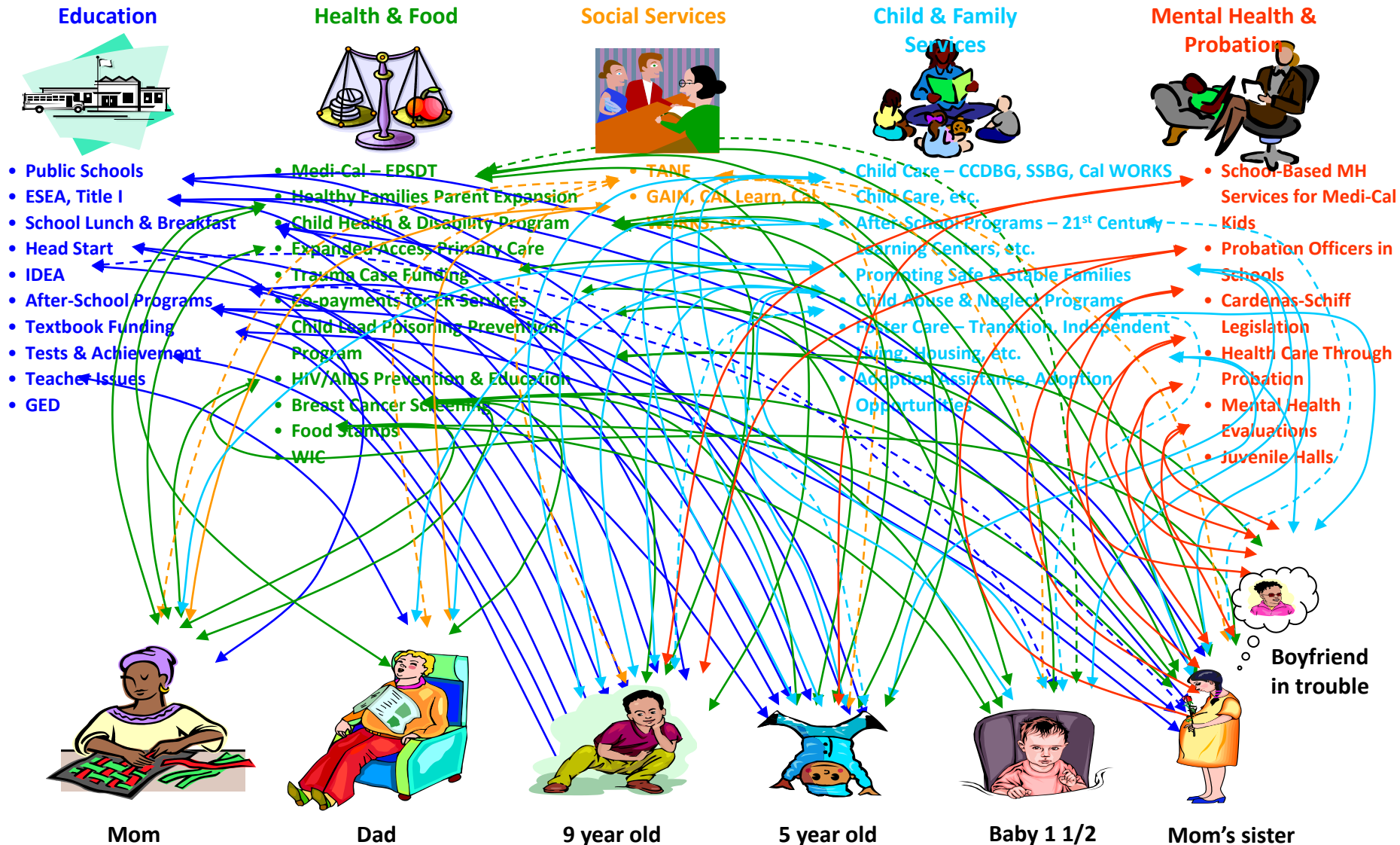
the **forum**
FOR YOUTH INVESTMENT

RESULTS FOR **AMERICA**

Key Conditions for Having a Collective Impact

- Common Agenda
- Shared Measurement Systems
- Mutually Reinforcing Activities
- Continuous Communication
- Backbone Support Organizations

Why We Need Collective Impact in Public Policy

Education
- Public Schools
- ESEA, Title I
- School Lunch & Breakfast
- Head Start
- IDEA
- After-School Programs
- Textbook Funding
- Tests & Achievement
- Teacher Issues
- GED

Health & Food
- Medi-Cal – EPSDT
- Healthy Families Parent Expansion
- Child Health & Disability Program
- Expanded Access Primary Care
- Trauma Case Funding
- Co-payments for ER Services
- Child Lead Poisoning Prevention Program
- HIV/AIDS Prevention & Education
- Breast Cancer Screening
- Food Stamps
- WIC

Social Services
- TANF
- GAIN, CAL Learn, Cal WORKS, etc.

Child & Family Services
- Child Care – CCDBG, SSBG, Cal WORKS Child Care, etc.
- After School Programs – 21st Century Learning Centers, etc.
- Promoting Safe & Stable Families
- Child Abuse & Neglect Programs
- Foster Care – Transition, Independent Living, Housing, etc.
- Adoption Assistance, Adoption Opportunities

Mental Health & Probation
- School-Based MH Services for Medi-Cal Kids
- Probation Officers in Schools
- Cardenas-Schiff Legislation
- Health Care Through Probation
- Mental Health Evaluations
- Juvenile Halls

Boyfriend in trouble

Mom   **Dad**   **9 year old**   **5 year old**   **Baby 1 1/2**   **Mom's sister**

Source: Dunkle, M. (2002) *Understanding LA Systems that Affect Families*. Los Angeles, CA: George Washington University and the LA County Children's Planning Council

#CollectiveImpact

Today's Discussion

People

Plans & Data

Money

Aligning Across Departments and Levels of Government

Collective Impact Policy Framework

Inhibiting Collective Impact

Enhancing Collective Impact

PROHIBITING INTERAGENCY ALIGNMENT	NOT PROHIBITING INTERAGENCY ALIGNMENT	EXPLICITLY ALLOWING INTERAGENCY ALIGNMENT	INCENTIVIZING INTERAGENCY ALIGNMENT
Example The Family Educational Rights and Privacy Act	*Example* Drug Free Communities Support Program	*Example* Performance Partnership Pilots	*Example* Promise Neighborhoods

As You Align People, Plans, and Data, Build on What Exists!

Don't Say This

"A State shall establish a State interagency coordinating council."

Unless You Also Say This

"An existing workforce, education, or youth development partnership, coalition, or organization may serve as the eligible entity"

#CollectiveImpact

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Aligning Across Departments and Levels of Government

How Localities, States and the Federal Government are Collaborating for Success

Moderator: Thaddeus Ferber, Forum for Youth Investment

- Dr. William Hazel, Secretary of Heath and Human Resources, Commonwealth of Virginia

- Cindy Seltzer, President and CEO, Children's Services Council, Broward County

- Luke Tate, Special Assistant to the President for Economic Mobility, White House Domestic Policy Council

Silos come in many forms...

Policy, funding, workflow, people

'Customer-Centric Coordinated Care' Model

Virginia is shifting from a 'program-focused' model to a more 'Customer-Centric Coordinated Care' model.

Traditional Program-Focused Model
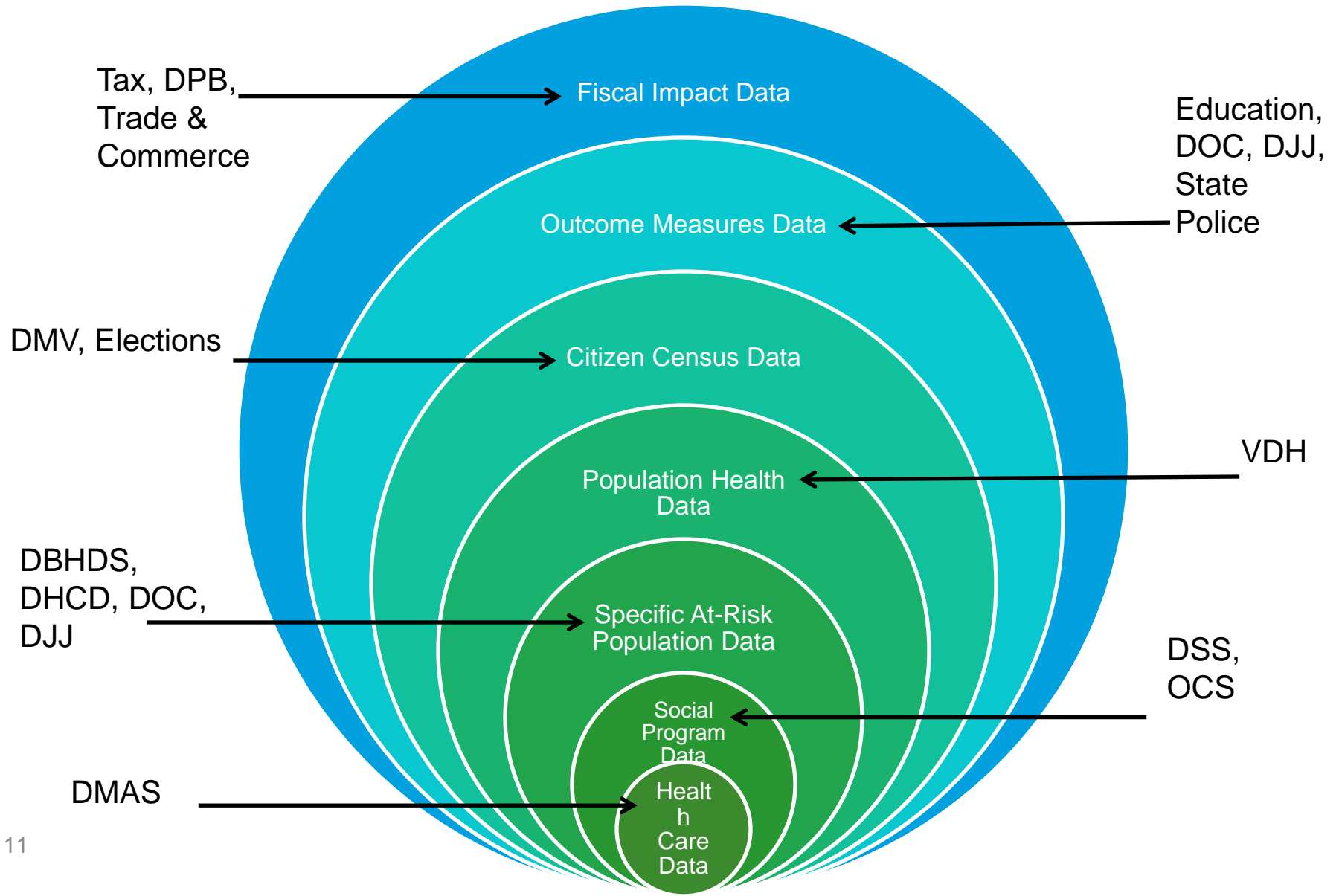
'Customer-Centric Coordinated Care' Model
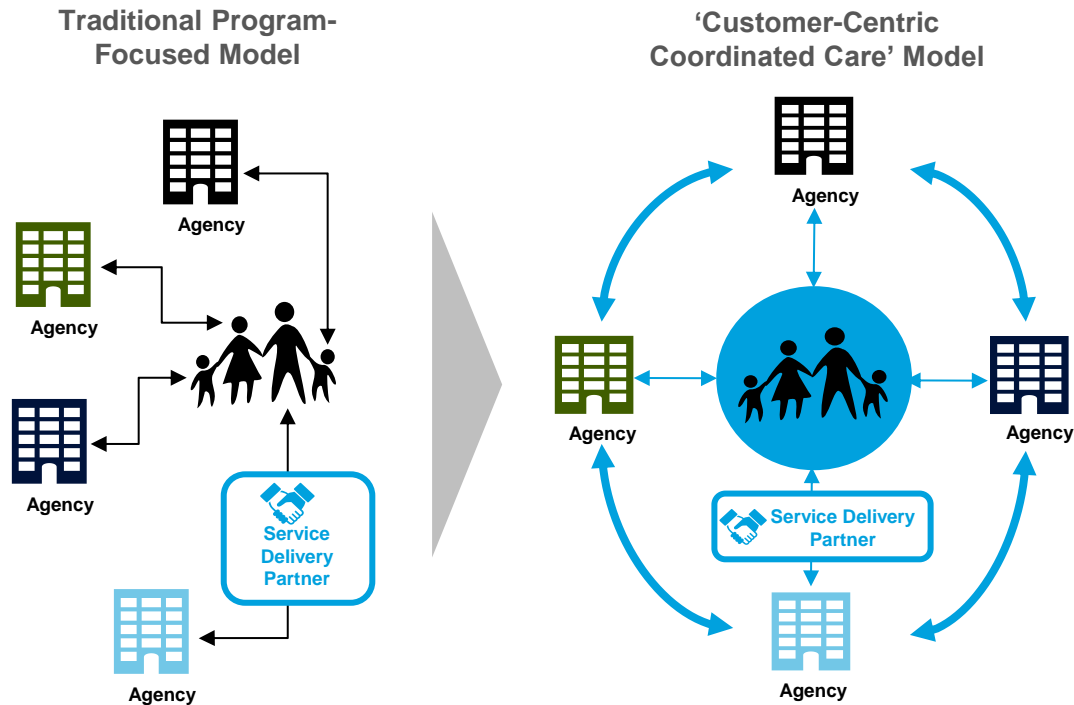
Services driven by individual, family, or community needs

Agencies recognize and consider the full range of services provided by other agencies, partners and organizations

Services are considered more broadly factoring in role of social determinants

Coalition Partners

An interaction in one domain may only be measured by impact in another domain.

Tax, DPB, Trade & Commerce → Fiscal Impact Data

Education, DOC, DJJ, State Police → Outcome Measures Data

DMV, Elections → Citizen Census Data

VDH → Population Health Data

DBHDS, DHCD, DOC, DJJ → Specific At-Risk Population Data

DSS, OCS → Social Program Data

DMAS → Health Care Data

Virginians Served Across Health and Human Resources Programs

The illustration below provides counts of individuals served by program and agency annually.

Agency
- DARS
- DBDHS
- DBVI
- DMAS
- OCS
- VBPD
- VDDHH
- VDH
- VDSS
- VFHY
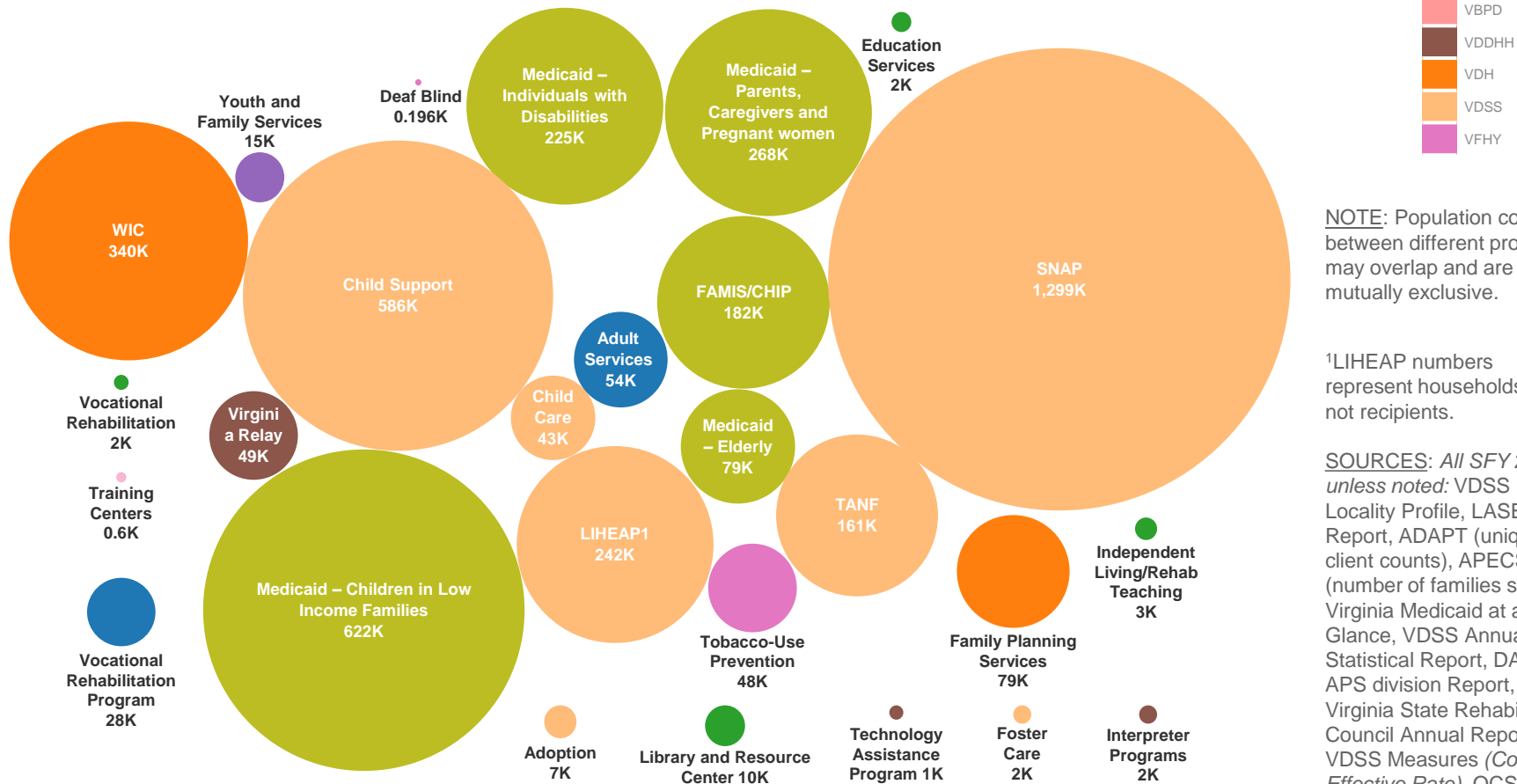
NOTE: Population counts between different programs may overlap and are not mutually exclusive.

[1]LIHEAP numbers represent households and not recipients.

SOURCES: *All SFY 2013 unless noted:* VDSS Locality Profile, LASER Report, ADAPT (unique client counts), APECS (number of families served), Virginia Medicaid at a Glance, VDSS Annual Statistical Report, DARS APS division Report, DARS Virginia State Rehabilitation Council Annual Report, VDSS Measures *(Cost Effective Rate),* OCS Strategic Plan *(2012-14),* DBDHS 2014 Annual Report, CARS, DSA Expenditure Reports

Program Overlaps – Sample From Other State

The illustration below provides overlap populations between different programs in a state with a matured integrated eligibility system
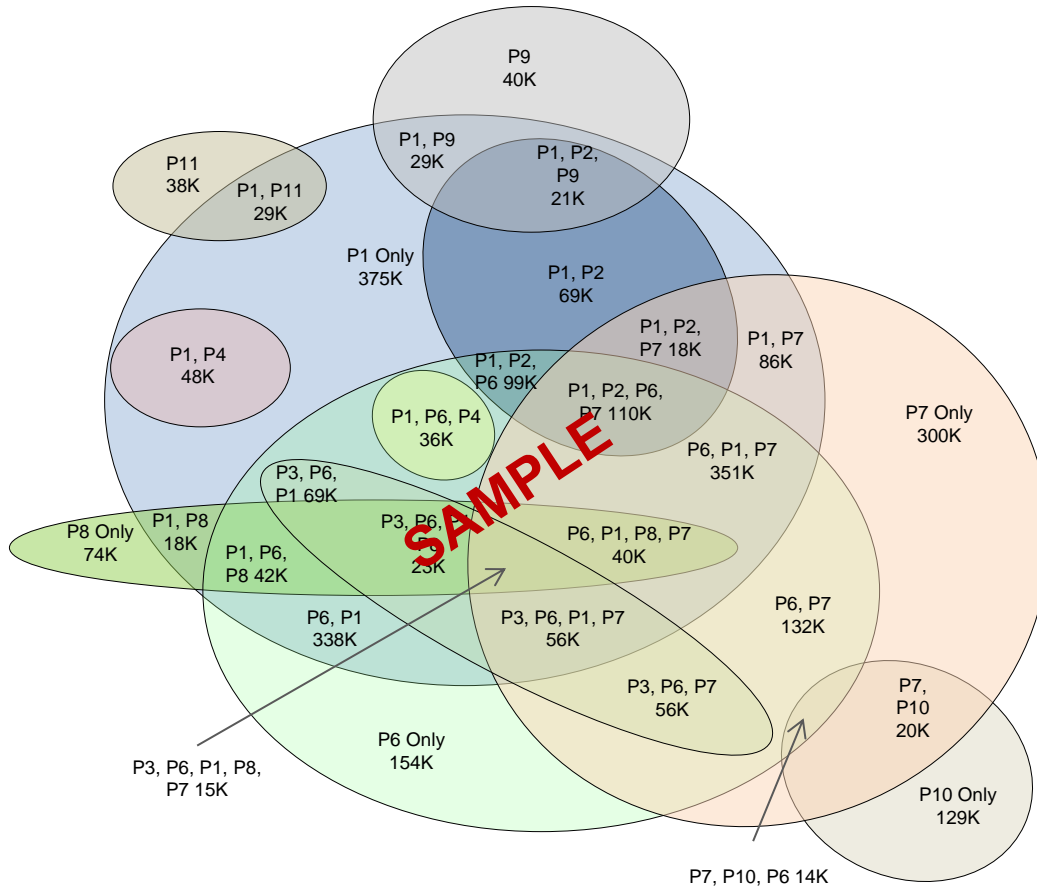
Program	# People
P1	1,397,702
P2	365,976
P3	198,468
P4	59,462
P5	51,570
P6	1,664,482
P7	1,278,006
P8	289,830
P9	197,695
P10	190,324
P11	160,626

NOTE: Venn diagram sizes may be exaggerated at certain places to show overlap

Federal Policy to Support Collective Impact

Moderator: Jeremy Ayers, Results for America

- Rebecca Boxx, Director, Providence Children and Youth Cabinet

- Dreama Gentry, Executive Director, Partners for Education at Berea College

- Mary Ellen Wiggins, White House Office of Management and Budget

Q&A

People

Plans & Data

Money

Aligning Across Departments and Levels of Government