



LEADERSHIP IN ACTION

AN ANTHOLOGY FROM THE ASPEN INSTITUTE
COLORADO CHILDREN AND FAMILIES FELLOWSHIP

WE ENVISION **AN AMERICA**
IN WHICH A LEGACY OF **ECONOMIC**
SECURITY AND **EDUCATIONAL**
SUCCESS PASSES
FROM
ONE GENERATION TO THE NEXT.  **ASCEND**
THE ASPEN INSTITUTE

ABOUT ASCEND AT THE ASPEN INSTITUTE

Ascend at the Aspen Institute is the national hub for ideas and collaborations that move children and their parents toward educational success, economic security, and health and well-being. We embrace a commitment to racial equity and a gender lens.

We would like to acknowledge James White for editing and design of this publication and Anne Mosle and Lori Severens for editorial contributions.

We would like to thank the ZOMA Foundation for their generous support, which made the first cohort of the Aspen Institute Colorado Children and Families Fellowship possible.

Editors' Note: The perspectives and analysis in this publication reflect the views of the individual authors and no one organization or institution.

[Cover photo: 2017-2018 Children and Families Fellows in Aspen, Colorado]



INTRODUCTION

It is our pleasure to share this collection of leadership briefs from the inspiring leaders who make up the first cohort of the Aspen Institute Colorado Children and Families Fellowship. This journey began with a question:

What would it take to make Colorado the best place to have a child and raise a thriving family?

THE APPROACH

We invested in a cohort of diverse leaders across systems and communities, on the Front Range and along the Western Slope – leaders with big ideas and leverage points to transform Colorado's health and human services for young children and their families.

THE PARTNERS

The journey began with a funder willing to make a big bet on a tipping point for brighter futures for children. State leaders committed to building a pipeline for innovation and collaboration that would transform how we serve families. And Ascend at the Aspen Institute brought decades of experience in leading change and investing in leaders ready to address the critical issues of our time. Since Ascend's founding, Colorado leaders have been well represented in its premiere national Ascend Fellowship and its 300+ strong national two-generation learning network. The Children and Families Fellowship builds on that history and Ascend's work to fuel the two-generation field to invest in some of Colorado's boldest leaders.

THE RESULTS

Judge for yourselves. In the pages that follow, we highlight the strategies and the leaders who are leaving their mark on Colorado's systems and communities. We think you will agree that Colorado's children and families are better off. From new approaches to child welfare and expanded efforts to address mental health to creative, practical models that expand quality child care in rural areas and holistic approaches to the housing crisis, these leaders are making a difference.

This cohort of leaders completed their Fellowship in 2018 with big ideas that continue their work. Ascend at the Aspen Institute remains committed to supporting their visions, and we invite you to do the same.

Sincerely,



Anne Mosle
Vice President, Aspen Institute
Executive Director, Ascend at the Aspen Institute



Lori Severens
Assistant Director, Leadership & Design
Ascend at the Aspen Institute

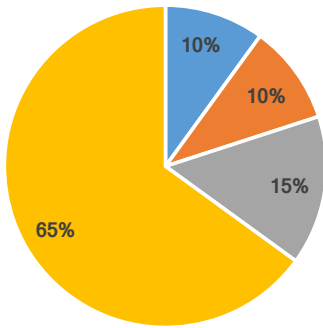
ABOUT THE ASPEN INSTITUTE COLORADO CHILDREN AND FAMILIES FELLOWSHIP

The Aspen Institute Colorado Children and Families Fellowship builds on the Aspen Institute's 50+ year history of investing in leadership. The Fellowship invests in cohorts of 20 entrepreneurial leaders who represent the rich diversity of the state and have bold solutions that give children and families the tools to reach their full potential.

The Fellowship is an 18-month journey of thought-provoking reflection, inspiration, and action. Fellows commit to participating in four forums and to creating and implementing an action plan that improves the lives of Colorado's children and communities. In return, Fellows get the space, inspiration, and support for groundbreaking work and have the Aspen Institute use its influence and reach to amplify their leadership.

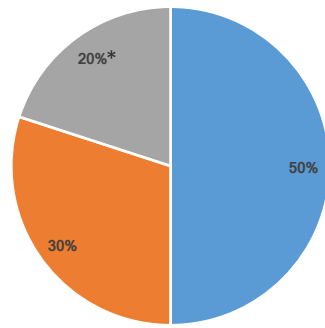
2017 - 2018 COLORADO CHILDREN AND FAMILIES FELLOWS

Race/Ethnicity



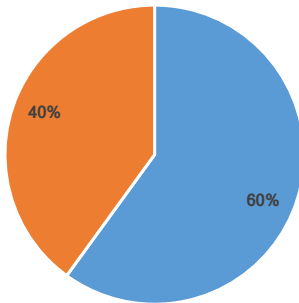
- Asian American
- Black/African American
- Hispanic/Latino
- White

Geographic Influence



- State
 - Denver Metro
 - County
- *includes Arapaho County

Gender



- Female
- Male

The Children and Families Fellowship at the Aspen Institute invests in diverse, entrepreneurial Colorado leaders with breakthrough ideas to ensure Colorado is the best place to have a child and sustain a healthy, thriving family.

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PART I: FAMILY HEALTH AND WELL-BEING



GETTING TO THE SOURCE: HOW A FOCUS ON PREVENTATIVE CARE AND SOCIAL DETERMINANTS OF HEALTH STRENGTHENS FAMILIES AND COMMUNITIES

Tista Ghosh, Colorado Department of Public Health and Environment

When most of us think of health, we imagine encounters in the physical medical facilities where people are treated. But only about 10 percent of factors influencing one's health outcomes are related to traditional health care. Our physical environments, genetics, and a host of social issues like poverty, racism, and educational attainment influence the remaining 90 percent of health outcomes for most people. Yet still, we spend billions of dollars each year on health care without thinking critically about what factors actually determine health outcomes.

The system is inefficient. To really begin to move families toward health and well-being, I want to use levers at my disposal as chief medical officer for the state of Colorado to reframe our conversation around health care and health care funding to focus more on prevention instead of mitigation and the all-important social determinants of health. The factors that I have chosen to prioritize in this effort are adverse childhood experiences (ACEs) and suicide among men and boys.

If every child born in Colorado was planned and supported, we would see decreased numbers of ACEs among young people and increased numbers of children who grow up to be happier, healthier adults. State efforts to reduce unintended pregnancies have been fruitful. From 2009-2015, we saw a 40 percent decrease in the teen pregnancy rate due in large part to efforts out of the Colorado Family Planning Initiative. This helped the state and federal governments save almost \$70 million in entitlement program spending from 2010-2014. But despite significant savings, funding for preventative programming in the initiative may be at risk, particularly at the federal level. Nevertheless, we remain steadfast in our approach by funding clinics and local public health agencies and offering training to providers on free, long-acting, reversible contraceptives.

Even if a child is planned and supported, we know that depression during pregnancy can have detrimental effects on mother and child and be a source of ACEs later in life. In fact, children of mothers who experience depression or anxiety are more likely to have behavioral problems than children of mothers who smoke, binge drink, or subject them to physical or emotional abuse. Depression or anxiety during pregnancy can result in impaired postnatal mother-infant bonding and damage to a child's emotional development and cognitive functions. Data shows that

nearly one in nine Coloradans who give birth will experience signs and symptoms of depression, making it the most prevalent complication during pregnancy in the state. So we piloted dyadic screening for children and their parents during well-child visits and saw parental screenings increase by almost 60 percentage points. We are now working on a plan to expand screenings beyond initial pilot locations. We also launched a public awareness campaign around depression and anxiety during pregnancy, developing a community partner toolkit with materials and resources to help providers reach intended audiences, a best practice guide for mothers and their support persons, and a technical assistance guide for partners.

In 2016, more Coloradans died from suicide than from homicide, motor vehicle accidents, breast cancer, influenza and pneumonia, or diabetes. The state recorded the most suicide deaths ever recorded in the state in 2016 and consistently ranks in the top 10 nationally for suicide deaths. It is one of the leading causes of death for Coloradans ages 10-24, but most significantly affects middle age men, with this group accounting for more than half of all suicide deaths in Colorado. There has long been a stigma around suicide, especially among men, so I am using my platform within the Department of Public Health and Environment to bring visibility to this community health issue. As co-chair of the State Innovation Model Population Health Workgroup, I was able to highlight suicide in a call to action for boys and men. I have spoken on the topic at a suicide press conference with Denver Mayor Michael Hancock, a Public Health in the Rockies conference, and events highlighting two-generation approaches to health and well-being across the state. To bolster these efforts, I secured resources during the last legislative session for outreach and education and am exploring non-traditional avenues to connect with men and boys around this issue.

Social determinants of health are the main drivers of health. By addressing them, we prevent most of the illnesses that drive healthcare costs. A failure to address these issues is a failure to uphold our commitment to the health and wellbeing of our constituencies. So we have to be more critical of how we direct resources to address the health of Coloradans. We have to shift our thinking to prioritize prevention and work to address the root causes of negative health outcomes.



Dr. Tista Ghosh
Chief Medical Officer
Colorado Department of Public Health and Environment

Tista Ghosh serves as the chief medical officer for the Colorado Department of Public Health and Environment. The Department's mission is to protect and improve the health of Colorado's people and the quality of its environment.

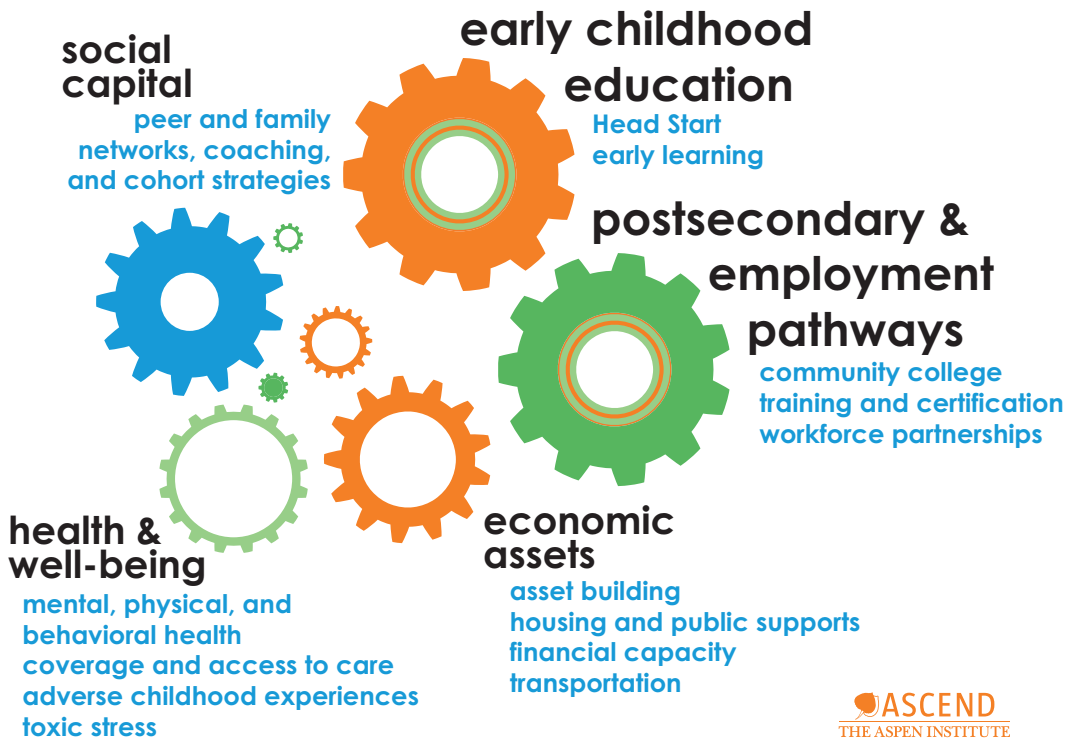


HEALTHY FAMILIES CHECKLIST: HOW COLORADO MEDICAID IMPLEMENTS A TWO- GENERATION APPROACH TO SUPPORT FAMILIES

**Gretchen Hammer, Public Leadership Consulting Group
(formerly Colorado Medicaid Director)**

Medicaid provides health insurance coverage for low-income children, pregnant women, parents and caregivers across the nation. At this large scale, Medicaid builds the well-being of millions of young children and their families, so they can reach their full potential. Using a two-generation framework, Medicaid can be designed to support the social capital, health and well-being, educational attainment and economic security of children and families, together, so they can maximize their health and thrive.

This checklist outlines specific Medicaid policies and design choices adopted in Colorado to implement a two-generation approach to improve the lives of children and families.



Another core principle of two-generation work is the engagement of families in the design and implementation of ideas and programs. The Colorado Medicaid program convenes two Member Experience Advisory Councils, one in-person and one virtual, to engage Medicaid and CHP+ members to help design programs, develop communications and pursue policy ideas that align with and will meet the needs of members.

MEDICAID AND SOCIAL CAPITAL

Social capital is the web of social connections and resources available to an individual, family or community. These connections and resources can have a powerful impact, both positive and negative, on the health and well-being of children and families. Over the last decade, Colorado Medicaid has expanded eligibility for children, pregnant women and parents and incented services that support the development of high social capital for Medicaid members.

Eligibility Policy

□ **12 months Continuous Eligibility for Children**

Children can establish long term relationships with pediatric providers without disruptions in their health insurance coverage.¹

□ **Expanded Eligibility and Presumptive Eligibility for Pregnant Women**

Pregnant women with incomes up to 185% of the federal poverty level can apply for Medicaid and begin accessing care while their final eligibility is determined.²

□ **Medicaid Expansion**

Adults, parents and caregivers with incomes up to 138% of the federal poverty level can receive primary, preventive and comprehensive health care services allowing them to improve their health before becoming a parent or while being a parent or caregiver.³

Benefit Design

□ **Group Visits**

Group visits allow Medicaid members to establish relationships with other members of their community, gain support and access high quality services.

□ **Prenatal Care** ⁴

□ **Group Drug and Alcohol Abuse Therapy** ⁵

□ **Well Child Checks** ⁶

□ **Nurse Home Visitation**

Nurse home visitation provides first time mothers with the support they need to enhance the early development of their child and get their social and health needs met.⁸

□ **Case Management**

Case management services provide Medicaid enrolled families access to needed services including medical, social, educational and other services.

□ **Healthy Communities** ⁸

□ **Targeted Case Management** ⁹

Delivery System Design and Payment Policy

□ **Accountable Care Collaborative**

Regional Accountable Entities are contracted with to deliver a range of deliberate activities to facilitate health and social services that support member health and well-being, including addressing social needs and informal support systems of members.¹⁰

MEDICAID AND HEALTH AND WELL-BEING

Medicaid provides comprehensive health insurance benefits for children, pregnant women, parents and caregivers. These benefits allow members to establish relationships with health care providers, so they can get care when they are sick or injured or need advice about their health, pre-conception, during pregnancy and in the early years of a child's life. Like other Medicaid programs, Colorado provides the federally mandated benefits and services to support healthy early development and general health. In addition, Colorado has implemented many innovative programs and payment policies to help children and their caregivers thrive.

Benefit Design

□ **Family Planning**

Comprehensive family planning benefits allow women to prevent, delay or plan their pregnancies.¹¹

□ **Healthy Pregnancy**

Prenatal care is available for all pregnant women, with additional services for some.

□ **Prenatal Plus for women with complex risk factors**¹²

□ **Special Connections for women with substance use disorders**¹³

□ **Postpartum Care**

Care aligned with national standards is delivered for women and children following birth.¹⁴

□ **Pediatric and Adult Health**

Comprehensive health services are available to children and adults including physical health services and developmental screening.¹⁵

□ **Behavioral Health**

Behavioral health services are available to all members of the family including depression screening and treatment, substance use disorder screening and treatment.¹⁶

Delivery System Design and Payment Policy

□ **Family Planning**

Long acting reversible contraceptives are paid outside of the encounter rate for federally qualified health centers and rural health centers.¹⁷

□ **Bundled Payments**

Prenatal, delivery, and postpartum services payment to promote continuity of care.¹⁸

□ **Pregnancy Related Depression Screening**

Postpartum depression screening for mothers can be billed to infant's Medicaid identification.¹⁹

□ **Integrated Primary and Behavioral Health Care**

The Accountable Care Collaborative Phase II design allows for six behavioral health visits outside of capitated behavioral health benefit for members with low acuity conditions in primary care settings such as pediatric and obstetric practices.²⁰

□ **Pay for Performance**

Additional payments are made to a variety of health care providers and administrative entities for reaching performance milestones.

□ **Accountable Care Collaborative Phase I Clinical Key Performance Indicators** including post-partum care and well child visits.²¹

□ **Enhanced Primary Care Medical Provider** payments for providers who provide enhanced services including patient centered care plans and integrated care.²²

□ **Primary Care Payment Reform** is a comprehensive approach to paying providers for quality services including pre-natal and post-partum care, well-child visits, depression screening and other national quality indicators.²³

□ **Hospital Quality Incentive Program** measures include rates of cesarean sections and breastfeeding support practices within hospitals.²⁴

MEDICAID AND EDUCATION AND EMPLOYMENT

Medicaid plays a critical role in supporting school readiness for children and the ability to obtain and maintain employment for adults. Access to comprehensive benefits for children allows for the early identification of developmental delays. Access to care allows sick children to get the care they need to get back to school quickly and help the adult in their life maintain their education or employment. Colorado Medicaid has many benefits and programs designed specifically to support education and employment for members.

Benefit Design

□ **Developmental Screenings**

Colorado has adopted the American Academy of Pediatrics Bright Futures Periodicity schedule and provides access to early, periodic, screening, diagnosis and treatment (EPSDT) services.²⁵

□ **Vision and Hearing Benefits**

Children and adults have access to vision and hearing benefits to support their success in school and in the workplace.

□ **Child** ²⁶

□ **Adult** ²⁷

□ **Oral Health Benefits**

Children and adults have access to oral health benefits that support their overall health as well as minimizes pain and impacts on appearance that can affect their success in school and the workplace.

□ **Child** ²⁸

□ **Adult** ²⁹

Delivery System Design and Payment Policy

□ **Early Intervention**

Early Intervention Colorado is managed by the Office of Early Childhood in the Colorado Department of Human Services. A strong interagency partnership allows for aligned delivery system and payment policy for the program.³⁰

□ **School Health Services**

Enrolled School Health Services Program Providers receive federal Medicaid funds for amounts spent providing health services to students who are Medicaid eligible and have an IEP or IFSP, leveraging millions of federal dollars to support student health.³¹

□ **School-based health centers**

School based health centers are clinics operated within a school that provide primary health care and behavioral health services that compliment services provided by school nurses allowing children to get health care during the day without parents losing hours of work.³²

MEDICAID AND ECONOMIC ASSETS

Health insurance protects the economic security of families by covering high cost and unexpected medical expenses. Families experiencing financial hardship may need to rely on public health insurance programs and other assistance programs such as cash assistance and nutrition assistance. Colorado Medicaid has taken significant steps to support family economic security by streamlining application and eligibility determination systems and implementing other financial policies.

Eligibility Policy

□ **Shared Eligibility Systems**

Colorado has an online, coordinated eligibility determination system that includes a mobile app, allowing residents to apply for health, nutrition and other assistance programs.³³

Delivery System Design and Payment Policy

□ **Parent Caregivers**

The parents of children enrolled in Medicaid may become a Certified Nursing Aid and receive payment for providing authorized Medicaid services.³⁴

Program Integrity

□ **Prohibition on Balance Billing**

Colorado law prohibits providers for billing members for the cost or cost remaining after payment by the Medicaid program.³⁵

¹ 10 CCR 20505-10 8.1003.Q allows children under the age of 19 continuous eligibility without regard to changes in income or other factors that would render the child otherwise ineligible [42 CFR 435.926].

² 10 CCR 20505-10 8.100.1 expands eligibility for pregnant women (until 60 days postpartum) to less than 185% FPL; 10 CCR 20505-10 8.100.4.F provides presumptive eligibility for children (under 19) and pregnant women, so they may access services immediately (45 days while the application is processed) [42 CFR 435.1102-3].

³ 10 CCR 20505-10 8.100.3.F provides authority for eligibility.

⁴ Centering Pregnancy and other group prenatal care models can be billed under 99078, TH and through Federally Qualified Health Centers.

⁵ Group substance abuse is available through behavioral health services available through a 1915b waiver and for pregnant women under 10 CCR 8.754.4.A.2 [42 CFR 440.250(p)].

⁶ CPT codes for billing group well child visits: 99411, 99412 (preventive medical counseling and/or risk factor reduction, 30 and 60 minutes), and 97084 (medical nutrition therapy for 2 or more patients).

⁷ State plan authority TN 09-009 and 10 CCR 20505-10 8.749 allows for TCM billing by nurses enrolled in Nurse Family Partnership, and nursing scope of practice under 10 CCR 20505-10 8.200.2.D. was expanded to "general" physician supervision, allowing nurses to deliver more in-home services. Billing Manual - https://www.colorado.gov/pacific/sites/default/files/CMS1500_NHVP%20v1_1.pdf

⁸ 10 CCR 8.280.3 allows EPSDT outreach to be delivered by local vendors who case manage services for EPSDT eligible members--includes connecting members to medical services, special Medicaid programs or waivers, and other social services [42 CFR 441.56]; State Medicaid Manual, Chapter V).

⁹ 10 CCR 20505-10 8.603.5.N authorizes targeted case management services to be reimbursed for individuals enrolled in HCBS Developmental Disabilities and Children's Extensive Support waiver programs.

¹⁰ Accountable Care Collaborative Care Coordination (contract section 11.3) Population Health Management (contract sections 11.2). <https://www.colorado.gov/pacific/hcpf/accphase2>

¹¹ 10 CCR 20505-10 8.700 allows the state reimburses for all FDA-approved contraceptives without requiring prior approval.

¹² 10 CCR 20505-10 8.748 provides enhanced benefits for women with complex risk factors which allows for access to an interdisciplinary team of dietitian, care coordinator and mental health professional in addition to obstetric care [42 CFR 440.250(p)].

¹³ 10 CCR 20505-10 8.745 authorizes Special Connections--Behavioral Health and Substance Use Disorder Services for Pregnant and Parenting women (Outpatient and Residential, with sites that allow infants to reside with mothers in treatment) [42 CFR 440.250(p)].

¹⁴ 10 CCR 20505-10 8.732 authorizes postpartum care be covered at a frequency that follows nationally recognized standards of care.

¹⁵ 10 CCR 20505-10 8.280 authorizes the EPSDT program providing medically necessary services for all members under 21 (42 CFR 441).

¹⁶ 10 CCR 20505-10 8.212 authorizes the community behavioral health program <https://www.colorado.gov/pacific/hcpf/behavioral-health-services>.

¹⁷ 10 CCR 20505-10 8.700.6.B allows for the reimbursement of LARCs separately from the FQHC encounter rate; 10 CCR 20505-10 8.740.7.C allows for the reimbursement of LARCs separately from RHC encounter rates.

¹⁸ Obstetrical Care Billing Manual defines policy of global payment for prenatal, delivery and postpartum care payment structure. https://www.colorado.gov/pacific/sites/default/files/CMS1500_OB%20v1_2.pdf

¹⁹ August 2014 Provider Bulletin authorizes billing https://www.colorado.gov/pacific/sites/default/files/Bulletin_0814_B1400355.pdf

²⁰ <https://www.colorado.gov/pacific/hcpf/accphase2>

²¹ Historical: <https://www.colorado.gov/pacific/sites/default/files/KPI%20Incentive%20Payment%20Fact%20Sheet.pdf> ; Current: https://www.colorado.gov/pacific/sites/default/files/Performance%20Measurement%20fact%20sheet%20June%202018_1.pdf

²² <https://www.colorado.gov/pacific/sites/default/files/Enhanced%20Primary%20Care%20Medical%20Provider%20Definitions.pdf>

²³ <https://www.colorado.gov/pacific/hcpf/primary-care-payment-reform-3>

²⁴ <https://www.colorado.gov/pacific/sites/default/files/2018%20HQIP%20Program%20Details.pdf>

²⁵ 10 CCR 20505-10 8.240.4.A.3 includes developmental screening as part of EPSDT services, <https://www.colorado.gov/pacific/sites/default/files/EPSDT%20Periodicity%20Schedule.pdf> .

²⁶10 CCR 2505-10 8.280.4.A.2-3c includes vision screening in the EPSDT services package. Eyeglasses for children are authorized by 8.20.5.D-E. 10 CCR 2505-10.2.e.iii-iv authorizes audiology services for children.

²⁷10 CCR 2505-10 8.203 authorizes coverage for annual eye exams for adults and indicates that eyeglasses for adults are covered when the members has had past eye surgery. 8.200.3.D.2.g.vii outlines that hearing exams and evaluations for adults are covered when the member has a concurrent medical condition.

²⁸10 CCR 2505-10 8.202 authorizes dental services for children

²⁹10 CCR 2505-10 8.201 authorizes dental services for adults, CRS 25.5-5-207 authorizes the adult dental benefit

³⁰10 CCR 2505-10 7.900 authorizes Early Intervention Program, http://coloradoofficeofearlychildhood.force.com/eicolorado/EI_Home?lang=en

³¹10 CRS 25.5-5-318 authorizes the School Health Services program, <https://www.colorado.gov/pacific/hcpf/school-health-services>

³²CRS 25.5-5-301.5 authorizes school based health centers as providers of clinic services. Because they are enrolled as primary care and behavioral health care providers, the rules pertaining to physician and behavioral health services apply.

³³Colorado PEAK <https://coloradopeak.secure.force.com/>

³⁴10 CCR 2505-20-8.520.5.B.13.h allows family members or caregivers who have a Certified Nursing Assistant (CNA) credential to be reimbursed for CNA services. <https://www.colorado.gov/pacific/cdphe/parents-their-childs-certified-nursing-aide-cna>

³⁵CRS 25.5-4-301 (II), [42 U.S.C 139a (a)(14)], <https://www.colorado.gov/pacific/hcpf/policy-statement-billing-medicaid-members-services>.



Gretchen Hammer
Co-Founder
Public Leadership Consulting Group

Gretchen is fiercely passionate about public leadership and the awesome opportunity everyone has to improve our communities. She is thrilled to return to consulting and work with clients to meet their goals. To meet client's diverse needs, in addition to her own involvement, Gretchen maintains a network of partnerships with other skilled consultants. Previously, as Medicaid director and deputy executive director at the Colorado Department of Health Care Policy and Financing, Gretchen experienced first hand the responsibility of administering public programs to meet the needs of members. She navigated complex regulatory challenges, worked with elected officials, and directly engaged with stakeholders. She also worked across sectors, partnering with other state and local agencies to align policies and programs to maximize impact. Gretchen is fiercely passionate about public leadership and the awesome opportunity everyone has to improve our communities. Gretchen is a graduate of the Colorado College and the University of Washington School of Public Health and Community Medicine. She lives in Denver with her husband and two sons.

“The fellowship helped me to build meaningful relationships that I have drawn on since the end of our formal time together. I now have a network of colleagues around the state who lead family serving work at all levels - local, regional, statewide and in the government and non-profit sector. I consider this network a huge asset not only for their content knowledge, but also for their friendship and their passion for serving kids and families.”



BE HEARD, BE HEALTHY MILE HIGH: WORKING TOWARD HEALTH EQUITY FOR UNDERSERVED COLORADANS

Deidre Johnson, The Center for African-American Health

Health care disparities that affect African Americans on a national level are well-documented. Research shows that this community receives lower-quality care and therefore experiences worse health outcomes than white Americans. For the first time, in September 2018, the Colorado Health Access Survey conducted an in-depth examination of health care access and experiences of African-American Coloradans.

As a society, we measure things that are important. And while this first step is a wonderful way of signaling that the African-American community is as important as other populations across the state, it must only be a beginning. If we truly want to move underserved communities toward better health outcomes, we must take seriously and prioritize data collection and analysis within those communities and then use what we learn to work with those communities to close persistent health gaps.

In November 2016, the Center for African American Health — where I have the privilege of serving as CEO and executive director — received a three-year grant to develop a research panel with a sustainable, innovative, comprehensive, and longitudinal methodology for health data collection. In the months that followed, I embarked upon a journey to establish the center as a community platform equipped to offer services ranging from direct provision of evidence-based programming to research and evaluation. My vision was to position the Center as a beacon of excellence in service delivery and as a network partner and systems builder — all with an eye toward achieving health equity for underserved communities. In practice, this means offering culturally responsive health education and outreach that empowers communities to overcome root causes of health problems.

When we set out on this journey — around the same time that I joined a new, vibrant, and inspiring community of leaders working on behalf of children and families across Colorado through the Aspen Institute Colorado Children and Families Health and Human Services Fellowship — we set a handful of goals for what success might look like at both the programmatic and system levels and identified a set of attitudinal and behavioral shifts necessary to realize that success.

If we were successful at the programmatic level, families would view the center as a safe place to seek resources, services, and assistance navigating systems of care; organizations would view the center as a trusted data source and hub to facilitate linkages between communities and service providers; the research panel would play an active role in informing the field, increasing civic engagement, building data collection capacities for communities of color; and we would have developed processes to authentically engage communities to identify and support solutions to issues related to their collective health and well-being.

At the system level, success would mean moving the field toward reimagining an approach to health and human services that is person-centered from start to finish, breaking down silos that make the coupling of services harder, advocating for robust data collection and analysis in our most underserved communities, and shifting the health care approach to one of active prevention as opposed to reactive treatment.

BeHeardMileHigh



Contact us at
BeHeardMileHigh@caahealth.org



Since receiving the grant in November 2016, the center has successfully launched and implemented the BeHeardMileHigh community health panel (www.BeHeardMileHigh.org), which is comprised of more than 1,500 community members representing a rich array of demographic criteria including age, housing status, income, and education. The panel has allowed us to examine trends in health equity and test innovative methods to reach diverse communities — learning along the way that effective and enduring knowledge management cannot be a sterile, one-way communication, but must involve trust, context, and appropriate feedback to community. Communication, transparency, and shared goals are essential to building the trust and relationships necessary for this kind of collaborative endeavor between service providers and communities to flourish. On the capacity-building side, the center was named a network grantee of the Health Equity Advocacy cohort, which is engaged in building individual and collective capacities of organizations and communities across Colorado to advocate for changes that improve health equity.

We have enhanced our direct service footprint over the last two years as well, launching a youth leadership program co-created by young people to address their most pressing needs (in June 2019, we will be taking a team of youth to Uganda to participate in a global youth summit); securing funding for the center's first-ever early childhood programming (offering parent education classes — Strengthening African American Families — for parents of children from birth to age 5); expanding our Living Healthier Together program to include a nutrition curriculum pilot; and becoming a member of the Family Resource Center Association. In September 2018, I received the Health Equity Champion Award from Colorado's Center for Health Progress.

While we are proud of the progress we have made, we recognize the work that still needs to be done — namely, ensuring that the makeup of our BeHeardMileHigh panel is representative of the full diversity of our community and building a referral network to help ensure families are healthy, stable, and connected to resources. To address representation on the panel, we have initiated research and evaluation contracts with community-based organizations like the Family Center/La Familia of Larimer County to offer surveys in Spanish. We have also received funding to better understand the enrollment experience of SNAP beneficiaries across the state in order to inform system improvements.

In addition to tackling those challenges, we look forward to continuing to grow the panel, working with the community to develop a health equity policy agenda, and expanding our direct service portfolio to include additional multigenerational parent education programs in the year ahead.



Deidre Johnson
CEO and Executive Director
The Center for African-American Health

Deidre Johnson is the CEO and executive director of The Center for African-American Health. The Center works toward health equity for the underserved African American community by offering culturally competent health education and outreach that empowers community members to overcome the root causes of health problems, maximize their own individual health, and access health and support services.



TRAUMA IS AN INTERGENERATIONAL EXPERIENCE; RESILIENCE CAN BE TOO: AN INTEGRATED, 2GEN APPROACH TO ADDRESSING TRAUMA

Stephanie Seng, Colorado State University

At the Colorado State University (CSU) Center for Family and Couple Therapy, experience has taught us that, more often than not, trauma — experiences that are overwhelming and create real or perceived threats of harm or loss — is an intergenerational experience. Potentially traumatic events can include what is traditionally considered maltreatment (e.g., sexual, physical, and/or emotional abuse or neglect) as well as exposure to violence, familial substance abuse, multiple separations from caregivers, frequent moves or homelessness, and exposure to sexual activity. We have seen evidence that inclusion of family is essential to successful healing, so for years, we have addressed trauma from a systems perspective. The challenges we face do not happen in isolation.

Through a partnership with the Larimer County Department of Human Services to build trauma-informed care practices in the county, we created the Child Trauma and Resilience Assessment Center (CTRAC) to meld our systems approach with an innovative trauma assessment model that was changing lives. The center has been so successful that we started to work with organizations statewide to support healing at the family level and work toward the prevention of future maltreatment. Our goal is to build a deeper understanding of the ways in which trauma has impacted families and recommend targeted and unique treatment modalities to help build components of resilience (relatedness, regulation, and mastery). But this model should not be ours alone. Intergenerational, trauma-informed care should be embraced and implemented across systems that work with young people and their families in Colorado. So we endeavored to do just that — to build partnerships across agencies and organizations to provide integrated, 2Gen, trauma-informed care to their constituencies.

The first milestone in this effort was to establish CTRAC as a trusted provider of 2Gen, trauma-informed care. CTRAC has grown into a hub for training and educating on 2Gen, trauma-informed care and facilitating partnerships among agencies to help them integrate components of 2Gen, trauma-informed care for those they serve. In 2015, we joined a consortium of seven Colorado counties that was awarded a five-year grant from SAMHSA (Substance Abuse & Mental Health Services Administration) to support our work in creating trauma-informed communities and meet a goal of reducing congregate care placement. In three years, we have conducted over

400 assessments across the seven counties. Alongside those assessments, we have conducted trainings for case workers, supervisors, therapists, attorneys, judges, law enforcement officers, congregate care facilities, and other agencies in 10 Colorado counties; consulted with Colorado's Division of Youth Services, Denver Public Schools, and Denver Human Services' 2GO Kinship Program; and are in conversation with the University of Colorado School of Medicine's Kemp Center about contracting to offer training and education on the approach statewide. And to train the next generation of providers in 2Gen, trauma-informed care, CTRAC serves as a training rotation for graduate students in CSU's Marriage and Family Therapy program.

We also wanted to expand our work to develop and implement a family assessment protocol and conduct research to establish our work as a promising practice. To date, we have begun to collect and analyze data on our child assessments and have piloted and approved an adult trauma screening tool. We are in the process of developing an adult component to the assessment model. We are also partnering with local agencies to apply for grants and, together with Specialized Alternatives for Youth (SAFY) and the Larimer County Economic and Workforce Development Center, were recently awarded a 2GO grant from Colorado to develop a family trauma assessment and treatment protocol. After discussing our partnerships at the 2018 Colorado Child Welfare Conference, we were invited to present our work on building trauma-informed communities through conducting trauma assessments and leading community training activities at the Dee Norton Advocacy Center's Charleston Child Trauma Conference in South Carolina in the fall of 2017 and 2018.

To realize our ultimate goal of getting the field at large to embrace and implement 2Gen, trauma-informed care, we recognize the need to inspire mindset shifts that move people away from diagnosis-based funding philosophies and traditional, behavioral models of treatment to prevention-based funding philosophies and 2Gen, trauma-informed and strength-based treatment models. But we also recognize the urgency of providing children and families with a model of care that employs a systems approach — recognizing that traumatic events do not happen in isolation — and spans generations to address potential root causes or negative externalities. As we endeavor to address the two together, we are encouraged by the enthusiasm across Colorado and the nation around 2Gen, trauma-informed care.



Stephanie Seng
Director of the Center for Marriage and Family Therapy
Colorado State University

Stephanie Seng currently serves as the director of the Center for Marriage and Family Therapy at Colorado State University, where she manages their community-based therapy center. She is also the director and one of the founders of the University's Child Trauma and Resilience Assessment Center, which provides extensive assessments and recommendations for children across the state who have experienced complex trauma.

"The magic of the Ascend Fellowship was the way it connected us. We began as separate professionals with individual goals to help children and families in Colorado. Through the fellowship, we developed profound and lasting friendships, each of us deeply invested in supporting the incredible work of the others and partnering toward common goals. The fellowship made my life richer, both personally and professionally."

PART II: RESILIENT, THRIVING CHILDREN

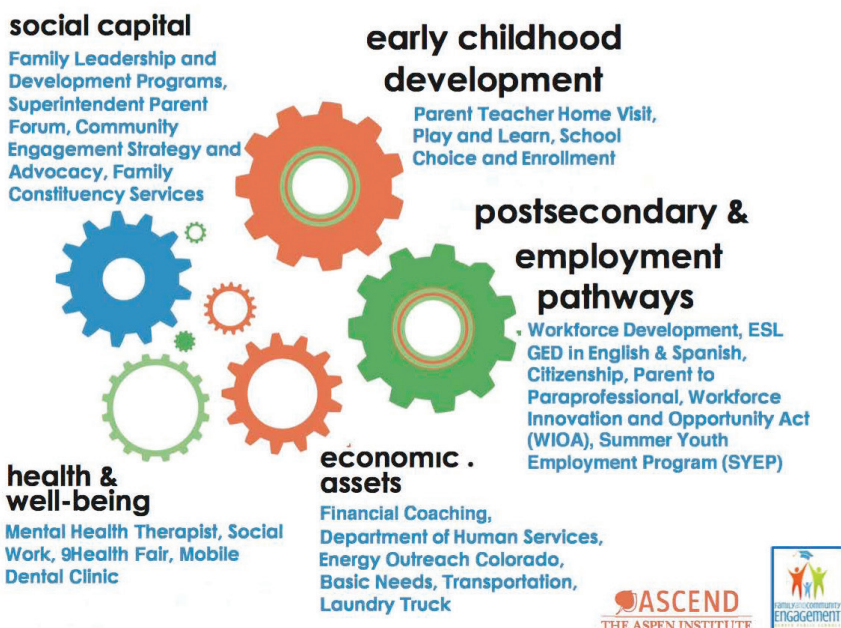


EXPANDING FAMILY ENGAGEMENT IN SCHOOLS

Verónica Figoli, Denver Public Schools Foundation

Within our schools and the education community, the importance of “family and community engagement” is talked about a lot as a means of achieving better outcomes for students, families, and communities. Yet the reality is that during times of decreased education funding – which has been the reality for education in Colorado for generations of our children – programs that genuinely support family and community engagement are often first to be cut from budgets. If we created and committed to sustained investment in family and community engagement programs and were equally committed to tracking and analyzing the outcomes of those investments, we would be better able to refine supports, and make the case for their value. The result of this work could pave the way for a national consortium to share best practices, fully informed by data, and create a roadmap for true family and community engagement that ultimately creates opportunities for families of color and families with low incomes and strengthens communities and economies nationwide.

Family and Community Engagement (FACE) Center 2-Generation Model



*This graphic has been adapted to reflect Denver Public Schools Family and Community Engagement (FACE) centers' core components to create thriving schools where every child succeeds.

My bold vision is for change – to create a true partnership between schools and families, with a focus on two-generation strategies, and most significantly, with a concerted effort to track and analyze outcomes over the long-term. The expansion of the Center for Family Opportunity (CFO) in the Denver Public Schools to at least two more quadrants will create better services for families in areas of need. The center offers a full suite of “bundled” services using a multi-generation and family financial stability model. Services include a district employment pipeline and job training; ESL and GED classes; financial literacy; legal and immigration services; informative support for school choice; home learning tools for parents; individual and family counseling; annual health screenings; and ongoing case management.

There are now two Family and Community Engagement Centers (FACE Centers) – at Johnson Elementary in the southwestern part of the city and at John Amesse in the far northeast, which is part of the Montbello Children's Network. These allow for great area coverage. Both FACE Centers are fully aligned with a two-generation approach.

Through a variety of staff onsite — including case managers, social workers, GED/ESL instructors, and co-located staff from partner organizations — families receive social-emotional support and build life skills as well as work skills. Centers offer families and community members workshops and one-on-one meetings with case managers and social workers with the overarching goal of achieving self-sufficiency.

Establishing trusting relationships with staff lays a foundation for successful family engagement and improved academic outcomes.

A full-time Denver Department of Human Services staff person is shared by the two locations. She reports high levels of employee satisfaction being able to operate at the FACE Centers and a greater ability to engage and get to know families. The success of her role presents an important opportunity to think about more DHS staff at schools and PEAK (benefits) kiosks.

Now that the two centers are open, we hope to document the model and collaboration process. Building allies across systems and at the leadership level will remain a priority.



Verónica Figoli
President and CEO
Denver Public Schools Foundation

Verónica Figoli is the president and CEO of the Denver Public Schools Foundation, overseeing the strategy, operations, and fundraising and managing a \$15 million annual budget. The Foundation generates resources, builds relationships, and champions public education to impact system-wide achievement and help every child succeed.



PROVIDING CARE AND CUSTODY WITH DIGNITY AND RESPECT WITHIN COLORADO DIVISION OF YOUTH SERVICES

Anthony Gherardini, State of Colorado

In December of each year, at the main administration building for the Colorado Department of Human Services (CDHS), a Christmas tree is placed in the entryway. The tree is decorated with ornaments listing the age, gender, and gift preference for a child in need. CDHS employees pick an ornament from the tree and purchase a gift for a young child that they will likely never meet. While this may seem like a standard giving tree, the unique feature of this tree is that the gifts are given to the children of youth within the Colorado Division of Youth Services (DYS). This small, yet poignant, act of giving raises larger questions: How are these teens learning to be parents? How many more holidays will they miss with their children? Who are their children spending their days with if not their parents? Parenting is an everyday activity, and time missed cannot be recaptured. How then can the department hope to rehabilitate young parents too? How can the department set these teens on a path of appreciation for their children and imbue within them an understanding of their responsibilities as a parent?

For more than 300 Colorado teens, home is a place they are not allowed to leave, where they are under 24-hour state supervision. The average young person served within DYS is placed in state custody for a little over 27 months. These youthful offenders are typically placed within DYS for offenses ranging from drug sales, robbery, and gang activity to aggravated assault and murder. During their commitment with the state, these young people are provided education, training, and mental health treatment to help prepare them for a successful transition back to the community and to hopefully prevent future negative interactions with the law.

While DYS provides support and housing for the youth in its care, no organization can replace a parent. CDHS, which oversees DYS, is working to maintain parent-child connections and relationships among committed youth and their parents, as well as between parenting youth and their own children. CDHS has acted upon a series of recommendations outlined below that include parenting curricula, home visiting and other benefits connections, and facilities upgrades to help address the destabilizing toll of incarceration on youth and their children.

Fifty-five percent of youth return home to their parents after their commitment, and numerous committed youth are parents themselves and are unable to fully participate in their children's lives. In order to ensure these crucial relationships are

preserved, the department has focused on designing approaches that impact parents of committed youth, committed youth themselves, and the children of committed, parenting youth.

DYS is working to transform the family experience by taking a 2Gen approach to the services it provides. Adopting a 2Gen approach to developing positive outcomes for the entire family is a key component to strengthening the economic health and well-being of the family. Through this approach, CDHS is working to ensure commitment and incarceration do not become family legacies. Working with Ascend at the Aspen Institute, state human services staff, community members, and youth within DYS and their parents, the department is committed to creating an environment of "Care and Custody with Dignity and Respect."

According to national statistics from the American Civil Liberties Union, more than 60,000 youth are incarcerated each day. These young people face numerous barriers to returning to their communities, and DYS is seeking to address family stability by providing parents the support their families need when youth return to their communities. For teens who are also parenting, the family is affected across three generations — their parent(s), the offending youth, and their own children.

While much is known about the impact on children of incarcerated adults, much less is known regarding teen parents who are incarcerated and the impact this has on their children, who are typically under the age of five when the parent is sentenced to youth services. Incarceration results in family destabilization, economic hardships, and emotional trauma. The toll of parental incarceration is well documented, including the need for policy and practices "that put the needs of incarcerated parents first," according to the Annie E. Casey Foundation.

Children under the age of six who have an incarcerated parent have 12 more adverse childhood experiences (ACEs) than children without incarcerated parents. Research suggests that the greater the number of ACEs, the greater likelihood of lasting harm.

Research into incarcerated parents has resulted in a number of recommendations that can and should be applied to juvenile facilities. Using the 2015 and 2016 reports, "A Shared Sentence" and "Parents Behind Bars: What Happens to their Children," DYS has embarked on an ambitious plan to provide committed youth with care and dignity while encouraging family bonding.

RECOMMENDATIONS CURRENTLY BEING ENACTED WITHIN COLORADO INCLUDE:

- Ensuring that parenting education is available and encouraged in all five state-run commitment facilities and available both for the incarcerated youth and for the parent who will have a young person return home;
- Ensuring that parenting classes are not used as a reward or punishment for behavior but are available to all teen parents;
- Holding family visits with children in appropriate facilities that are child friendly and less scary than the traditional institutional setting. These settings need to be

appropriate for young children who are visiting a parent as well as parents who are visiting their committed daughter or son;

- Connecting and enrolling teen parents with home visitation services during their commitment and upon release;
- Connecting parents of a returning youth with access to education, health care, and employment for themselves and for their returning child to strengthen the economic health and well-being of the family; and
- Working to ensure that all family members are provided information on financial and behavioral supports, such as assistance with enrollment in the Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, Medicaid, job training, and child care programs.

The journey toward creating a system that transforms the lives of young people, their parents, and their children has not been easy. Critics of the new service-oriented culture within DYS have voiced doubts, saying the division is “not day care,” and that youth are “committed as a punishment.” The fact is, the state of Colorado has entrusted CDHS and DYS to provide rehabilitation to these youth in order to prepare them to return to their families and communities. In adult corrections, there have long been parenting programs such as Parents on a Mission and MotherWise, which focus on healthy relationships and practical skills for communicating with partners, family, and even co-workers. Similar programs are therefore essential for supporting parenting youth within DYS to return to the community prepared to parent in a developmentally appropriate, pro-social fashion.

Of equal import is parent-education support for parents who are preparing to have a young person return to the home. These parents need the financial and behavioral health supports in place to prevent further offenses, to support their parenting in new ways, and to ensure that crimes are not committed out of a sense of economic desperation. Young people within DYS are also actively involved in implementing the aforementioned transformative initiatives. Most important, parents are experiencing the change in approach as an improvement in outcomes and in the quality of interaction with their families.



Anthony Gherardini
Director of Operations and Cabinet Affairs
State of Colorado

Tony Gherardini is the director of operations and cabinet affairs for the State of Colorado. In this capacity, Tony is responsible for the daily oversight of the twenty cabinet agencies and offices that comprise the Colorado Executive Branch. Additionally, Tony is responsible for the oversight, development, and management of statewide strategic planning, goal-setting, and performance improvement. Before working for the State of Colorado, Tony served with the US Army in Afghanistan and worked as a detective for the Lakewood, Colorado Police Department. Tony holds a master's degree in Public Administration from the University of Colorado Denver, and a bachelor's degree in political science from Colorado State University.



INVESTING IN THE FUTURE MEANS PRIORITIZING FAMILIES WITH YOUNG CHILDREN: SETTING A POLICY AGENDA THAT PUTS CHILDREN FIRST TO MOVE COLORADO FORWARD

Bill Jaeger, Colorado Children's Campaign

Colorado can and should be among the best places in the nation to raise a child. Instead, we are among the states with the largest gaps in academic performance between children of color and their peers and between children from less-resourced families and their more affluent counterparts. On measures of child health, obesity, and families' ability to afford child care, we are about average. And in direct correlation to our state's inequality of opportunity, we allocate significantly fewer dollars to programs supporting children's healthy development and education than most states in the US.

Failure to invest in our young children and their families means children under age six are most likely to live in poverty, we have more than 9,000 eligible four-year-olds who lack access to the Colorado Preschool Program or Head Start, and fewer than 11 percent of children who fail initial screening receive social-emotional or mental health services.

To transform these outcomes, we need to transform our priorities. Early childhood represents the time in a child's life, and in the stage of a family's development, when we lay the foundation for what is to come. If we want communities throughout Colorado to be places where every person can succeed, then we have to work toward communities and a Colorado where every child is healthy, valued, and thriving.

Among the most significant barriers to realizing this goal are public perception and prioritization. Too many view early care and learning and child development as not essential to a pipeline of education opportunities and future measures of health and well-being when, in fact, we know the exact opposite to be true.

So at the Colorado Children's Campaign — a nonpartisan research, policy, and advocacy organization that improves child well-being in health, education, and early childhood — we are working to change that narrative and set medium- and long-term early childhood policy goals for Colorado. We took important first steps to change things for the better this year.

The 2018 legislative session was a big one for early childhood, ushering in more than a dozen pieces of legislation receiving bipartisan support and significant investments to make this stage of development a priority. Wins included policy initiatives to make child care more affordable, expanded access to preschool and full-day kindergarten,

improved coordination of services for children with developmental delays, and investments to support the training, education, and certification of the early care and education workforce. We also saw budget investments to expand access to an evidence-based parenting and teacher training program to advance early childhood social and emotional development and behavioral health in addition to dramatic increases to improve access to quality early care and education through the Colorado Child Care Assistance Program.

Alongside these policy successes, the Children's Campaign, in partnership with Clayton Early Learning, produced an extensive report, *Early Childhood Policy Strategies for Colorado*, that captures a comprehensive set of medium- and long-term policy strategies to holistically address young children's early care, learning, and healthy development in the context of their families. Developed through a process that included broad community feedback and in partnership with a cross-sector advisory board of 36 members representing communities across the state, this report will help state leaders prioritize issues most in need of advancement and help stakeholders advance a shared policy agenda in support of young children and their families. It represents the first time a comprehensive set of medium- and long-term policy strategies across the full spectrum of issues around early care has been compiled in one place in Colorado. It was encouraging to see our state's early childhood advisory board, the Early Childhood Leadership Commission, use the report to help shape its roadmap of priorities for current and incoming policymakers. And we have seen evidence of the report increasing cohesion among a diversity of voices and interests to help place a set of significant policy changes atop the state's agenda for children and families.

With respect to public perception, we have started to see momentum in the business community around the value of child care both as a work support and long-term strategy to address talent gaps. We also see philanthropic leaders in the health sector and health care professionals embracing early care and education to proactively address health needs. The basic premise of "if we raise healthier, better educated children, we will have healthier adults and a less costly health care system" is resonating with Colorado's policymakers. As one example, the Colorado's Cost Commission on Affordable Health Care issued recommendations focused on increasing access to quality early care and education and improving state systems for screening, referral, and care coordination for children facing development delays or early adversity. Continuing to shift attention to early care and education as a viable strategy to address issues including family economic security, health care costs, and community economic development will move Colorado toward a health and human services sector that fully embraces a 2Gen approach.



Bill Jaeger
Vice President of Early Childhood and Policy Initiatives
Colorado Children's Campaign

Bill Jaeger serves as the vice president of early childhood initiatives at the Colorado Children's Campaign, leading efforts to advance child care, early learning, and mental health policy efforts to support Colorado's youngest children. The Campaign is a non-profit, non-partisan research, policy, and advocacy organization committed to ensuring every chance for every child.



BUILDING PARTNERSHIPS IN SUPPORT OF CHILDREN'S WELFARE

Stephanie Villafuerte, Office of Colorado's Child Protection Ombudsman

The “child protection system” encompasses a great number of public entities that serve children and families in crisis. Each node in this vast network of agencies and providers works to resolve agonizing situations with very high stakes. In crafting an intervention, each must balance multiple aspects of a child's well-being, including physical safety, mental health, education, and permanency. Like any complex system, the child protection system works best when all of its parts are operating in coordination. Unfortunately, in Colorado, different agencies have very few opportunities to convene and move the system forward together. Those opportunities that do exist have historically coalesced in response to scandal or crisis. The Office of Colorado's Child Protection Ombudsman (CPO) envisions a more proactive alternative.

Colorado is, by design, a local-control state. In the field of child protection, this means that responsibility and authority are largely dispersed to local law enforcement, school boards, county courts and county human service departments. Across the state—and especially in rural jurisdictions—these various entities must manage service delivery, personnel, budgeting, political pressures and occasional crises with very little guidance and limited funding.

Local control has many advantages for child protection. In a state as vast and regionally diverse as Colorado, different communities sometimes have different needs and resources. A county-administered human services system, for example, enables rural families to be served by officials who understand their background better than Denver policymakers. Additionally, local budgeting can incentivize more effective cost control. But local “flexibility” can also pose challenges. When serious problems are identified in systems, the fix must be formulated, implemented, and monitored many times over. Traditional policy making, whereby new regulations are handed down unilaterally by central state entities, is not well suited to a system administered by independent local actors. The gaps in communication, experience, and culture are too large.

Local control also creates logistical impediments to collaboration since those with decision-making authority are so spread out. If and when local agencies desire more guidance or coordination, they often join together through internal meetings to resolve internal issues. These groups do not address the impact of a problem or view solutions through the lens of other child serving agencies. In the past 20 years, the only exceptions have come following moments of political crisis: Governor Owens' Task Force on Child Welfare (1999-2000), Governor Ritter's Child Welfare Action Committee (2007-2009), and

the 2013-2015 legislative sessions. During each of these periods, state-supported study and deliberation were precipitated by specific child abuse tragedies that received heavy coverage by news media. In some instances, collaboration yielded impressive reforms. The problem is that collaboration was a temporary response to exceptional political circumstances, not a new norm.

These regulatory and logistical challenges do not give cause for abandoning or even weakening local control. Strong local governance is an essential part of Colorado's political culture and heritage. However, if our diffuse system is going to work well — not to mention comply with federal law — we have to meet its attendant challenges head on. To this end, the CPO proposes a forum where state and local agencies can listen to one another and work together to address problems before they become crises and children and families are harmed.

We proposed creating and hosting a Child Protection Policy Advancement Center in the CPO, where public entities that comprise Colorado's child protection system would come together to address critical issues in collaboration. The purpose of creating this program was to ensure that important policies and laws designed to safeguard children are implemented in a more thoughtful, consistent, and coordinated way throughout the state.

As a neutral, permanent office with broad jurisdiction, the CPO is uniquely well-suited as a venue for a forum on child protection. First, the CPO provides a neutral, low-stakes setting where stakeholders can convene as equals without fear of immediate repercussions in legislation or rule. Second, the CPO's comprehensive expertise affords insight into points of friction and possible solutions that other state entities — including the legislature — may not readily identify. Third, as a permanent fixture, the CPO will compile and retain accumulating research materials related to child protection in Colorado. This body of information will serve as a central statewide resource for lawmakers, researchers, and reformers to come.

Ultimately, though, the CPO believes that this program is more than innovative policy; it is necessary for the fulfillment of the CPO's statutory duties to illuminate and reform shortcomings in the child protection system.

IN ADDITION TO INVESTIGATING COMPLAINTS CONCERNING THE CHILD PROTECTION SYSTEM, THE CPO IS CHARGED WITH THE FOLLOWING:

- Promoting best practices and effective programs relating to a publicly funded child protection system and working collaboratively with county departments, when appropriate, regarding improvement of processes; and
- Recommending to the general assembly, the executive director, and any appropriate agency or entity statutory, budgetary, regulatory, and administrative changes, including systemic changes, to improve the safety of and promote better outcomes for children and families receiving child protection services in Colorado.

In the past, the CPO has executed these duties by way of independent study and self-generated recommendations. This didactic process does not produce durable,

consensual reform. Going forward the CPO believes that, with regard to certain systemic issues, its capacity to illuminate and reform will be strengthened by engaging multiple agencies and providers within its jurisdiction in moderated, face-to-face discussions.

A survey of other state practices suggests that this proposed collaborative problem-solving model is novel in child protection. The “success” of this project will therefore be defined by the consensual participation of different agencies. This would constitute a change in process, not a particular outcome.

Two public policy projects began in June of 2018 that illustrate how the Child Protection Policy Advancement Center might operate. Both of these projects are housed in the CPO.

COLORADO ADOPTION ASSISTANCE SUBSIDY PROGRAM

In December 2017, the CPO released its investigation report regarding Colorado's adoption assistance program. The report marked the first systemic investigation completed by the agency and more than 16 months of work. The CPO worked with dozens of adoptive families and several local and state agencies in completing the investigation. The investigation revealed a fragmented program where adoptive families are unclear about how the program is administered and how subsidies to children are awarded. It also revealed deficiencies in state law, current operating structures, and funding — critical aspects of the program that hinder it from operating effectively for the children and families it is designed to serve.

The investigation resulted in one recommendation to the Colorado General Assembly and 13 recommendations to the Colorado Department of Human Services (CDHS). CDHS used those recommendations to create a two-year improvement plan for the program. Joint Budget Committee staff also used them to create legislation — which was signed into law in May 2018 — to improve how the program is funded.

From June to December 2018, the CPO held eight stakeholder meetings aimed at drafting legislation that would amend the state statute that regulates the adoption assistance program. The group worked collaboratively to bring Colorado's statute in line with federal law and to ensure that families across the state have equal opportunities to access benefits offered by the program.

Approximately 30 people attended each meeting, both in person and on the phone. Rural and metro-area entities have been represented, as well as private and public agencies. Some examples of stakeholders include county human services departments, county attorneys, CDHS, private adoption agencies, the Office of the Child Representative, and adoptive parent advocacy groups. The CPO provided meeting space, facilitation, educational speakers, record keeping, and all technical support for the project.

The outcome of these stakeholder meetings was a 14-page draft bill that repeals and amends Colorado's adoption subsidy. The bill also ensures equitable consideration for access to the program and increases the information provided to adoptive parents regarding key components of the program.

While the meetings were challenging at times, stakeholders expressed considerable enthusiasm regarding the process. Most notably, participants appreciated each other's differing roles and how all parties joined together to make improvements to the program. This bill was passed and signed by the Governor in May 2019.

SHARING OF MUNICIPAL COUNTY RECORDS TO ENHANCE CHILD SAFETY DECISION MAKING

In Colorado, there are no laws requiring the more than 200 municipalities in the state to share arrest or conviction records. What this means for children is that a police officer or social worker in Southern Colorado who is determining whether a child will be safe in their own home may not know that the family has an extensive history of domestic violence in another county. In essence, those entrusted with protecting our children are not guaranteed access to important criminal justice information when making decisions about our children's safety.

Colorado's child protection community includes a myriad of stakeholders, including police officers, prosecutors, educators, medical professionals, child protection workers, victim's advocates, legal professionals, and judges. Each of these professionals plays an integral role in protecting our communities' children.

The job is difficult. A professional is required to enter a family's life in a time of crisis, assess whether a child is safe, and, when necessary, take steps to provide the child with a protective environment and the family with necessary resources. Such decisions require that child-serving professionals have access to caretakers' relevant social and criminal justice information. But what happens when professionals cannot obtain complete information about families? Quite simply, they are required to make decisions without it. As a result, they risk not only their own safety, but the safety of a child.

Such is the case in Colorado. The gaps in Colorado's criminal justice records systems leave child protection professionals ill equipped for the job we expect them to do. Poor coordination among court information systems and lack of legal guidance are the main culprits.

In Colorado, there are approximately 215 municipal courts. These courts hear cases brought by city attorneys that involve violations of city or municipal code. Currently, there is no centralized database for the records generated by municipal courts. Nor is there standard practice for the reporting or release of such records to other state agencies that need them. In order to access information about a person's municipal charges, one must call every individual municipality where the person could have committed a crime. As a result, law enforcement, judges, prosecutors, advocates, and human services agencies are often forced to make decisions with no knowledge of or consistent access to information about an individual's municipal charges. In many cases, decisions based on incomplete information about relevant social and criminal history may seriously compromise public safety, child protection, and effective victims' advocacy.

In response to this issue, the CPO organized and hosted four stakeholder meetings from May through November 2018. The goal was to study statewide limitations to accessing municipal court criminal records. The CPO provided meeting space, facilitation, educational speakers, and overall support for the project. Approximately

30 stakeholders attended each meeting. The group uniformly agreed regarding the importance of information sharing. They then explored the challenges and obstacles that prohibit this from occurring.

In November 2018, the group held its final meeting, which examined existing state technology systems and how municipalities might be able to connect to this vast network. The group is currently exploring a pilot project that would allow stakeholders to test various information-sharing alternatives. The goal is to develop a system and corresponding protocols that can be ultimately shared with municipal courts throughout the state. It is anticipated that this pilot project will be created through legislation in 2019.



Stephanie Villafuerte
Colorado's Child Protection Ombudsman
Office of Colorado's Child Protection Ombudsman

Stephanie Villafuerte serves as Colorado's Child Protection Ombudsman. This state agency is an independent and neutral organization that serves as a resource and systems navigator for stakeholders and the general public, reviews complaints about the child protection system, and makes recommendations to the legislature and

state government for system improvements.

"I credit the Ascend Fellowship with providing me the opportunity to form trusting and strategic relationships that have resulted in concrete, innovative policy change for Colorado's children and families. Ascend builds leaders and alliances that will benefit Coloradans for generations to come."

PART III: STRONG HEALTH AND HUMAN SERVICES SYSTEMS



INVESTING IN THE HUMAN SERVICES WORKFORCE

Matthew Dodson, Archuleta County Department of Human Services

Changing values in society are having a profound impact on Colorado Human Service Department's workforce at the county and state level, and increased aspirations for personal development are presenting a demand that we must seek to meet. Occupational changes, economics, work satisfaction rates, and significant stress for those in the field are a few of the significant factors that need to be considered or "shifted." Staff need to have the appropriate knowledge, skills, abilities, and attitude to accomplish current and future goals; be equipped to adapt to changing and challenging needs; and have enhanced capacity through a coordinated approach that builds a culture of leadership, continuous learning, and commitment to excellence to sustain the success and future of children and families who enter our human service systems and the staff that serve them.

In Archuleta County, we have implemented several major changes in the way we deliver services to children and families. Most important is our goal at Archuleta County Department of Human Services (ACDHS) to always remember the importance of customer service; customer service is an integral part of our job, as is the experience we deliver to those we serve.

We use a two-generational approach that considers the needs of both children and their caregivers. These programs are designed to assure that services support the whole family in reaching self-sufficiency so that opportunity becomes a family tradition. It is a concerted effort from leadership to case managers — it is probably the most significant change we have made. When we are working to help someone become more employable, for example, it becomes a work ethic tradition for the entire family.

In many ways, Colorado is at the forefront of child welfare. The Title IV-E waiver (which expands flexibility in use of federal funds) allowed Colorado to develop interventions that allow our case managers and families to work toward child and family safety goals in a more transparent and supportive manner. We have implemented the differential response model, which allows us to use a less severe family assessment response, when it is appropriate, after receiving a call for concern about child welfare. When that perceived threat from social services intervention is removed, case managers can better connect with families to offer help and support.

Another example: We are using family engagement meetings to provide a common framework for sharing information. They allow parents to have a voice and a choice in decisions regarding their families — which they are more likely to implement because they were involved in making the decisions.

IN ARCHULETA COUNTY'S DEPARTMENT OF HUMAN SERVICES, WE HAVE PRIORITIZED THE FOLLOWING STAFF INVESTMENTS:

- Embed an ethos of commitment to excellence in service provision;
- Promote and reinforce the alignment of staff goals, aspirations, and performance;
- Continue to review and enhance a wide array of training and professional development paths for staff;
- Develop and implement a comprehensive pay schedule; and
- Reward and recognize strategies to attract, motivate and retain quality, high-performing staff at all levels of the workforce.

Specifically, we have provided staff with access to training on resilience and trauma-informed care (for both employees and community partners). We have engaged further with partner agencies to promote and endorse 2Gen approaches, including presenting to state health and human services and the human trafficking coalition. We have also worked with the town, the county, the county's Economic Council to prioritize access to child care and educational opportunities, including purchasing and remodeling a facility to open in September 2019 with 30 new child care slots. We have also partnered with peer agencies and community members to apply for 2Generation Opportunities (2GO) grant project funding. Whether that application is successful or not, the partnership development is an important investment that will serve the county well in other efforts to align services.

Health and human services are intrinsically linked. We are very proud of the relationships we have across sectors, including those with our local health department, community mental health providers, business and nonprofit communities, school district, and the citizens of Archuleta County. We are highly engaged in informing, developing, and maintaining these relationships, recognizing that each sector has a role to play in helping individuals succeed.

At the state level, Archuleta County has also played an active role in the human services staff retention working group, which developed and disseminated a set of recommendations for use by county management across the state.

There are three levels of intervention recommended to mitigate the impact of vicarious trauma on the individual level: education, structural processes, and supports. Education includes training for professionals who work with traumatized clients on trauma-informed care, impact of trauma work, and reflective supervision. Structural processes include strategies for decreasing worker stress, promoting physical health and well-being, and providing reflective supervision. Supports include mindfulness-based methods, post-crisis debriefing meetings, and formal peer groups.

Two lenses have proven critical in Archuleta County's efforts to motivate and retain high-performing staff: a trauma-informed approach for human services staff and the families they serve and a whole-family approach that leads to more effective alignment of systems and services.

In Archuleta County, we are seeing a cultural shift in which staff report increased career enjoyment and increased support from various levels of administration. There has also been a decrease in staff turnover due to career dissatisfaction. A focus on

resilience and the importance of practicing trauma-informed care appears to be positively shifting the mindset of both internal and external consumers of the system.

Archuleta County Department of Human Services was recognized as a distinguished performer across all performance measures, ranking seventh in the state, a first for the county! Success included, but was not limited to, performance in improved client economic security, improved child and family safety and well-being, and timeliness in financial program application processing (expedited benefits to clients).

The biggest challenge has been the time, resources, and ability to focus in the midst of an ever-changing environment and systems.

Overall, we have learned that we must love our staff members, support them, provide them with the tools they need to succeed, and listen. We must do all these things with intention and show our staff members this intention. Expanding staff development efforts serves the field of human services and Colorado families well. Policy shifts and state support would facilitate ongoing investments and their replicability.

RECOMMENDATIONS INCLUDE:

- Changing the formula for the allocation of state child welfare block grants;
- Additional case manager funding;
- Implementation of the Family First Prevention Services Act, including trauma-informed care, increased prevention services and support, and resources for doing preventive work;
- Recognizing the importance of 2Gen approaches and treating the whole family; and
- Using the Self-Sufficiency Standard as a way to account for the differential experiences of poverty and the variances in income required to meet the basic necessities of life.



Matthew Dodson

Director

Archuleta County Department of Human Services

Matthew Dodson is the Director of Archuleta County Department of Human Services. The Department's assistance programs are provided to eligible residents in financial need and include federal food, cash, and medical benefits, as well as child care, child support, energy assistance, child welfare, and adult protection, prevention, and intervention services, so children and adults have a future that is bright, full of hope, opportunity, and security.

“So many of the stories, poems and reaction we read and discussed as a Fellowship evoked strong emotion and response for me as an individual and for us as a group. One poem that stuck out to me at the time and that I read periodically is “Life While You Wait” by Wislawa Szymborska. The following passage is taken from the poem:

I’m standing on the set and I see how strong it is.

The props are surprisingly precise.

The machine rotating the stage has been around even longer.

*The farthest galaxies have been turned on.
Oh no, there's no question, this must be the premiere.
And whatever I do
Will become forever what I've done.*

For me, just these seven lines, symbolize our journey as a Fellowship. Each Fellow has been brought together with purpose. The vision, whether it be individual and nurtured through the energy we provide to one another or collective and nurtured through the relationships we have developed, is based on what can be. We are the "props" and we are the actors. The "machine" symbolizes the systems we work within and have the power to change. The "galaxies" are the possibilities and symbolize the ideas we've generated together and that are yet to come."



LEADERSHIP AND MOMENTUM FOR 2GEN APPROACHES TO MULTI-GENERATIONAL POVERTY IN THE WESTERN STATES

Nikki Hatch, Administration for Children and Families, Region 8

Persistent, multigenerational poverty is the greatest social challenge of our time, and the growing chasm between classes from systemic racism and sexism exacerbates it. At the same time, there is an inadequate evidence base of what truly works on a broad scale to improve it. Burgeoning leadership throughout the country is embracing 2Gen thinking. Behemoth government programs often inadvertently work at cross-purposes, even aggravating the very problems they are intended to solve. As well, the entire infrastructure of government programs (workforce, policies, administrative requirements, budgets, and often leadership) exists to perpetuate an unsatisfying status quo. However, meaningful results absolutely can be achieved within this giant governmental machinery, sometimes with grand vision and sometimes with minor, behind-the-scenes tweaks.

Leveraging the role of the regional administrator for the Administration for Children and Families, we held a 2Gen Summit for 10 states from the western region.

THE SUMMIT BROUGHT TOGETHER POLICY LEADERS WHO ARE ADVANCED, NASCENT, AND NEW-BUT-RECEPTIVE WITH RESPECT TO 2GEN APPROACHES TO ACHIEVE THE FOLLOWING:

- Catalyzed action across multiple states in common directions;
- More states undertaking 2Gen approaches deliberately, connected to peers and national thought leadership in the field;
- Western states identified as leaders in their realms; and
- Identifying and taking actions to broaden 2Gen approaches in rural areas.

The summit highlighted the stories of two states that had seen significant payoff in using a statewide 2Gen approach, Colorado and Utah. It also demonstrated the experience, innovation, and lessons from all participating states through a series of breakout conversations divided into three areas. The three focus areas — leadership and management culture; aligned policies, programs, and funding streams; research and data — reflect the main bodies of work that systems undertake in leading 2Gen change to achieve better outcomes for children and families.

Ten of the 11 states in the western region participated, sending cabinet-level representation and robust cross-sector teams. In addition, senior federal leadership from the Administration for Children and Families, US Department of Health and

Human Services, and US Department of Labor participated actively throughout the summit as did select research experts from Mathematica and the Urban Institute and leading nonprofits, including Climb Wyoming. Results from the evaluation were overwhelmingly positive, with states noting their appreciation for the peer-to-peer learning opportunities and identifying concrete connections and next steps they would be taking as the result of the summit.

ILLUSTRATIVE EXAMPLES OF THOSE FOLLOW-UP STEPS INCLUDE:

- Including parents more formally in policymaking;
- Following up with colleagues about new collaboration opportunities;
- Identifying shared action steps with state colleagues;
- Revising all staff position descriptions to include explicit 2Gen framing;
- Incorporating a 2Gen approach to working with families struggling with addiction;
- Using the Colorado and Utah models to inform the legislative poverty agenda; and
- Identifying ways to align children's programming that is currently siloed across agencies.

Senior-level participants from all 10 states made a significant investment of expertise and thought, taking the time to build relationships, which led to strong participation.

The summit was a worthwhile investment of staff, financial, and intellectual resources. It provided a regional kickstart for incorporating whole family or 2Gen approaches into policy and programs more intentionally to serve children and families more effectively. The lessons and work identified and accelerated through the summit will form the basis of the Administration for Children and Families' regional strategy for the western states.



Nikki Hatch
Regional Administrator
Administration for Children and Families, Region 8

Nikki Hatch is the Regional Administrator for the Administration for Children and Families, Region 8, which serves Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming. In this capacity, Hatch partners with state, local, community-based organizations, and tribes to promote the economic and social well-being of children, families, individuals, and communities in the region.

“Participating in the Fellowship enabled me in a very direct way to catalyze my work at the Federal level. It was with the brainstorming, wrestling with ideas, engagement and challenge with my colleagues, and with the active encouragement into braver leadership, that I took a little idea (a small convening to explore 2Gen possibilities) and took it to a much bolder reality (ten-state, multi-sector, state/fed/non-profit/ research convening to grow 2Gen in all the states I serve). For some of my states, this

has been additional encouragement in work they're already undertaking; for others, this was the very first step on a path to bringing 2Gen strategies to families they support. This Fellowship was an important part of helping spread 2Gen ideas and actions from Colorado throughout the Frontier states and West!

For me personally, I can say that it was in the context of this Fellowship, and in the context of the 2Gen convening that I hosted that I become much more confident in my own leadership, both in the 2Gen space and more broadly. I feel not only ready to take on the big issues, but eager, sleeves-rolled-up! I also feel steeled by a strong network, both of my own cohort of Fellows, but of the larger Ascend Fellows, who I've grown to reach out to and rely on. I can sincerely say this Fellowship has been career and life changing!"



DEVELOPING AN EQUITY APPROACH TO EMERGENCY MANAGEMENT

Liane Jollon, San Juan Basin Public Health

Emergency management practices rely on providing equal access to resources and services in order to prevent, mitigate, respond to, and recover from disasters and large-scale emergencies. They rely on well-functioning existing structures and relationships within a community. This approach is generally not well-positioned to address the needs of the community's most vulnerable members. Overall, the emergency management field focuses on the principles of equality rather than equity, leading to different outcomes than if the lens shifted to incorporate more equity work.

We know that more vulnerable populations fare more poorly during responses to and recovery from large-scale emergencies and disasters. Addressing this gap through better alignment of health, human services, and emergency preparedness would improve disaster outcomes for all children and families in Colorado.

The goal is to develop policies and practices for the disaster preparedness field to better address considerations for vulnerable populations. In other words, we seek to develop an equity approach within emergency management that contemplates how to meet people's needs based on their unique circumstances and actively seeks to remove complex systemic barriers that inhibit success in order to better protect communities and foster safer, more resilient communities for all.

To demonstrate the value of this approach, we applied for and received Office of Health Equity funding from the Colorado Department of Public Health and the Environment to pilot a rural equity in emergency preparedness project at San Juan Basin Public Health. Upon completion of the pilot project, we aim to have a toolbox for how to scale and replicate the pilot across Colorado communities. In addition to demonstrating the value of applying an equity lens to emergency management, success requires an improvement in connectedness between public health, human services, and emergency management across the cycle of preparedness: prevention, mitigation, response, and recovery to disaster.

The pilot was launched in September 2018. We will have data to assess in September 2019.



Liane Jollon
Executive Director
San Juan Basin Public Health

Liane Jollon is the executive director of San Juan Basin Public Health, which serves all residents of Archuleta and La Plata counties. Their mission is to protect human and environmental health and inspire well-being in their communities.

“Thank you for the opportunity to connect with strategic minds across disciplines to learn from each other and build relationships so we can be the change we want to experience in the world.”

The biggest lessons in this experience were found in the opportunities to draw links between work that each of us is passionate about with work that others in the fellowship are pursuing.

The opportunity to commune with thinkers and doers from aligned — yet different — disciplines is fantastic for sparking new lenses and honing budding ideas. Thank you.”



EXPANDING QUALITY CHILD CARE IN MESA COUNTY, COLORADO: A TWO-GENERATION APPROACH TO BOLSTERING OUR LOCAL ECONOMY

Jeff Kuhr, Mesa County Public Health

There are many challenges facing Mesa County, Colorado. At about \$50,000, the median household income is roughly \$15,000 less than the state average. Reading and math scores among school-aged residents are about 10 percentage points lower than state averages, according to 2018 Kids Count data. But for the people of Mesa County, hardship does not begin when one enters the workforce or sends a child to kindergarten. Families with young children struggle to find child care. The earliest years of a child's life are among the most formative, when they build foundations for lifelong health and learning. Without properly addressing Mesa County's child care crisis, pouring resources into interventions later in life might not be sufficient to lift people out of poverty and position them as stable contributors to the Mesa County economy.

A recent study by the Center for American Progress found that more than half of Colorado children live in child care deserts. Mesa County is one of those deserts. The county has almost 10,000 children between birth and five years and an additional 13,000 between 6 and 13 years. Currently, Mesa County can provide licensed care or only about 20 percent of the county's youngest residents.

Maintaining current facilities at capacity is a challenge across the state due to a lack of qualified staff, and each state and federal program that oversees child care licensing presents a unique set of requirements, creating yet another burden for already overwhelmed providers. In 2017, staffing issues resulted in two Mesa County facilities closing rooms, two shutting down their operations completely, and another withdrawing its licensing application. Western Colorado Community College has an early childhood education program, but with 29 centers, 32 preschools, and 28 school-age programs, the demand for educators greatly outpaces the supply. And because of the burden of navigating complex, disparate state and federal systems, most providers in the county do not take full advantage of opportunities to offset costs. For example, 45 facilities are eligible for a USDA meal program, but only five participate. And despite financial incentives for facilities to earn a high-quality rating, only 10 percent of eligible facilities in the county have gone through the process and earned ratings of average or above.

Early childhood development, care, and education are crucial for school readiness and lead to a citizenry better prepared to fill higher-paying roles in the workforce, making them an appropriate, necessary first step to ending generational poverty. In Louisiana, 2016 data shows that employers lost an estimated \$816 million due to employee absences and turnover, nearly \$84 million in tax revenue due to lost workplace productivity, and more than \$1 billion to the state's economy from spillover effects of inadequate child care. In Michigan, a 2017 study identified access to high-quality child care as the primary barrier to workforce participation for families with low incomes. So as executive director of Mesa County Public Health, and with the support of early childhood leaders across our community, we launched the Child Care 8,000 initiative to increase the number of licensed child care slots from 4,200 to 8,000 by 2022 to reliably invest in the future of our community.

TO GET THERE, WE'VE OUTLINED SEVERAL PRIORITIES:

Strengthen the child care workforce

- For a number of reasons, including the pay and effort required for credentialing, child care is not a particularly attractive field for a lot of people right now. To begin to change this narrative and bolster the supply of child care educators to better meet demand, we are offering child development associate credentialing and assisting with college credit payment; partnering with local high schools and Colorado Mesa University to expand certification, credit, and internship opportunities; and increasing the starting hourly wage for lead teachers to \$13 while simultaneously increasing industry wage capacity through gains in efficiency.

Optimize child care business efficiencies through centralized administrative services

- To make navigating systems more seamless and help providers take advantage of cost-cutting opportunities, we aim to develop a business-services cooperative with centralized resources related but not limited to payroll, human resources, nurse consulting, food programs, quality rating assessments, and new employee training.

Enhance the family child care home provider system by streamlining the licensing process and related trainings

Partner with local businesses to achieve sustainability

- To ensure that gains are not just programmatic but also extend to system-level impact, we aspire to forge partnerships with business entities like Executives Partnering to Invest in Children (EPIC) to build sustainable incentive models like offering tax credits to employers who subsidize child care expenses.

From the outset, we have recognized that these kinds of changes at scale will take time and require buy-in from community leaders and leading organizations. This is why our strategy to realize 8,000 slots includes the positioning of early childhood development, care, and education as inextricably linked to improving school readiness and overall education outcomes and economic development. We know that parents remove themselves from the workforce when they do not have access to safe, nurturing places for their children to be during work hours.

While we continue to make progress in each of these priority areas, we have celebrated a couple of smaller wins along the way. In the last two years, we have gotten Mesa County Commissioner Rose Pugliese to champion the initiative publicly, been awarded over \$300,000 in various grants, and hired a strategist to help solidify a business plan. We have submitted a proposal to a Phoenix-based investment broker for a new market tax credit to pay for a portion of a resource center to house an early childhood education center, added 500 slots within existing child care facilities, and developed a partnership with the statewide EPIC group to begin building sustainable incentive models. Most recently, we partnered with Colorado Mesa University, the Grand Junction Economic Partnership, the Grand Junction Housing Authority, and our state legislators to introduce legislation permitting the transfer of the state-owned Regional Center campus to a local government entity. If passed, this legislation would enable our county to acquire the land that would ultimately house the early childhood education center. The current momentum behind the project is tremendous. Commissioner Pugliese believes the project is visionary for our community.

Child care is a basic service that needs to be in place for stable families. Stable families beget vibrant economies and thriving communities. Through Child Care 8,000, Mesa County, Colorado, is leading the effort to strengthen communities by moving children and families toward educational success, economic stability, and health and well-being in a way that is sustainable for the long term.



Jeff Kuhr
Executive Director
Mesa County Public Health

Jeff Kuhr is the director of public health for Mesa County, Colorado. Based out of Grand Junction, his agency serves 148,000 residents on Colorado's western slope, providing a wide range of public and environmental health services. Mesa County Public Health plays a key leadership role toward the integration of resources among local health care, social services, and public health agencies.

"In the last two years, Mesa County has changed the trajectory of early childhood education in our community. Securing quality child care is no longer viewed as just the parents' burden. Leaders from across sectors now recognize that the lack of quality child care impacts our local economy, and that it requires a community-wide approach to support children, their parents, and our child care businesses. Participating in the Ascend Fellowship provided me with the opportunity to share ideas with mentors and peers, both from Colorado and from throughout the United States. Looking at our processes and potential solutions through the 2Gen lens make them more meaningful to my employees and our community partners. I am grateful for the Ascend Fellowship; it was the catalyst for Mesa County Child Care 8,000. I look forward to continuing to partner with Ascend and with the Fellows."

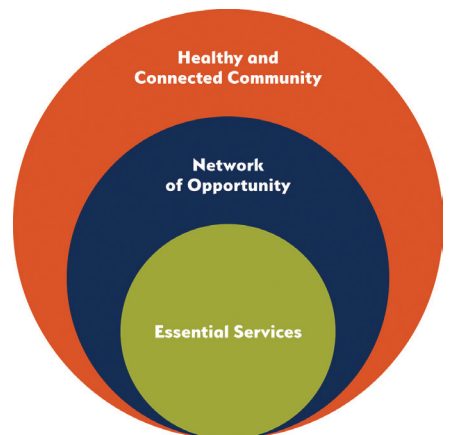


FROM OUTPUTS TO OUTCOMES: A HUMAN-CENTERED APPROACH TO DELIVERING SERVICES WITH DENVER HUMAN SERVICES

Don Mares, Denver Human Services

A quarter million people in Denver turn to Denver Human Services for support at all stages of life. Our employees help children, seniors, families, and individuals navigate social and economic pressures by connecting them to services and experts who support their overall well-being. We help connect people to supports, such as food, housing, shelter resources, parenting classes, child care, employment support, and other essential services. No matter the need, our team helps Denverites be supported. Together with our community, we work to build well-being and resiliency for every child, adult, and senior in need. Since stepping into my role at the department in 2015, I have identified a need to provide deeper, smarter service delivery to families. At the outset of my journey through the Aspen Institute Colorado Children and Families Fellowship, I set out to understand with colleagues how to usher in a new culture of working in innovative, more proactive, and creative ways while maintaining our commitment to provide the benefits and services to families and individuals in need.

Our department is successful when families are healthier and happier. And for a long time, our measure of success was the number of narrowly applied outputs we provided in the form of benefits and access to assistance programs. However, we could and should be doing more for our community. We should measure our success not only by outputs, but by our capacity to ensure better outcomes for the families and individuals that we touch. Consider, for example, turning the provision of SNAP (Supplemental Nutrition Assistance Program) benefits into a conversation about what a family might need to improve its state holistically.



Time, intentionality, and support are key to affecting real change in organizational culture. The bigger and older the organization, the harder it is to change culture, typically. I knew that we needed to get colleagues at all levels of the organization on board, enlist the support of community organizations and agencies with whom

we could partner to effectively expand our portfolio of services, and develop new measures to assess short- and long-term success around key strategic metrics.

In July of 2019, we finalized and adopted a Denver Human Services value sphere and an associated vision statement as the department's three-to-five-year strategic vision. Upon completion, we held a retreat for the department's roughly 45 managers to develop an implementation plan. In January 2019, we held a press event to unveil [Human Together: the Denver Human Service Strategic Vision Framework](#) to our workforce and to our community partners.

THROUGH HUMAN TOGETHER, WE HAVE IDENTIFIED FIVE DEPARTMENT-WIDE GOALS THAT WE WILL BE WORKING TO ACHIEVE OVER THE NEXT FEW YEARS:

- **Equity & Access:** Ensure every individual in Denver has access to the support they need to live a healthy, high-quality life
- **Safety & Wellness:** Support and advance sustainable health, wellness, and safety outcomes for the community
- **Connectivity:** Increase connectivity as a department to improve community partnerships, reduce internal silos, and work collaboratively with city and state partners
- **Economic Resilience:** Strengthen economic well-being across the lifespan to increase access to opportunity
- **Workforce:** Support a healthy and connected workforce that is equipped to strengthen the communities of Denver

Through our process, we have been reminded of the importance of engaging stakeholders at all levels of an organization to spur change that is lasting, effective, and consistently applied and interpreted across the organization. In 2019, we plan to put all department employees through a set of trainings designed to crystalize the connection between their work and our newly adopted vision for success and to give them a voice in identifying initiatives for the future of our work.

We know that creating equity and access includes reducing stigma around asking for help when you need it. To begin that effort, we have also unveiled our new [#BeHuman](#) brand campaign. The campaign features real stories from employees, customers, and residents and a new, easier-to-navigate website. The campaign's key messages of "Let's Start Where You Are," and "Together, We've Got This," are meant to evoke the sense of a community that is accepting and supportive, not judgmental or critical of your situation.

At the top level of city government, we have presented our strategic vision framework to Denver Mayor Michael B. Hancock, to which he responded favorably. But the true test of our effectiveness in convincing his office of the approach will come as we present expanded budget requests to expand services. We are confident though, that an approach to the work of Denver Human Services that is a little more human will be well-received and prioritized accordingly.



Don Mares
Executive Director
Denver Human Services

Don Mares serves as the executive director of Denver Department of Human Services. The Department provides assistance benefits and protection and prevention services to one in three Denver residents, including including food, cash and medical benefits, child care, and child support.

“Our journey in Aspen all started with the question, “what would it take for Colorado to be the best place to have and raise a family?” At the outset of my journey through the Aspen Institute Colorado Children and Families Fellowship, I set out to understand how at Denver Human Services, we could usher in a new culture of working in innovative, proactive, and creative ways to improve lives of all Denverites, while still maintaining our commitment to providing benefits and services to families and individuals in most need.

Currently one in three people in Denver receive support from Denver Human Services. Being an Aspen Institute fellow has initiated reflection on our strong position in the community to ponder how our work could be more impactful. Given the many lives that we touch coupled with an incredible network of community partners, we have a tremendous opportunity and moral obligation to help those in need and perhaps to even prevent people from needing our services in the first place.

For Colorado to be the best place to have and raise a family it will take all of us ensuring that communities are strengthened and that families and individuals have the tools and resources they need to be safe, supported, connected, and well.”



PUBLIC INVESTMENT FOR BROAD FAMILY ECONOMIC HEALTH

Scott Wasserman, The Bell Policy Center

We envision a Colorado where communities recognize that healthy public investment enables broadly distributed family economic health. At the Bell Policy Center, we have documented that the cost pressures that most plague Colorado families are related to the elements that a 2Gen approach to strong family economic health requires: child care, good education access and outcomes, and a pathway to a good job. When voters and their elected leaders acknowledge the role that our public systems play in economic mobility and that these systems are not just for low-income Coloradans, they will take the actions necessary to restore them.

Our goal is for policymakers on both sides of the political divide to embrace the need for greater public investments in essential state services and have a more nuanced discussion about public finance. We also seek to build up a consciousness among low-income advocates that these issues cannot be separated.

We need to break down the mindset that public investments are for the benefit of families with low incomes and are not just as a critical for middle-income and middle-class families. The paradox of a booming state economy that is not translating into widespread economic prosperity is fueling resentment that leads to voting behavior that opposes tax increases and increases skepticism of community leaders.

If we accept that investments in health and human services have consequences not only for low-income families but for families higher up the income scale, we need to address cliff effects, eligibility levels, and cost shifts to non-subsidized families. We also need to be more proactive with how we connect family economic supports with workforce and training opportunities. As an entirely new workforce training ecosystem emerges, we need to make sure that these systems further equity and are adapted to a new economic model.

Our child care systems rise to the top of the list. Our economy generally requires that both parents (if there are two) must work in order to achieve a middle-class life. However, the cost of quality child care is too high for most and eats into savings for other priorities, especially the ability to save for higher education. We also need to raise Colorado children's health plan participation rates.

We recently released the report *Colorado's Middle Class: Characteristics and Cost Pressures*. With that and other extensive writing on the topic, we have

created bedrock research that we and others can refer back to. However, better communications tools are essential to our effort. Through videos and other kinds of digital promotion, we can expose a much larger audience to our research and affect public sentiment. We are trying to undo over 30 years of public will erosion, and this requires larger-scale strategies than those that came before.

We can also use performance management techniques by urging the next governor of Colorado to adopt a middle-class health dashboard that tracks research-based metrics.

POSSIBLE MEASURES COULD INCLUDE:

- Percentage of families with at least one college degree or higher;
- Number and share of workers and jobs in occupations/industries likely to be middle class;
- Wage data for occupations unlikely to lead to the middle class;
- Child care availability and costs;
- Cost of higher education for identified occupations; and
- Overall number and share of families in the middle class.

There is an entire ecosystem of nonprofits, community leaders, and influencers that need to be integrated into this work. We need to continue working with direct service providers and community advocates so that we hear directly from those most affected by these policy questions and that, in turn, information about the policy levers that have the greatest impact gets back to them.

We, along with the nonprofits and policy organizations that we work with, need to consolidate and refine our message so that there is a consistent narrative driving the public conversation.

Donors, political influencers, and foundations willing to lead are critical to this effort. Many of these topics have been well-researched and documented. Now we need drawn-out campaigns with compelling messages and visuals that connect with popular opinion. We also need prosperous voices in the state to reinforce those messages to elected officials.

We have also made great progress in carving out a unique and credible voice on economic mobility — shaping messages that various communities find resonant. For instance, the “progressive” community is often different and separate from the “two-generation” community, yet they are often addressing the same topics.

Competing demands and sensitivities means that we must thread the political needle with this work, which is difficult. For instance, many of our “progressive” allies see paid family leave as a “must-have” priority, but some of our more centrist funders are extremely wary of the topic.

It can be challenging for organizations like ours to come up with specific agenda items that are actionable for policymakers. As we head into the 2019 legislative session, we

want to make sure that we are not seen as “boiling the ocean”; we need to refine this larger priority into specific action items that everyone can get behind.



Scott Wasserman
President
The Bell Policy Center

Scott Wasserman is the president of the Bell Policy Center and the Bell Action Network. The Center leads the debate on family economic security and drives public policy solutions that help Coloradans get ahead and stay ahead.

PART IV: ALIGNING SYSTEMS AND SERVICES FOR FAMILIES



STRONGER TOGETHER: HOW BETTER SYSTEM COORDINATION LEADS TO BETTER OUTCOMES FOR FAMILIES AND COMMUNITIES

Phyllis Albritton, P-Cubed Partners

Over the course of my career, I have observed that people who use or need services are not served well by our bifurcated systems of care which, I believe should be symbiotic. I am beginning to understand how to leverage resources to bridge gaps between health care and human services to assure that people needing assistance find no wrong door on their path to health, wellbeing and self sufficiency.

Accomplishing this will require a fundamental realignment of how these systems approach their work. Systems and the individuals who operate them across sectors will need to be agile enough to execute their unique responsibilities while embracing a broader vision to improve health and human services outcomes on the whole as opposed to health or human services factors individually.

There is a growing body of evidence to prove this effect. For example, CareMore CEO Sachin Jain and Kaiser Permanente CEO Bernard Tyson both not only discuss these important effects frequently in their public presentations and online presence, but invest their community benefit dollars in efforts to address housing and hunger issues in communities they serve. In addition, Benefits Data Trust, a contractor to the State of Colorado among others, has partnered with Johns Hopkins University and other showing a 13 percent decrease in hospital usage simply by signing up Maryland senior citizens for the Supplemental Nutrition Assistance Program (SNAP). The body of evidence is growing, but more needs to be done to demonstrate these significant savings and develop sustainable alliances to normalize these efforts.

In Colorado, Medicaid is beginning to incent counties to expand enrollment in SNAP since the evidence of its benefit is growing. Organizations, such as the Mental Health Center of Denver, are beginning to invest heavily in housing and human services to support the needs of the healthcare patients they serve. And other organizations, such as the Center for African American Health, are becoming not only health centers, but family resource centers as well to provide a more holistic approach to their services.

This shift in how we care for those who entrust their health and wellbeing to us is a classic example of a transition that faces headwinds initially but will yield significantly better results for all involved ultimately. If we commit the time and intentionality

necessary to transition to a more connected, coordinated system of care, we can greatly improve health outcomes, reduce costs of care and improve peoples' lives by supporting them more holistically.



Phyllis Albritton
Principal
P-Cubed Partners

Phyllis Albritton is a principal with P-Cubed Partners. She is the former director of the Colorado Department of Human Services Office of Economic Security.



ALIGNING SERVICES AND RESOURCES FOR FAMILIES

Erin Brown, Office of the Denver Mayor Michael B. Hancock

The goal of the City and County of Denver is to ensure that all children, youth, and families in Colorado have the opportunity to succeed by providing and aligning services and resources within their own communities that will benefit and serve families to create pathway for self-sufficiency.

We must remove silos, through partnership at both the state and local government and think more creatively about service delivery, looking at current practices across urban and rural communities to find similarities in policy and practice that connect to our big vision. We need to do a deeper dive into the flexibility of federal dollars and interpretation on guidance at the federal level to use dollars and services to serve whole families. How do we move away from providing disconnected services and connect health care, pre-natal care, pre-k-12, workforce development, and post-secondary opportunities?

As part of our commitment to support the well-being of children and families in Colorado we must also address disparities and inequities that often predict life outcomes for far too many. It is vital that we understand policies and practices that have left families behind and work to create strategies, policies and responsive systems that allow all families to have access to quality health care, educational opportunities for children and adults, and housing/home ownership that fosters financial empowerment as we support their path to sufficiency.

We have tools and resources that can help us identify opportunities for better alignment of resources that will expand opportunities for children and families through a two-generation approach to improve outcomes for our youngest learners and build a more sustainable workforce through ensuring supports are available in their own neighborhoods.



Erin Brown
Deputy Chief of Staff
Office of Denver Mayor Michael B. Hancock

Erin Brown currently serves as the Deputy Chief of Staff for Mayor Michael B. Hancock in the City and County of Denver. As an appointed official for two consecutive administrations under Mayor Hancock, Brown has provided bold and forward-thinking leadership, and has been instrumental in building a system of collaboration among

community members and organizations, local businesses and city agencies.



A NEW MODEL FOR HEALTH AND HUMAN SERVICES DELIVERY

Mark Kling, Family Resource Center Association

The Family Resource Center Association (FRCA) provides public advocacy, capacity building, and resource development to strengthen its statewide network of family resource centers as they bring help and hope to Colorado families. Family Resource Centers provide safe, accessible places for families to connect with comprehensive, coordinated services that help them achieve their goals. Programs at each center are tailored to the culture, resources, and needs of the community they serve and focus on building on the strengths of each family and individual.

At the state level, we seek to continue to create and refine a replicable 2Gen human services delivery model across the FRCA network to help families become more self-reliant and to reduce poverty. This model will demonstrate better 2Gen family outcomes across multiple domains of family support and strengthening and/or social determinants of health.

Creating a replicable human services delivery model will allow many types of health and human services agencies to adopt our model and implement all or the parts they like into their existing system. This model will help these agencies more effectively use true 2Gen methodology and will enable the work to be scaled.

KEY STEPS INCLUDE:

- Using data to quantify and qualify family outcomes, measuring those outcomes, and analyzing what is working;
- Leveraging Frontiers of Innovation (Harvard Center for the Developing Child) to test our hypothesis and using rapid-cycle learning to improve our methodology;
- Using effective tools like our Colorado Family Support Assessment-2 (CFSA-2), and trainings like the national Quality Standards of Family Support and Strengthening to have common methodologies in diverse locations; and
- Becoming better collaborators, able to give and take with other stakeholders to design a win/win solutions and achieve systems change.

We have successfully developed the Colorado Family Resource Center Model. Putting the model in place ensures that all centers are using our Standards of Quality for Family Strengthening and Support and our Motivational Interviewing

training modules for training their direct service staff in the use of research-informed methodologies successful for working with families. All centers also now use our CFSA-2 assessment tool, and our Efforts to Outcomes (ETO) database to track family progress towards increasing levels of self-reliance. In addition, we are tracking fidelity as we implement our Family Pathways Framework, which outlines three primary paths through which families receive services from Family Resource Centers, each with increasing intensity of service provision and required data tracking.

A RATING SYSTEM, USING FAMILY OUTCOME DATA COLLECTED FROM OUR CENTERS, DETERMINES WHICH CENTERS AND FAMILIES ARE PERFORMING MOST OPTIMALLY, ALLOWING US TO:

- Work with Harvard's Frontiers of Innovation to determine what works best for families and what practices to change, expand, or replicate;
- Allocate grant funding to our centers to promote growth and excellence; and
- Provide capacity-building and program technical assistance for those centers needing help. We also have created three classes of family centers to serve a wider diversity of communities with increased ability to welcome non-traditional centers to our methodology.

Dedicated program and expansion-minded funding is necessary to assist agencies in program implementation and integration, systems change and collaboration. This would kick 2Gen collaboration into high gear. Unless agencies have funding in their existing budgets for this kind of expansion, some agencies will struggle with the capacity to undertake the hard, time-consuming, and expensive system-changing work required for successful long-term collaboration and integration of multiple programs affecting families.

While the development and adoption of the FRCA model is encouraging, we believe increased use of common tools, including family assessments, database systems, and trainings, across public and nonprofit health and human services providers is critical. This work is already occurring with a number of partners already using FRCA's CFSA-2 assessment tool. Other potential partners are also looking at utilizing our ETO database, and we are currently working on the ability to merge and analyze data across separate database systems to gain efficiencies in 2Gen work.

FRCA should continue to lead and advocate for 2Gen efforts in Colorado. This is a bipartisan issue. Advocating for 2Gen change in Colorado should become the norm, and it should be drilled down into operating, personnel, organizational and strategic systems throughout the state, affecting the day-to-day operations of entities and the families they serve.



Mark Kling
Executive Director
Family Resource Center Association

Mark A. Kling is executive director of the Family Resource Center Association, an association of 30 urban, rural, and resort community Family Resource Centers located across Colorado. Family Resource Centers promote the well-being of children and families through the provision of collaborative, coordinated, and effective community-based services.

“As a result of the Ascend Colorado Fellowship, FRCA became much more connected with important stakeholders sharing similar 2Gen challenges. The impact has been greater collaboration with multiple partners at multiple levels. Specific outcomes include the Center for African American Health becoming a member of FRCA, and the Office of Early Childhood supporting increased state funding to benefit our Family Resource Centers across the state. Also, when advocating for 2Gen system change, there is now usually one or more Colorado fellows in the room, allowing us to speak with a common voice. Finally, our Colorado fellows get together every few months or so and exchange experiences on what we are seeing in our field, and how we can continue to work more closely together to grow more efficient 2Gen systems.”



REIMAGINING SUPPORT SERVICE PROVISION FOR FAMILIES IN NEED: AN INTEGRATED APPROACH TO INTERCONNECTED ISSUES

Michael Niyompong, Mental Health Center of Denver

Access to strong, reliable health and human service resources is critical to helping families move toward economic security and educational success. The research is clear — the best way to prevent problems is not to narrowly reduce risks, but to broadly strengthen individuals, families, and community assets around children. But too often, we try to disassociate these outcomes or address them separately without acknowledging the inherent interconnectedness. Instead, imagine a scenario where families in need could access high-quality education and health and human services all in one place. That is my vision for children and families in Colorado.



In 2016, the Mental Health Center of Denver — where I work as vice president of strategic community partnerships — opened the 57,000-square-foot Dahlia Campus for Health and Well-Being in the Northeast Park Hill neighborhood. In addition to the standard portfolio of mental health services, the campus offers a comprehensive array of services and resources, including early childhood education, a pediatric dental clinic, access to naturally grown produce and protein, and spaces to foster community connection, play, and growth. The full array of services offered on the campus is the result of a concerted, three-year effort to listen to and incorporate the most pressing needs of the Northeast Park Hill community as defined by the people of the community.

More recently, alumna of the 2015 class of Ascend Fellows and CEO of Starfish Family Services Ann Kalass celebrated the grand opening of a comprehensive, one-stop shop to connect Michigan families with young children to the development, social, and emotional health care services they need. So this idea is not new, but making related services more easily accessible for families who need them is transformational. I want to replicate and scale models like the Mental Health Center of Denver's Dahlia Campus in Northeast Park Hill and Starfish Family Services' center in Michigan for Denver's Sun Valley and surrounding communities.

To do so, we will have to break silos across the education and health and human services sectors. Through increased collaboration, visibility, and understanding, we will build systems to support capacity building and leveraging and coordination of services.

This work cannot be done without engaging community members and those for whom this project will be built. So we have to employ human-centered approaches like design thinking to make sure that we are building exactly what the community needs.

We began a process to identify potential construction sites this past fall. By fall 2019, we should be well underway in a community engagement and design process to flesh out details. As service providers with genuinely good intentions, it is easy for us to become hyper-focused on the services we provide and the avenues through which we work on behalf of families. But we know that families' hardships do not exist in vacuums. If we can appreciate that perspective and — even within our niches — honor the value of greater coordination of services for those we serve, we can amplify our individual and collective impacts on families in ways that are life changing.



Michael Niyompong
Vice President of Strategic Community Partnerships
Mental Health Center of Denver

Michael Niyompong is the vice president of strategic community partnerships for Mental Health Center of Denver and is responsible for working with community partners and businesses to meet the mental health and well-being needs of the community. Previously, he served as chief operating officer at Clayton Early Learning, Colorado's leading catalyst in providing access to high-quality early care and education.

"The Colorado Children and Families Fellowship at Ascend at the Aspen Institute enabled my co-Fellows to build and deepen our relationships which in turn facilitated collaborative efforts that would otherwise likely not happen for the benefit of children and families in Colorado."



WORKING TOGETHER IN THE SAN LUIS VALLEY

Mary Anne Snyder, Colorado Department of Human Services

The poverty, limited educational achievement, unemployment, homelessness rates (10 times the national average), and health and well-being data on the San Luis Valley combine to provide a compelling reason to direct innovation dollars to support these communities.

THE TOP BARRIERS RESIDENTS AND SERVICE WORKERS IDENTIFIED TO FAMILIES WITH LOW INCOMES COMPLETING THEIR EDUCATIONAL TRAINING AND SECURING EMPLOYMENT:

- Lack of transportation;
- Inability to access child care;
- Lack of knowledge of resources available; and
- Emergencies such as illness in the family or a broken-down car that cause students to stop coming to class and making progress toward career goals.

Additional barriers include the inability to cover the costs associated with books, fees, or materials that exceed federal Pell grant limits; inability to navigate the academic system; anxiety around failure in school; and sabotaging and other unsupportive family situations.

Working Together applies a 2Gen focus to support families enrolled in evidence-based home visiting to increase their self-sufficiency. The goal is to enable 110 families in Alamosa, Saguache, and Costilla counties to successfully return to school and work. Families will participate in evidenced-based home visiting and financial literacy education and have access to high-quality child care, connections to counseling, public assistance such as child care subsidy, basic needs support, and ongoing case management. Caregivers may choose to enroll in GED classes, short-term college certificate programs, or a bridge curriculum to prepare for community college classes. Caregivers will also enroll in targeted employment readiness skills and career placement services.

Working Together is an innovative approach based on theory and research that streamlines and augments existing programs that support vulnerable families. Sustainability is possible by supporting families and the larger community through improved local coordination across higher education, GED services, financial literacy, workforce services, and home visiting. Doing so creates social mobility and a path to the middle class for families currently experiencing disproportionately high rates of poverty, unemployment, and low educational attainment.

If this pilot initiative is successful, it will demonstrate a model for reimagining health and human services through shared strong leadership with demonstrated vision in tackling complex social problems, ongoing investments in creating pathways out of poverty, and commitment to successful and sustainable system collaborations.

Working Together will shift mindsets and behaviors using four theories: collective impact, the 2Gen approach, the Annie E. Casey Foundation's "An Integrated Approach to Fostering Family Economic Success," and the social ecological model (SEM).

Additional research from the Department of Labor's Evaluation Report and a White House report on increasing education for students with low incomes also support Working Together's strategy.

La Llave Family Resource Center will serve as the backbone agency for data collection and will ensure that results are measured consistently for alignment and accountability. The mutually reinforcing activities include drawing upon the expertise of each partner to support families in reaching the common goal, whether that is child care options for high-quality care while the parent is in school, transportation to help the parent get to school, mental health counseling to support challenges that arise through the process of change, access to basic needs and public assistance support, financial literacy to build a foundation for long term success, or educational experiences that are tailored to the high-risk population. Each partner will lend expertise to support client success. Open and continuous communication will occur through regular meetings with the Implementation Team as they work steadily toward helping families achieve their goals. Their commitment to the proven collective impact approach sets the initiative up for success, as key leaders in the San Luis Valley will work together to create change. Use of this model will support replication in other communities interested in helping families move out of poverty.

To launch the effort, state Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program staff facilitated full-day meetings in the San Luis Valley with community leaders representing local family support agencies, resulting in a community vision and the formation of a local Collective Impact Implementation Team to co-create this initiative. The community has numerous strong, committed leaders that frequently collaborate, but the current system relies on individual relationships that may change as leaders retire or change jobs.

Working Together provides an opportunity for formal collaboration using a collective impact approach to ensure that success is rooted in a strong and sustainable system. Through a common agenda, common progress measures, mutually reinforcing activities, communication, and a backbone of agency support, the Implementation Team is developing seamless referral processes, sharing resources, and improving systems that support families to become increasingly self-reliant. The local team includes home visiting programs, the Early Childhood Council of the San Luis Valley, Trinidad State Junior College, the Colorado Department of Human Services (CDHS), the San Luis Valley Behavioral Health Group, the South Central Colorado Workforce Center, the San Luis Valley Small Business Development Council, and La Puente, an organization that provides basic needs and homelessness prevention services. Two foundations also offered matching funds for expenses that are necessary but not

allowed under the federal grant. The Temple Hoyne Buell Foundation will purchase a modular child care room to serve enrolled families, and the El Pomar Foundation will support the provision of basic needs such as auto repair or utility assistance.

GOALS INCLUDE:

Goal 1: Increase the short, medium, and long-term earning capacity of MIECHV families via formal education and training programs.

- **Objective 1:** Within one year of enrollment, 75 percent of enrollees pursuing additional education will further their education by passing a general high school equivalency test, completing a bridge education program that gets the caregiver ready to engage in post-secondary education, or completing and passing credit hours toward a short-term certificate program at Trinidad State Junior College.
- **Objective 2:** Within one year of enrollment in Workforce Center services, 50 percent of enrollees will secure employment.

Goal 2: Increase the competency and knowledge of MIECHV caregivers around financial planning and budgeting via financial literacy training.

- **Objective 1:** Within one year of enrollment in financial literacy programming, 75 percent of families will have utilized a spending plan (budget).
- **Objective 2:** Within one year of enrollment in financial literacy programming, 75 percent of families will improve at least two measurements on an evidence-based financial capability scale, such as the Mpowered Financial Capability Scale.

Goal 3: Improve coordination of the early childhood, economic security, and higher education systems in the San Luis Valley.

- **Objective 1:** The Collective Impact Implementation Team will form a partnership based on the five components of collective impact: common agenda, common progress measures, mutually reinforcing activities, communications, and backbone agency.

WORKING TOGETHER HAS BUILT A HIGH-FUNCTIONING MULTI-SECTOR TEAM THAT COLLABORATIVELY IMPROVES THE LIVES OF VULNERABLE FAMILIES.

- The project has referred 152 families to the program.
- Seventy families have been enrolled in the program.
- At least 19 families have passed college credit hours, and seven have completed a certificate program.
- Several families have successfully obtained and sustained employment.
- Local expertise around supporting the whole family in a coordinated way has been built.
- CDHS is sharing findings widely via conference presentations, Aspen institute, etc.
- The federal MIECHV Team Lead for Policy and Technical Assistance is traveling to Colorado in October to review project findings and identify ways to integrate this work into future programs.

Utilizing the collective impact model with a multi-sector team has vastly improved the state's ability to serve families holistically and reduce barriers for families. Evaluation data on this partnership has shown drastic improvements in relationships, trust, and cohesion. We continue to see positive evidence of how this improves services to families.

Helping families access child care has been the most significant challenge and has greatly limited the ability to enroll families. Despite foundation support and funding for four additional classrooms, Working Together has not yet been able to expand child care capacity.

FOUR STRATEGIES TO FIND A SITE THAT IS LICENSED OR COULD MEET LICENSING REQUIREMENTS HAVE FAILED TO SUCCEED.

- Installing modular classroom at Children's Garden failed because the county surveyor could not document ownership of the land.
- A second site for modular classrooms was abandoned due to new zoning regulations that required an additional \$70,000 to pave the existing parking lot to eliminate dust.
- A third site for modular classrooms at the Boys and Girls club was abandoned due to lack of water access on the parcel of land in downtown Alamosa and the cost of tearing up the state highway to install water access.
- The fourth strategy of licensing care in church basements was abandoned due to an inability to get long-term commitments for the space and capacity of the Early Childhood Council.

LESSONS

- Families' ability to meet their basic needs dictates their ability to be successful in education and workforce programs. When families experience crises, such as becoming homeless, they cannot focus on non-essential programs such as higher education.
- Effective collaboration is essential to achieve wraparound services (collective impact).
- Funding flexibility is helpful because many needs fall outside of existing programs.
- Allowing participants to start and stop programming provides maximum reach. Reach out and re-engage those who have stopped making progress so that they can re-engage.
- Leveraging existing programs is vital to this work.
- Time, patience, and perseverance are important in this work.

Looking forward, we seek to continue and build on the success of the Working Together Initiative, which has an 85 percent job placement rates in certificate programs such as administrative medical assisting, automotive tech, diesel tech, EMT, basic law enforcement, welding, infant/toddler nursery supervisor, director of education, and child development. We also seek to have enough high-quality child care slots to begin to meet the demand in the San Luis Valley, resulting in more

children entering kindergarten ready to learn and succeed. By addressing the needs of families holistically, we hope to build family prosperity and well-being in the San Luis Valley.



Mary Anne Snyder
Director of the Office of Early Childhood
Colorado Department of Human Services

Mary Anne Snyder is the director of the Office of Early Childhood at the Colorado Department of Human Services. The Office, which brought together the Division of Early Care and Learning with the new Division of Community and Family Support, provides child care licensing, subsidy, and quality initiatives, and houses early intervention, early childhood councils, Children's Trust Fund, home visitation programs, infant and toddler mental health programs, and child maltreatment prevention.

"The Aspen Fellowship was an incredible opportunity to refine leadership skills, space to envision bold change and created a cohort of trusted colleagues and thought partners."



LIFTING FAMILIES OUT OF ECONOMIC HARDSHIP WITH ONE STOP SHOP FOR SUPPORT SERVICES: AN EMERGING MODEL FOR INTEGRATED SUPPORT SERVICES

Cheryl Ternes, Arapahoe County Department of Human Services

According to the National Center for Children in Poverty at Columbia University, 190,000 young Coloradans lived in poverty in 2015. That is 16 percent of children for whom the effects of poverty impacted school performance and mental and physical health. As director of Arapahoe County's Department of Human Services, I know that impoverished young people are more likely to experience cognitive delays and developmental disorders. I see cases of child abuse and neglect and am often reminded of the intergenerational nature of abuse and poverty more generally.

Without intervention, poor children face a number of barriers to transcending disadvantages and are more likely to continue cycles of poverty and neglect into adulthood and for future generations. But we can and must do more. We can intervene by employing a 2Gen approach to solutions to address environmental factors, advocate for prioritization of child poverty and its effects, and develop new initiatives to address these issues directly. And the "we" in this case must be all of us. To lift 190,000 children and their families out of poverty, agencies, organizations, business and faith-based communities, and more need to lean in across sectors and work past any differences.

We have started to move in several of these areas at Arapahoe County Department of Human Services. To employ a 2Gen approach more intentionally across the department, we have provided training to all of our staff. And in 2019, we will offer 2Gen training to other departments and community-based organizations throughout the county.

To demonstrate our commitment to stakeholders and the community at large, we made 2Gen solutions to eradicating child poverty the theme of our [2017 annual report](#). We will also launch the **Generational Opportunities to Achieve Long-Term Success (GOALS)** program in early 2019 to bolster our portfolio of direct-service initiatives. Developed in partnership with Family Tree, a nonprofit human services agency, GOALS' mission is to move families from poverty and homelessness to economic security and stable, permanent housing. The program provides a host of services including bridge housing and wraparound supportive services like early

childhood education to address issues that may have contributed to past episodes of unemployment and housing instability.

True to the 2Gen model, the family voice was central in identifying the portfolio of services provided by the GOALS program. A focus group was held with 20 TANF participants who would qualify for the type of housing program being designed. Gap analysis was completed using the information voiced by these families in developing the GOALS program services and will continue to play an integral part of our program.

Committed partners in the program include more than 21 local agencies that are all willing to provide either on- or off-site support to the families in the GOALS program. These agencies include early childhood education, child care, mental health, substance abuse, workforce programs, public schools and higher education, health care entities, and housing and human services programs. Using a streamline application and intake process, this collaboration will help reduce fragmentation and duplication of efforts; this collaboration will help establish a foundation for shared responsibility for ensuring the education and economic success for families.

SERVICES OFFERED ON-SITE THROUGH FAMILY TREE WILL INCLUDE:

- Safe and secure housing that includes no-cost access to meals, laundry facilities, personal care items, etc.;
- A dedicated case manager to work one-on-one with client households (adults and children) and provide intensive, holistic case management and support toward the development and



GOALS
Family Tree | Arapahoe County
A two-generational approach to help families experiencing homelessness achieve success



Generational Opportunities to Achieve Long-term Success

Our Vision

We will move families from poverty and homelessness, to economic security and stable permanent housing using an integrated two-generational (2-Gen) approach.

Objective

To provide a 2-Gen bridge housing program for families who are homeless or at risk of becoming homeless.

Using a 2-Gen strategy, which addresses the needs of vulnerable children and their parents together, the program will focus on providing stable housing, early childhood education, social capital, health and well-being and economic assets.

The targeted length of participation is four to nine months, with a year of follow-up and support after exiting the housing portion of the program.



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accomplishment of a self-sufficiency plan, including professional assistance in locating and applying for various housing programs;

- Child care offering non-traditional hours of operations, in partnership with Head Start and other early childhood programs;
- Postsecondary adult education or other pathways to employment such as GED and ESL classes;
- Integrated employment program including comprehensive services (soft-skills training, computer training, career preparation, access to professional clothing, and post-employment support) to help sustain long-term employment;
- Assistance in developing personal financial and budgeting skills, including asset building;
- Access to quality primary healthcare with referrals for off-site specialty care, including dental, mental health, and substance abuse treatment;
- Recreation, fitness, and wellness space (outdoor playground and work-out facility) for children and adults; and
- Flexible office/meeting space for use by multiple partner entities, such as legal services, nurse support services, child/youth mentoring services, etc.

Other efforts to implement the 2Gen approach include ArapaSOURCE, a new web application that compiles and provides information on resources available to families by proximity and relevancy through GPS navigation.

Arapahoe County has also recently recruited eight Colorado counties to share in our document imaging and electronic workflow system called **HSConnects**. Once connected, it will allow pertinent information on children, families, and individuals to be shared across county lines and provide workers with the data needed to process applications, enforce child support, and help determine program eligibility.

Finally, we have launched a department-wide shadowing program to increase visibility and awareness of the various work, help break down silos within our own organization, and elevate our collective work to the broader department level.

Data sharing, visibility across interventions, and interoperability are critical to holistically assessing families' needs, coordinating and aligning services to meet them, and holding stakeholders accountable for achieving desired outcomes.

We at Arapahoe County Department of Human Services — and partners in this work across Colorado — believe that solutions that target children and their parents together, prioritization of these issues and segments of our population, and cohesion across community resources and providers can lift families out of poverty and break cycles of intergenerational poverty and abuse for those in need. Those of us with the privilege of working on behalf of children and families in Colorado must intervene to help the 190,000 children and their families living in poverty across our state as they navigate their situations and achieve economic security, educational success, and health and well-being.



▶ AN IMAGING, ELECTRONIC WORKFLOW AND INTEROPERABILITY PROGRAM.



▶ ENSURING THAT EACH DOCUMENT WOULD BE DELIVERED TO THE CORRECT WORKER ACCURATELY AND IN A TIMELY FASHION.



▶ PROVES TO IMPROVE BOTH THE TIMELINESS AND THE EFFICIENCY OF PROCESSING PAPERWORK.

TECHNOLOGY THAT DELIVERS BETTER SERVICE TO FAMILIES AND INDIVIDUALS IN ARAPAHOE COUNTY HUMAN SERVICES. In front (left to right), Ascend Fellows Lindsay Chase Lansdale, Mia Birdsong, and Henry Wilde

HSC is an imaging, electronic workflow and interoperability program that is designed to ingest documents and data, read state systems for case information/requirements and deliver prioritized documents and tasks to the correct worker at the correct time.

How does HSC work?

HSC stores all images and tasks in a central queue, reads the appropriate state system of record to determine which person or team should be assigned the task and when a case needs to be completed. HSC auto-prioritizes the work to ensure the proper case is processed at the proper time by the proper worker.

HSC allows customers to email, mail, fax or bring documents to their local human services office. Mail is scanned into the system, faxes are kept digital and ingested and customer-delivered documents are scanned immediately with a receipt provided to ensure there is accountability for both the agency and the customer.



Addressing automation and data needs

Automated intelligence was created to ensure that no matter the program, the worker, or the issue, each document would be delivered to the correct worker accurately and in a timely fashion. HSC enables the packaging of paperwork for a single case thereby eliminating multiple staff working a case at the same time due to citizens delivering needed documents separately. By packaging paperwork, all documents delivered by a citizen can be bundled together so only one staff member, the correct staff member for the correct program, can work in the case with a single touch.

Interoperability becoming a reality

HSC is currently operational in all eligibilty programs in Arapahoe, El Paso, Pitkin and Eagle Counties. Agreements have been signed and the implementation process with five additional county offices is slated to be completed by November 30, 2018. In the very near future, functionality for all Human Services programs will be added. Once the entire platform is completed, a more holistic approach to service delivery will be put into place through the sharing of data and documents within Arapahoe County and between all counties on the system (allowed by rule and security requirements). Through the application of the broad array of services, we will be able to meet the needs of each parent and child simultaneously. By understanding the barriers the entire family faces and being able to utilize these solutions across divisional boundaries, we will have a fully operational 2Gen approach designed to tackle the issues causing poverty.

HSC Benefits

In addition to the obvious functional advantages of packaging documentation regarding a case, prioritizing it and delivering it in a timely fashion to the proper staff member, HSC has significantly improved both the timeliness and the efficiency of processing paperwork associated with cases in each of the counties using the software. Further, the loss of documentation has been eliminated, thereby improving citizen service.



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Cheryl Ternes

Director

Arapahoe County Department of Human Services

Cheryl Ternes is the director of the Department of Human Services in Arapahoe County, Colorado, the state's third largest county, with a population of approximately 643,000. The Department provides child protection, foster care, adoption, adult protection, child support, and public assistance services.

"The Fellowship has had a profoundly positive impact on me personally and professionally. A supportive and open environment was provided that enabled me to learn and grow as a professional through sharing experiences and self-reflection. The relationships that were established will be life-long and sustain the test of time. The sense of community and shared responsibility will serve to strengthen the personal and professional lives of each of the fellows. The knowledge and experience that I gained in the Fellowship directly contributed to some significant accomplishments in the work to end the cycle of poverty in Arapahoe County. That work is highlighted in the full report. I am very grateful to have had the opportunity to be a part of the Colorado Ascend at the Aspen Institute Fellowship."



The Aspen Institute is an educational and policy studies organization based in Washington, DC. Its mission is to foster leadership based on enduring values and to provide a nonpartisan venue for dealing with critical issues. The Institute has campuses in Aspen, Colorado, and on the Wye River on Maryland's Eastern Shore. It also maintains offices in New York City and has an international network of partners.

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