

"For all of us who believe that we can make everyone's health, safety, resilience and readiness for crisis a priority, this book shows the way."

**— Dr. Bill Soules,
New Mexico State Senator**

100% Community

**Ensuring 10 Vital Services for
Surviving and Thriving**

Katherine Ortega Courtney, PhD and Dominic Cappello

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Surviving and Thriving**

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To change agents in times both calm and chaotic.

About This Edition

We hope you enjoy this free PDF version of *100% Community*. If a printed edition or kindle-formatted edition of the book would be helpful as you participate in the 100% course and initiative, you will find alternative formats available at <https://amzn.to/35dTzRn>.

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About This Edition

Katherine Ortega Courtney, PhD and Dominc Cappello

As national, state and local leaders use the phrase, “We’re all in this together,” this book shows how we move, united, from crisis to cohesion. “This is the framework we urgently need,” is a response we’re getting to our new edition of *100% Community*.

This edition is the result of an eight month review by colleagues across our very interconnected nation, and globe, both pre and post the announcement of the COVID-19 pandemic. As with all things in this time of change, some might say paradigm shift, publishing a book is no longer the act of generating words that become frozen in time. With our technologies and activist thought leaders, content specialists, editors and colleagues working every day with community members, our chapters evolved dramatically since our advance review copy edition was published. Once COVID-19 was acknowledged as a global pandemic, the reviews of our 100% Community model, especially the focus on ensuring medical care and other survival services took on a sense of urgency. Suddenly, state and local leaders saw how vital it was to ensure such services exist for everyone—as suddenly people from across all income groups, in both urban and rural settings, expressed a profound sense of vulnerability.

Leaders are seeing how important it is to identify gaps in vital services and create a process for addressing them efficiently and cost-effectively. It is also clear how interconnected services are—medical issues became a transportation issue, followed by food and housing security issues. What strikes us most in our conversations with those reviewing the book and mobilizing with it as the crisis and responses evolve, is how valuable it is to finally have a framework for doing the capacity-building work across a state on a county level.

100% Community provides a tested framework that connects the dots, informed by data and research, empowered by technology, and guided thoughtfully by collaboration. Our model brings together all ten community-serving sectors committed to all of us surviving as well as thriving.

This edition is designed to guide us today—as well as generate feedback and be improved and enriched by you—the reader. This is a living document, meant to evolve as our shifting society does in response to a public health crisis. We look forward to your suggestions on how to improve our process of continuous quality improvement on a countywide scale, including all our proposed projects, designed to create a seamless local system of health, safety, resilience and readiness. We look forward to you joining us as a virtual editor and very real contributor and collaborator as we support every community across the nation becoming a 100% Community, where together we thrive.

Foreword

Committing to the services for surviving and thriving

Dr. Bill Soules, New Mexico State Senator

“How do we ensure that all our children, parents and grandparents—all our community members—can survive any public health crisis, and equally important, thrive after chaotic times end?” This is a question we face everyday and one that requires an answer now. This is a dialogue we must have on the state and local level, as that is where true power exists to make measurable change impacting every child and adult.

100% Community is the step-by-step guide to addressing our most pressing health, safety and education challenges. Some of these challenges have long histories like adverse childhood experiences, trauma, substance misuse and social adversity, while others have been sprung on us quite unexpectedly. The book prepares each community for those unknown and expected challenges by ensuring each county, city and town is fully resourced with health care, stable shelter, secure food systems, transportation and other vital family services the authors call the services for surviving and thriving.

100% Community is a first-of-its-kind blueprint for each city and county to follow and create a seamless system of health, safety and education. The authors, longtime advocates for childhood safety and health, are dedicated to building strong resilient communities through a data-driven, cross-sector and technology-empowered strategy. They empower us all to achieve measurable results.

100% Community clearly lays out what state, county, city and education leaders must do to make every community a place where access to vital services is the number one priority. The authors’ hypothesis is very simple: if we provide each community member access to the five survival services and five thriving services, we are all poised to address any challenge—be it man made, a virus, or a force of nature.

It’s apparent to all that we live on a very interconnected planet where new challenges can emerge at any moment. And, we still have a great deal of work left to do to address long-lingering challenges related to health and education disparities. We also know solutions abound. We can take care of our neighbors and families through accessible community systems of care. We can measure the capacity of our vital services and commit to investing in their capacity to serve every resident. And, we can use technology to help us monitor the accessibility and user-friendliness of those vital services.

100% Community is a must-read for lawmakers, change agents and community influencers across our public and private sectors. It will change how you view solutions to a host of historical social challenges, as well as how you gauge our capacity to be ready for the next inevitable crisis. For all of us who believe that we can make everyone's health, safety, resilience and readiness for crisis a priority, this book shows the way.

Dr. Bill Soules is a lifelong educator, committed to students and their families. As a New Mexico state senator, he has worked to connect the dots between public education, public health and economic development to create communities where everyone can thrive.

100% Ready

Matt Probst, PA-C, Medical Director

As the medical director of rural health clinics in Northern New Mexico, the benefits of the 100% Community initiative to my practice and entire community were immediately clear to me. I've been told by the developers of the initiative that I hold the record for speed-reading *100% Community*, recruiting colleagues to lead the initiative's ten action teams and facilitating a book club focused on the book's key strategies. That all turned out to be good timing as a public health crisis hit soon after we had our countywide initiative mobilized.

Our clinics serve some of the most vulnerable populations in the nation and our county of San Miguel has endured many long-standing health, safety and education challenges. *100% Community* provided the framework for problems I was committed to solving with partnerships I've had for decades. The book's strategies also organized our readiness for the public health crisis called the COVID-19 pandemic.

This virus is teaching us an important lesson—our nation's entire health care system is not well enough equipped and prepared to optimally provide care in a public health crisis. The health care workforce shortage in many places, especially rural areas, will be magnified by the heightened need for health care. I believe we will eventually become stronger from this wake up call, but now is the time to come together and mobilize action teams in the ten interrelated family-serving sectors. In doing so we will identify gaps in services that leave care out of reach for families. We will also learn about our organization's weaknesses and will likely learn from some mistakes. For now we all have to do the best we can, with what we have, until we can expand services. It's go time.

We can be guided by the 100% Community model to expand coordinated efforts, use technology to be more effective, and implement a data-driven process to address gaps in our array of fragile community services. The authors lay out the steps for ensuring that all ten surviving and thriving services can meet the needs of residents of all ages. This means we need transportation solutions so car-free residents can get vital services. We need fully resourced community schools that have school-based health care for students and their families. In our medical arena, we need job training to improve capacity ensuring a continuum of care, from wellness and primary prevention of coronavirus infection to ICU hospitalization. Especially in a public health emergency, we realize that food is health care, transportation is health care, housing is health care, supporting each other is health care. This cross-sector “we”aving is one in which every strand provides support for the others.

With COVID-19, we were introduced to the concept of social distancing. That was likely less shocking for those of us in rural areas than others. Neighbors working together and helping neighbors is as common a rural practice as living miles apart. Now I see people wanting to connect and help more than ever before. In a strange way, social distancing has brought our scattered communities closer together.

100% Community is a comprehensive guide to big picture systems change, one we have been needing for decades to address health disparities. With my county team guided by the book, we’ve been empowered to mobilize all family-serving service sector leaders and elected officials, united in creating a system of care across the entire county that I believe will serve as a model for the entire country.

Matt Probst, PA-C is the medical director of El Centro Family Health serving northern New Mexico, featured in the documentary The Providers, and is serving as the 100% Community San Miguel County community organizer.

The Unskippable Preface

We're all in this together

We face stark challenges. Pandemics and economic disruptions make once comfortable lives vulnerable, while those already enduring adversity find life impossible. *100% Community* is the reset button, providing the roadmap for how we work together in new ways to create local systems of health, safety, education and economic stability.

In *100% Community*, we provide you and your community with the insights to ensure that ten vital services are working well in times both calm and chaotic. We call these services that none of us can do without, the “surviving services” which start with medical care and include behavioral health care, safe housing, secure food and transport to vital services.

Once these services are secure, we move on to ensuring access to what we call the “thriving services” which include: parent supports, early childhood learning programs, community schools, youth mentors and job training. Each of these services play a vital role in keeping us safe from challenges—both predictable and unexpected.

Prepared

100% Community shows how we create a local system of readiness that makes us crisis-proof. In a world where any day can present the next public health crisis, we can make all our communities as strong and prepared as possible—ready to weather any storm—guided by courage, compassion, cooperation and timely facts.

We know that by investing in strong local systems of care, safety and education, we can decrease health disparities along with adverse childhood experiences, trauma, substance misuse, violence and untreated mental health problems.

Learning From Challenges

For many decades, we have faced man-made and natural public health and safety challenges. We have an opportunity to learn from every one of them. Explore our timeline of challenges that children and adults have endured in the US.

- **1982: AIDS/HIV Epidemic.** While health advocates seek calm, there are calls to bar infected people from public places. HIV/AIDS reveals the need for compassionate public health policy and care. (*American Journal of Preventive Medicine*, 1998, article by Felitti, et al.)
- **1995: Terrorist Bombing On Federal Building In Oklahoma City.** The US is reminded that domestic terrorism is very real and of the importance of highly-re-sourced first responders. 168 people are killed and 680 injured.
- **1998: Groundbreaking Adverse Childhood Experience (ACEs) Study Exposes High Rates Of Trauma.** Nation learns of alarming and costly health impact of ACEs leading to trauma, substance misuse and physical and emotional health challenges. Calls for ensuring that families have the resources to be trauma-free go unheeded. Thus begins two decades of near silence on childhood adversity and trauma. (*American Journal of Preventive Medicine*, 1998, article by Felitti, et al.)
- **2001: 9/11 Terrorist Attack On World Trade Center In NYC, Pentagon And Planes.** The immediate public response included hoarding duct tape, water, supplies and guns. The death toll was 2977 fatalities, over 25,000 injuries.
- **2003: The Threat Of SARS, Caused By A New Coronavirus.** SARS spreads to more than two dozen countries, including the US, yet does not result in strengthening of the public healthcare and emergency response system.
- **2005: Hurricane Katrina.** Disaster showcases a lack of effective planning at the state and federal level, lacking a transport plan out of the city as well as ordering residents to a shelter of last resort without any provisions for food, water or sanitary conditions.
- **2008: Worldwide Financial Crisis.** Economic crisis destabilizes families, health care and community services across every state.
- **2012: Opioid Epidemic In The United States.** Researchers identify high rates of substance misuse straining health care systems and disrupting families. (*Pain Physician*, 2012, article Manchikanti, et al.)
- **2014: “1 In 8 U.S. Children Will Be Confirmed As Victims Of Maltreatment By Age 18.”** Our children remain vulnerable without a strategic plan to reduce high rates of abuse and neglect. (*JAMA Pediatrics*, 2014, article by Wildman et al.)
- **2020: COVID-19 Pandemic.** US states, guided by fast-acting governors, declare states of emergency. Coronavirus exposes lack of access to health care and other vital family and community services.

Technology Timeline

We include a timeline of technological advances that has profoundly changed the way we can communicate and address crises. As you read this list of tech companies and their accomplishments, you can also see that we can harness this technology to address a public health crisis.

- **1999:** Amazon ships 20 million items globally, establishing a global delivery system that works in both calm and chaotic times
- **2007:** First iPhone released, revolutionizing connectivity, especially valuable in times of change and crisis
- **2010:** YouTube has over 2 billion views a day, creating a global video system to empower and educate the public
- **2012:** Twitter has over 100 million users and 340 million tweets a day, showcasing our capacity to share messages and alerts
- **2020:** Google has 63,000 searches per second, showcasing our capacity to get immediate answers and research solutions from across the nation and globe

Resourced and Ready

We know that we can fix this fragile state of vulnerability and unpreparedness, and we know how. By harnessing data, research and technology, the public and private sectors can work together with unprecedented collaboration to ensure that ten vital services are accessible to 100% of us. These empowering services create a network of care and connectedness—the recipe for safe families and communities.

100% Community provides a tested step-by-step guide to creating a seamless local system of health, safety and training. Insights from decades of real-world experience facing crisis provide context and expertise to ensure vital local systems that leave no one behind.

A Book Guiding an Initiative

100% Community guides each locality in creating the 100% Community initiative with five steps toward creating well-resourced, resilient and crisis-proof communities. *100% Community* is a comprehensive blueprint for state and city leaders working in collaboration, empowered by state-of-the-art technology, to reach our urban and rural communities.

During any public health or safety crisis we must ask “How are our most vulnerable children, parents and grandparents doing? Can they access vital services and care?” In rural and under-resourced urban areas, our work fixing gaps in services is urgently needed.

Step By Step

Guided by 100% Community, we can make everyone's health, safety and resilience the highest priority in times of crisis and calm. We connect and align with the work of leaders in each county including each mayor and city councilor, county commissioner, school board member, state lawmakers, and public health and crisis readiness professional. Together, with ten vital services accessible to 100%, we're all stronger and safer.

- **Step 1: Create a local team.** Assemble 100% Community team in each county, with representatives from each of the ten surviving and thriving sectors. Create phone/video conferencing to mobilize and organize.
- **Step 2: Read 100% Community to guide work.** All team members read *100% Community* to get in alignment on how to assess, plan, act and evaluate—as it relates to ensuring vital family and community services.
- **Step 3: Survey residents on access to vital services.** Local teams use our 100% Community survey to ask family members in all counties about their access to the ten surviving and thriving services. *100% Community* provides the steps to implement the survey in each community across a county using technology and key family destinations like grocery stores.
- **Step 4: Analyze data, identify gaps in services.** Once survey data reveal which populations and communities lack easy access to ten key services, a local 100% Community team can analyze data to identify why gaps in services exist. *100% Community* offers strategies for assessing all the reasons why services may be unavailable and how one service (like transportation) impacts another (like access to medical care).
- **Step 5: Begin addressing gaps in services.** 100% Community initiative teams mobilize county stakeholders to begin working immediately on fixing gaps in health care and related family services. Teams work in alignment with current state, city and county efforts. *100% Community* guides local teams through a data-driven process of continuous quality improvement focused on making all services accessible and all part of an interconnected countywide system.

New Vision. New Goals. New Priorities

Guided by *100% Community*, we can make everyone's health, safety and resilience the highest priority of each mayor and city councilor, county commissioner, school board member, state lawmakers and public health professional. Together, with ten vital services accessible to 100%, we're all stronger and safer.

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Introduction to the Book, Course, Initiative and Movement

We're Ready When You Are

YOUR CAPACITY TO do something profoundly important in this era of rapid change is within reach, which is why you're holding this book. Despite torrents of information, advances in technology and best intentions, we have yet to ensure that all residents have access to the services for surviving and thriving. You don't have to dig into the data to know how dire things can be for many. We know fixing this predictable and preventable state of affairs is the right thing to do. We know how to do it.

Whether during so-called "normal times" or episodes of crisis, there are key local services that keep us healthy, safe and resilient.

Our goal in writing *100% Community* was to bring a strategy to all local leaders for ensuring that the services for surviving and thriving are in place for all residents.

Developing the list for what we call our 100% Community five "surviving" services was easy to accomplish long before a global pandemic and economic disruption hit. All it took was one public health crisis to show us just how important these services are and, equally important, where gaps in these services existed in both urban and rural areas.

Our list of five "thriving" services came together as we took a close look at which ones empower children and parents, giving all family members the resources to succeed in school, job readiness and community life which in turn make them even better prepared to handle crises. These services include parent supports, early childhood learning programs, fully resourced community school with health clinic, youth mentors and job training.

We developed *100% Community* by meeting with providers in all our ten surviving and thriving service sectors, sharing the strategies to increase access to ten vital services, as well as increasing the user-friendliness and overall quality of services. As we talked with community providers it became clear that our focus on ten vital services could have a significant impact on reducing a host of social challenges, including lack of readiness for a public health crisis.

With robust communities equipped with ten accessible and user-friendly services, we could expect to see a reduction in every costly public health and education challenge: substance misuse, depression, suicidal ideation, untreated mental health challenges, low school achievement and school drop out, bullying and school violence, domestic violence, sexual assault, low birth weigh babies, teen pregnancy, poor nutrition, and lack of job readiness. In addition, our model for well-resourced communities was the recipe for true readiness in times of unexpected challenges and crises.

By the time we we had our first draft of this book reviewed by a wide circle of providers, systems thinkers and technology users, it was clear that the strategies outlined in our book would prepare every city, town and community for almost every public health, safety and education challenge we could think of. It would also address long standing disparities that kept every resident from accessing vital supports. We worked hard to showcase, sector by sector, how we can use technology to rethink how we provide services in the most effective way possible.

As you read *100% Community*, you will also be reading the textbook for our course that guides the 100% Community initiative. It is our hope that the initiative supports a movement to make our ten surviving and thriving services a requirement of every community, setting a new standard for urban and rural health. We also hope to see a commitment to public health and crisis-preparedness the priority of every state, city and county elected official.

100% Community offers all our elected leaders and the public a blueprint for designing local infrastructure—a system of services—that ensures all our families and community members survive and, equally important, thrive.

No more tinkering

If you just want to tinker around the edges with our lives, and yours, in the balance then our bold, data-driven 100% Community plan of action is not for you. If you are looking for the next social Mars-shot-level initiative designed to fix everything that's wrong with how the United States treats its residents, please keep reading.

Let us be very clear. Solving problems related to health care access and all the services we require will take courageous efforts in state capital buildings, city halls, county offices, school board meeting rooms, community centers and university presidents' offices.

We all must recognize that it's up to each of our fifty states to customize our 100% Community strategy for ensuring vital services. No easy fixes, no miracle app, just one radically simple strategy to implement county-by-county.

100%

Let us start by revisiting our favorite percentage: 100%. We're all in this situation together—and we need to keep working until 100% of us are safe and secure.

Ask any socially-engaged, caring person about the status of this nation and you will most likely learn that, deep in their gut, they know that there's something very wrong with this country. There is a nagging feeling, especially when you have ample resources and a comfortable life, that—for a country that prides itself on compassion—we are not living in the American culture we were supposed to evolve into. Somehow, we strayed from the ideal symbolized by a huge statue in New York Harbor welcoming the most vulnerable families on the planet. This is made clear everytime we have a public health and safety crisis.

Our plan depends only on you and the elected leaders who guide states and localities.

About the design of this book

Regardless of whether you bought a print copy or downloaded a digital version of *100% Community*, we have designed this book so that you can get the most out of the resources contained within. If you're reading this on a device, you can quickly access the websites with urls provided. If you have a good old-fashioned print copy instead, we have made the links easy to type into your browser. This book is required reading for our 100% Community course that is guiding local stakeholders—people just like you—in finally making each community, town and city a place where all residents can survive and thrive.

About naming names

People whose full names are cited have given their consent to appear within these pages—otherwise, we have created fictional identities to protect the privacy of those who wanted them. We believe all folks deserve to be able to share their insights with us anonymously. We are grateful to all who we engaged with, even if we have to agree to disagree with some of them.

About Eric's Story and Jen and Marie's Story

Throughout the book we refer to two families. They represent composites of several families and we have changed all names to respect their privacy. Addressing their very real struggles is at the core of our book and work.

There's fourteen-year-old Eric and his family who have a long history of struggles and relying on community services to solve problems. We also share the story of Jen and her ten-year-old daughter Marie. They are getting by okay. Jen has a steady job with the state government and Marie is doing well with her studies. They live in a community experiencing various disruptions. We share their story to provide insights into the services families and all community members need after being impacted by a public health and safety crisis.

About Katherine's Journal and Dom's Journal

We collectively have more than a century of life experience on this planet, and have spent most of that time working to solve some of our biggest social challenges in the public and private sectors. We wanted the opportunity to share some of our own stories in this book—ranging from lobbying leaders, to brainstorming in basements, designing apps, dreaming of Oprah's support and keeping focused (and sane) while enduring tedious, meandering, brain-melting meetings.

Thinking global, fixing local

Our world is one where our phones, tablets, laptops and desktops all scream for attention, asking us to save humans around the world. One “like” is all any site wants (along with a donation). Our entire 100% Community hypothesis rests on getting change agents within one tiny geographic area on the planet—just one county, your county—to focus on raising everyone up.

Why a county, you may ask. Why not just focus on a city, or work in only one community at a time? What we found across the nation is that many counties are either rural and/or vastly under-resourced, with punishing disparities and all the problems that come with lack of resources. But a city within that county might be doing much better and have a larger economic base from which to fund solutions. City-county partnerships are our goal.

As you will read, fixing decades of health disparities and all the problems related to access to services may sound, to be candid, impossible. You will learn that it will take, in each county, only a majority of your city council, county commissions and school boards. That's fewer than 100 people who control the priorities and budgets of key services.

As for focusing on only one community, we know within each county certain areas have suffered historically, and they should be prioritized. We again advocate for using our county model, as city, county, school and higher education budgets—if combined and mobilized—can raise up every community within county borders.

Our vision is quite pragmatic. If we get all 3000+ counties working in the US, we reinvent the nation and make vital services available to all. We have so much to gain by sharing a vision and collaborating.

Always Read the Instructions

What Am I Holding in My Hand?

How to use this book to change your life and your world

MAYBE YOU HAVE a few hours to yourself on a quiet weekend afternoon. Why fill it reading this book? The answer is simple. We need people like you to join us in our radically simple, completely pragmatic and measurable initiative.

Our mission is, if we may be so bold, to ensure the health, safety and resilience of 100% of our families and all community members. Far from a pie in the sky moonshot dream, we have been putting this plan into action across New Mexico in some of the most forgotten communities in the nation. And what we have seen is nothing short of amazing. People all over, from city counselors and college presidents to school teachers to tech programmers, are engaging with our work.

We did arrange the chapters in an order that made sense to us, but you can jump across from chapter to any other chapter if there's a pressing issue you can't wait to explore or if that's just how your brain is wired. Once you read all the chapters, we hope that our words will eventually coalesce into a bold vision and a clear action plan inside your head.

Our campaign's mantra has been "connect the dots" and as you read our chapters, you'll see how we connect the dots between health care, transportation and a secure food supply. Inside you will find topics as varied as emergency preparedness, first responder capacity, health equity, disparities, adverse childhood experiences, trauma and historical trauma.

Our Parts and Sections

SECTION I: OUR INSIGHTS

PART ONE: 100% describes our vision, goals and local team structure.

PART TWO: COMMUNITY explains why relationships matter so much in our initiative. We describe successful strategies for collaborating with elected leaders and stakeholders in the arenas of state, county and city government, as well as those working in foundations, school districts and higher education.

PART THREE: COUNTDOWN TO 100% describes the nuts, bolts and algorithms of the work and how to create a shared vision, goals, and agreements to share data, technology and create interconnected activities. We walk you through the steps of assessment, planning, action and evaluation to start your county-wide process of continuous quality improvement. Most importantly, we set you up for measurable and meaningful progress.

SECTION II: YOUR WORK BEGINS

PART FOUR: WORKBOOK FOR ACTION TEAMS is your step-by-step guide to transformative work in your county. We describe our areas of focus, ensuring each county has 10 vital services for all residents to survive and thrive. You will learn how to innovate in your chosen sector guided by solutions already implemented across the nation (and world). You'll see how the 100% Community initiative can create a seamless countywide system of ten vital services for surviving and thriving.

APPENDICES offer all sorts of helpful tools to support you setting up your county-focused 100% Community initiative.

PART ONE

100%

Why every child and adult can be empowered to thrive in times both calm and chaotic

100% of Us Can Move From Crisis to Community — Together

We can start by asking the hard questions about what kind of people we are, claim to be or wish to be.

When we “Google it,” how many results come up?

- improving the Nation’s Health Care System: 230,000,000
- supporting our first responders: 61,400,000
- is the US food supply safe: 801,000,000
- managing the global health response to epidemics: 79,100,000
- apps in public health crisis: 559,000,000

Amid the clutter, solutions await

WE’VE SPENT YEARS discussing the importance of ensuring the services for surviving and thriving.

We understand that this country has debated the role of government in helping vulnerable families since we had a government: should it help folks or should it get out of the way and let market forces work their wonders to allow folks to change their own destiny? Well, it just takes one public health crisis and suddenly the entire nation is vulnerable. What a difference a week in the life of a global pandemic can make.

We’re all in this together

It’s become painfully clear that for those who live a comfortable life, recent events and history are filled with examples of one health emergency or economic melt-down changing everything for a person, family or entire community. We are all far more vulnerable than we may think. And as you will see repeatedly (some would say incessantly) throughout this book, health and safety risks are alive and well in families across the socio-economic spectrum. The ten surviving and thriving services we advocate for will ensure that no one, as in 0%, is left alone to hit the pavement when a catastrophe occurs. These services will also address decades of health disparities that have left so many to fend for themselves without any community support.

Surviving and thriving services

As we developed 100% Community, we coined the term “surviving and thriving services.” For survival services we looked to accessible and timely medical care, behavioral health care, housing security programs, food security programs, and transport to services. For thriving, we identified parental supports, early childhood learning programs, community schools with health care, youth mentors and job training. Getting these services in place, accessible to everyone in all 3000+ counties, is the foundational goal of our work. We know, based on decades of research focused on the social determinants of health, that access to services can solve all sorts of problems. In so-called “normal” times and times of crisis, the ten surviving and thriving services can help prevent a host of costly problems. We can address immediate public health challenges. We can also prevent long-standing challenges including adverse childhood experiences, trauma, substance misuse and mental health challenges. As for those individuals and families with resources, when a crisis hits we want to know survival services like medical care, have not suddenly become inaccessible. It turns out that if each community within each county can ensure the services that keep us healthy, safe and resilient, we have the best chance of weathering any crisis together.

Dom's Journal

It felt like a movie when Sara, the manager of the hotel said, “They say they are closing the border so you might not get out.” I was near the end of my week-long writing retreat in Mexico, completing the revisions to 100% Community. My brain was racing, “Will they really do that? Do I change my ticket? Can I get through to the airlines? Do I wait it out in Puerto Vallarta for a week? What if it turns into weeks or months?” I returned to Santa Fe the day before the border was closed to non-essential personnel. Sitting at home, in self-imposed isolation for 14 days, I had lots of time to reflect on what this public health crisis meant, or could mean. I thought back to living in Manhattan and standing in the Hudson River park looking down twenty blocks to the Twin Towers on 9/11. The planes had hit earlier and now, as crowds gathered, the towers collapsed. Soon the military arrived to take control. The next day, still in a state of trauma, I was on the Today Show sharing recommendations from my new book on family communication about violence. It was surreal. I remember having to pass a check point, showing ID to a soldier to get in and out of my neighborhood. Like everyone, I wondered what could happen next. I thought back to another public health crisis I lived through. That one more slow moving but deadly to many in my city of San Francisco during the 1980s. I was working on a public health project for UC Berkeley as very angry and fearful AIDS advocates, who had lost many friends very quickly to the infection, called on the Federal government to help the infected. “Silence = Death” was their slogan. Three public health crises. Three very different eras pre- and post-internet: AIDS, 9/11, Coronavirus. Ironic, to say the least, as I am finalizing a book on the importance of working to ensure that everyone has timely access to medical care and nine other vital services. I can't help thinking, “Where will this pandemic lead? To hoarding or helping?” From my streaming feeds, emails and links, the one phrase I keep seeing repeated is, “We're all in this together.”

Katherine's Journal

It was always our intention to finalize our first edition of our book 100% Community during our spring break vacation of 2020. We had gathered many reviews and comments from stakeholders, vastly enriching the chapters. We intended to set off for writing retreats to do the final edits. I ended up canceling my trip while Dom got back from Mexico as the border closed.

Neither of us could ever have imagined that we would be finalizing a book on community health and safety to “survive and thrive,” in the midst of a public health crisis the likes of which have not been seen in either of our lifetimes.

The COVID-19 pandemic in March 2020, once viewed as something happening far away in Italy and China, struck rapidly and furiously across all states. Suddenly schools closed, followed by offices and restaurants. People began to panic. Those of us who are used to living safely in middle class America were suddenly shaken out of our bubbles and thrown into survival mode. Many calls to get tested for the virus were responded to with, “We don’t have enough tests so just self-quarantine at home.”

Suddenly, all the clutter of our so-called comfortable lives was cleared and we all became focused on the basics of survival. Do we have food, transportation and access to medical care if we need it?

The crisis also served as a reminder that far too many people in our communities face the realities of these questions every day. This was why we wrote 100% Community in the first place, a guide to ensuring vital services for all.

We saw our community come together in new and inspiring ways. Making sure kids who usually got their meals at schools still had access to food, offers to elderly neighbors to shop for them and many other examples.

We became more certain than ever that the frameworks laid out in 100% Community, with the goal of ensuring the services we need to survive and thrive, have the power to transform communities, county by county. We found ourselves using a new phrase throughout this edition of the book, “In times both calm and chaotic...” as way of acknowledging that access to vital services is the goal we strive toward regardless of the level of challenges facing us at any specific moment. It’s time to take care of everyone, everywhere.

Bottom line: This book is about creating communities where 100% of residents have the ten services they need to survive and thrive. We can fix gaps in vital services, while preparing every community for unexpected challenges.

Can We Get to Vital Services When We Need Them — in Times Calm and Chaotic?

We are all vulnerable, in this together, and why we work locally

When we “Google it,” how many results come up?

- who funds vital services?: 118,000,000
- how neighborhoods affect health: 30,600,000
- how to create safe communities: 556,000,000
- what are the social determinants of health: 45,600,000
- child-friendly urban design: 37,000,000

Amid the clutter, solutions await

“THINGS CHANGE QUICKLY.” Certain neighborhoods appear quite idyllic—at least from the outside—while others may be described by residents as “tough neighborhoods.” Regardless of where we call home, most of us live in a very fragile place where our most vital services may disappear during a public health crisis.

In times both calm and chaotic, we can assess each community within a county, identifying resident’s access to the ten surviving and thriving services that include vital services like medical care, food distribution, stable shelter, behavioral health care and transportation.

Community resources are on a continuum: from abundant (if you can afford it) to almost non-existent. Data reveal that portions of particular zip codes are awash in services for the residents who have good household incomes. Families living there may still be suffering from a wide variety of emotional and physical challenges, but they do have the resources to find help. Other neighborhoods lack basic services, and what services do exist may not be easily accessible. Long wait times, waiting lists, disgruntled employees and funding that suddenly ceases to exist combine to cripple these services’ ability to serve residents

In rural areas, there may be many miles between homes and a tiny town center with a post office, a city hall and a county government office that shares space with a police department and fire station. What this means is that, although many of their residents struggle with basic needs, vital support can be a three hour drive away—if you have a car.

There are also many under-resourced communities within urban areas, where residents struggle to access services.

You will see that you do not need to guess which residents have access to the services shown to keep folks healthy, safe and fulfilled. Our 100% Community initiative starts by surveying your county's residents, asking them: "To what degree do you have access to these ten vital services?" We follow-up by asking: "If access is difficult, tell us why." No more mystery: we will know precisely where gaps in what we call the "five services for surviving" and "five services for thriving" are, and why. (More on fixing gaps with the ten services in Part Four.)

We want to reiterate the point that our 100% Community initiative is designed to be implemented on a county level, working in alignment with leaders of public health and your elected city, county and school board leadership as your partners.

As very pragmatic people, we looked closely how we ("we" meaning "you and your colleagues") can organize on a local level and launch a countywide process of innovation and improvement in order to get to the goal of the 100% Community where these ten vital services are available to all. Or, as we like to say, "10@100%."

We also looked closely at local funding mechanisms that can support our initiative. For this reason, we are focusing on the county as it has clear geographic and political boundaries, and sources of revenue that can be mobilized to prioritize solutions. Your assignment, should you choose to accept it, is to focus on the health, safety and resilience of all your residents living in all the cities and communities within your county's borders.

Real power is at the local level

We would like you to try a mental exercise here. We are asking you, as a potential 100% Community initiative leader, to first think of your state as a separate country. Imagine for a second that a state like New Mexico is a self-sufficient country that raises the money it needs to keep every resident safe, healthy and educated, as well as successful in work, family life and community engagement. Imagine your state as a country that has the resources to be ready to manage a public health crisis, too.

And yes, we fully realize that funds from the feds (which come from our taxes) fund all sorts of vital services in your state and counties and so, no, we are not advocating seceding from the nation. Quite the opposite, we want the full resources of the federal government to commit to the capacity of every state to care for its people in times both calm and chaotic. We also know that especially in times of public crisis, we depend on the resources of the federal government that can mean life or death to many. The notion of a state having the power to care for all its children and adults is really a mindset we are pushing here, as a brainstorming activity, as a way to assess the capacity of a county's residents to keep healthy and safe in times we call "normal" and times of crisis.

Once you wrap your head around the idea of your state as, dare we say “The Republic of New Mexico” (or “Nation of Florida,” “Empire of Oregon,” etc.), we can push you a bit further to consider making measurable and meaningful change by focusing on the county you live in. By focusing your efforts in one county, you can set yourself up for success with the 100% Community initiative’s short-term, intermediate and long-term objectives.

As you think about questions like “how do we fund this enterprise?” you can ponder all the revenue currently generated (or the operating budgets) within your county, including county government, all the city governments, all the school districts, foundations, nonprofit agencies and higher ed institutions. When you do the math, you will find that most of our counties have the resources to make health and safety the number one priority.

Before people start asking “Are they talking about raising taxes?” we have seen that in many counties (and cities and school districts) it is—again—not about raising more money. It is about not wasting current money on projects that fail to achieve measurable and meaningful results for the public good. We are back to the bold notion of re-prioritizing where current government funds and nongovernmental funds are spent.

There is also the inconvenient fact that sometimes, by not spending money to prevent a problem, the government ends up spending far more cleaning up the aftermath of the problem.

Our initiative, launched in a time of great change, is about all of us with jobs in the public and private sectors working and living differently.

Trust us. We have collectively worked in state government for many decades and we have seen thoughtful spending on the state and local levels, with powerful results to show for it. From the AIDS epidemic to 9/11, we have seen how a public crisis can be addressed (with many lessons learned along the way).

Our work with 100% Community is to be a data-driven and result-focused initiative that can works to achieve measurable and meaningful progress that means all residents can access the vital services they need in a timely manner. The bottom line is that the more well-resourced our communities are, the better off all of us will be.

Dom’s Journal

After one of my never-ending presentations to city stakeholders on how ensuring surviving and thriving services should be as important as funding the maintenance of public parks, I found myself on a busy street on a sweltering afternoon. I was reflecting on how frustrating communicating the urgency of our mission can be. It was then I discovered on my mobile a quote by John Quincy Adams, “Patience and perseverance have a magical effect before which difficulties disappear and obstacles vanish.” Perfectly stated.

Katherine's Journal

As a public health crisis collided with an equally destabilizing economic free fall, Dom and I quickly jotted down all the colliding challenges. We knew because of our years of work that many people across our state were already suffering with the impacts of trauma and social adversity. We knew that the magnitude of this challenge was bigger than anything our counties have ever faced. We also knew that this situation provided a unique opportunity for our communities to come together to address these crises. Our first draft:

7 Colliding Crises

- *The COVID-19 pandemic: A viral pandemic is still revealing its magnitude and severity.*
- *Local economic disruption: A freezing of entire industries as we enter into prudent self-distancing is creating an economic downturn of unknown proportions.*
- *Lack of capacity: Lack of government and non-governmental infrastructure impact capacity to address the growing demand for assistance in services for surviving (medical care, mental health care, food, housing, transport and education).*
- *Existing challenges increase: Long-standing health and safety challenges are increased by the health and economic disruption, including adverse childhood experiences, trauma, maltreatment, domestic violence and substance misuse—all requiring local community services.*
- *Digital divide: Large segments of populations are without access to online resources: telemedicine, options for working remotely, and online education and training options.*
- *Emergency response requires alignment: County, city and community agencies, including emergency management, must design new processes to organize unprecedented collaboration and communication.*
- *State leaders facing unprecedented problems: State and local leadership acknowledge that the short-term response and long-term recovery is up to them, harnessing the ingenuity, collaborative spirit and courage of state residents.*

Bottom line: We know precisely where your focus is urgently needed in all your communities across your county. Our survey can reveal where gaps in vital services may be as well as vulnerabilities in times of crisis. The good news is that we have a data-driven process for addressing gaps to ensure the health and safety of all residents.

Proving Our Hypothesis

How the hypotheses guiding us were designed to get us to measurable and meaningful goals

When we “Google it,” how many results come up?

- how do we prove an hypothesis: 172,000,000
- why can a hypothesis never be proven: 39,100,000
- scientific hypothesis example: 151,000,000
- do we need data to test a hypothesis: 192,000,000
- how does a hypothesis differ from a guess: 18,500,000

Amid the clutter, solutions await

WE’RE ALWAYS HYPOTHESIZING. In countless trainings and workshops we ask attendees, “Would you agree that if we do A (a particular strategy), then B (a particular outcome) will happen?” This book aims to test the following hypothesis (and yes, it’s a mouthful):

If state and local elected lawmakers ensure that all residents have access to the surviving and thriving services shown to strengthen health, safety and resilience, each state will accomplish three things:

- 1. A significant decrease of illness, injury, substance misuse, interpersonal violence, adverse childhood experiences, trauma, school and college drop-out, teen pregnancies, and lack of work readiness*
- 2. A significant increase of overall public health, health equity, healthy family functioning, child safety, student achievement and graduation, and readiness for employment and entrepreneurship*
- 3. The strengthening of local community infrastructure and preparedness for emergencies and public health crises*

Let's deconstruct the hypothesis for a moment, not an hour:

- State and local elected leaders: those folks in government who control the services that track back to, you guessed it, our overall health and safety.
- 10 Services: these ten vital services are used hourly by some, but are often inaccessible to others, including our most vulnerable families, who really need help with housing, food, transport, mental health, medical care and access to high-performing schools. When a public health crisis hits, these services can mean the difference between life and death.
- Health, safety and resilience: our measurable goal is providing access to the basics of surviving and thriving that provide a chance for a life of health and safety.
- Decrease of...: a list of all the bad stuff (untreated illness, substance misuse, injury, etc.)
- Increase of...: followed by a list of all the good stuff (resilience, health, safety and systems of safety designed for a crisis)

We apologize for taking so many words to craft our hypothesis, but we wanted to be as clear as possible about where we are going. We hope you stay with us on this journey as we work hard to make our case.

Thinking small got us to the status quo. Try option B: think huge

While to some this may sound out of reach, our experience is that implementing the solutions (see innovations and projects in Part Four) is entirely possible and worth mobilizing around. Yes, it will take a level of collaboration heretofore unseen with most state, county, city, school, higher ed and nonprofit organizations. And yet, we have the technology to make this collaborative effort entirely transparent and easy to engage, all while tracking progress.

We have an incredible and historic opportunity to rethink government on every level and to re-prioritize. As we will lay out for you in just a few short chapters, it's all about collaboration, data and technology.

Data guide us

To prove our hypothesis, we can easily direct you to websites housing data clearly indicating that in almost every county in the US, you have urgent and groundbreaking work to do.

We will also help you implement our **100% Community Survey** to measure access to ten vital services. The survey, taken by families and all community members, will reveal how many people are still struggling to access our five “survival services” of housing, food, transport, behavioral health care and medical/dental care. You will also learn to what degree parents and youth can rely on the five “thriving services” of parent supports, early childhood learning programs, community schools with school-based medical and mental health care, youth mentors, and job training.

Survey respondents will also tell us why services may be hard to access. Barriers to services vary widely, including reasons related to cost, meeting guidelines, ease of access, transportation and language issues. Some youth may report that the barrier to services may be a troubled parent. The survey will help agency leaders and elected officials understand why providing access can be a challenge. With this information about gaps in services, the local work of addressing those gaps can begin in a focused manner.

We recognize that each county will have its own set of unique challenges, and we also recognize that each county’s residents and leaders will be best equipped to recognize which solutions will work for them.

Individual choice vs. collective solutions

Our hypothesis is informed, in part, by classic public health thinking on how to change health and safety behaviors. For example, we can ask people to use social distancing to keep a virus from spreading. This can mean closing public spaces and services where groups collect. Add to this having tests to screen for a particular infection and we have a good community-wide strategy for reducing the transmission of a virus.

In the arena of injury we can look at high rates of auto injury and death that motivated our national government to push for higher rates of seat belt use. They didn’t just create public service announcements asking nicely: “Please use your seat belt.” And they didn’t just play hardball and produce scary public service announcements about a mother and young daughter slamming into a car—or a young couple bashing into another car as they tried to pass a truck. These were actually quite shocking for the time (decades ago).

What the government did to really make a difference was to ask this question: do we hope folks make the right individual choice to use a seatbelt, or do we pass laws to insist that all cars come with seat belts and annoying alarms that won’t stop until you put one on?

The government, together with its allies in advertising, changed behaviors through social policy and saved lives. Policy actually changed the environment of the car—from death trap to safe(r) transport.

The government used the same thinking to stop planes from being petri dishes for cancer by banning smoking and then workplaces did the same thing.

Does this process always work seamlessly? Just ask mayors who have tried to wean people off innutritious substances by passing taxes on cola and other sugar and calorie-rich, food-adjacent products. Sometimes the public hates it—cola companies certainly do—and have the resources to fight such social policy, at least in some places.

But this is how we must approach the need for surviving and thriving services. By ensuring ten vital services exist, we change the environment of each community. Instead of bleak and isolating with little access to health care, neighborhoods become well-resourced, caring and supportive.

A large social challenge becomes doable by breaking down many complex moving parts into bite-sized pieces. In order to do that, the first thing we need to do is something so radically simple it has never been done before: ask the people who need the services whether they feel the services are available. Then follow up with: “What would make these services work better for you?”

We have seen countless reports that calculate the number of slots for services in a county versus the number of people estimated to need those services. But if the services are located in a place that people can’t get to, can we really say that those people have access? We obviously say no, and thus the first step in testing our hypothesis is having a true understanding of each community in our county: their strengths and deficits and their capacity to end health, education and opportunity disparities.

Katherine’s Journal

I was attending a community discussion in southern New Mexico on the topic of early childhood. There was a large turnout, the people in attendance were passionate about helping their communities, and many of them worked directly with the “at risk” populations. My colleague and I presented them with some data showing that there were enough home-visiting and pre-K slots for every child in their community.

But the conversation quickly turned to another topic: early intervention. Several people started speaking up about the inequities of the different programs, and that parents were starting to learn that if a child is identified as at risk for a developmental delay, they would qualify for much higher-quality services. And so parents started hoping their kids would be identified as developmentally delayed. Some even told stories about parents encouraging kids not to talk during assessments. If parents truly had access to the services they need, would they be trying to work the system like this? I think not.

Bottom line: If we invest in all ten services shown to strengthen families and communities, all children and adults can thrive and be prepared for unexpected challenges.

Our Goal Is 100%, Because We Don't Leave Out Anyone

Our desired outcomes are more than numbers: they represent the lives of every child and adult in our community

When we “Google it,” how many results come up?

- why do measurable goals matter: 30,400,000
- what are the 5 components of a smart goal?: 115,000,000
- goal setting theory: 531,000,000
- apps on setting goals: 285,000,000
- what is social adversity: 29,900,000

Amid the clutter, solutions await

ARE WE THERE YET? We're just like the kids yelling “how much longer?” from the backseat on a road trip. Being data geeks, our work—and yours if you become part of the 100% Community—is all about being measurable and meaningful. We need to start with data that tell us 1) what is the magnitude of health disparities and lack of access to vital services and 2) what the level of preparedness for a public health and safety crisis. From there, our work is clear: getting to 100% with all key services in order to prevent a crisis and empower 100% of the residents to be healthy and safe.

A word of caution

You are pulling back the curtain and revealing in a very public way, possibly for the first time, the degree to which your residents are lacking vital services. Doing so should motivate and energize a caring public and local leadership, but it might also have other consequences with some leaders. For some, there may be confusion or disagreement on how best to ensure safe families and communities.

Our process for assessing whether a county's residents have access to vital services is so radical, and yet so simple, that it has never been done quite like this before in a systematic way in the USA. We want to know whether people have access to services, and we think the best way to determine whether or not they have access is to ask them. That's it.

From time to time, when we are explaining our process we come across people, usually academics or providers, who shake their heads at us and tell us they already know the needs in their communities. Yet when we ask how they know, they might say it's by looking at information like census data compared to number of slots in pre-K, for example. That type of analysis is important, but we would argue that simply providing enough slots for a given service isn't enough. This is where asking residents about their user experience comes in.

It is very common during community forums, attended by both service providers and the public, to hear conflicting replies. A mom may share that it's near impossible to find a counseling service that has a sliding fee scale, while providers in the same meeting say with concern, "But don't you know about this agency... or that agency...?" Why can there be such a disconnect between the perceptions of providers and those who need their services? We clearly have not done our homework.

When we leave "business as usual" times and evaluate our preparedness in times of crisis, we know that most communities across a state are not as prepared as they should be.

Asking people what they need during both calm and chaotic times is so simple, but most organizations are so bogged down in the overwhelming day-to-day workload that conducting a survey project requiring multiple pollsters to go into communities full of individuals unaccustomed to completing surveys is not even on the radar. One might imagine, for example, that a child welfare system that serves each county would absolutely want to pinpoint all user-friendly services in each county they serve, since it is this collection of local services that may mean the difference between parents being able to access help and reunify with their children in custody or not. (If there was ever a need for a national push for child welfare administrators to become leaders in state-of-the-art community assessments of services, this is the priority project to fund.)

For a school district or college campus, this means bringing together behavioral health care specialists, administrators and educators to discuss the goals of the survey and protocols for administering it anonymously, as well as those for analyzing and sharing data.

Creating a seamless system of care

OUR SURVEY

Our 100% Community Survey will gather data on the degree to which youth, parents, grandparents—all residents—have access to the following ten vital services.

Questions about access to services for survival:

- Housing
- Food
- Mental health care
- Medical/dental care
- Transport

Questions about access to services for thriving:

- Parent supports (home visitation, education)
- Early childhood learning programs
- Community schools with school-based health care
- Youth mentors
- Job training/higher education

With our survey, you can begin to create a picture of the state of the various communities within your county.

Painting a more complete picture

With additional surveying and research of existing data, you can identify to what degree your residents are facing an assortment of health and safety-related challenges:

- Involved with Child Protective Services
- Involved with Juvenile Justice
- Living in homeless or temporary shelter
- Falling behind academically in school
- Dropping out of school
- Dropping out of higher education before attaining a degree
- Employed in jobs lacking living wages
- Hospitalized due to substance-related causes
- Engaged with domestic violence programs and shelters
- Engaged with sexual assault treatment programs

Measuring progress toward goals

Your first task in the 100% Community initiative is doing a county-level assessment of your residents. This will be an eye-opening experience to be sure. (The survey can be found in the Appendices.)

Getting to goals: transparency, summits and reports

The first phase of the 100% Community initiative focuses on assessment. You will be creating a **100% Community Assessment Report** that details the levels of ACEs, potential trauma, lack of access to services, disparities, and indicators of family and community challenges. This report details how big a mountain you will be climbing.

These results provide you with clear goals and the journey can be plotted in terms of months, years and decades. This report, unlike most reports of its kind that whiz across the Internet and are promptly ignored and trashed amid all the other clutter, will be presented at a very public, local 100% Community Summit. In the audience should be health care agency leadership and providers, the mayor, city councilors, county commissions, school board members and state lawmakers.

Our 100% Community Summit can be modeled, in some ways, on TEDx Talks events. You will have engaging speakers sharing all the data in an engaging, easy to understand and highly visual manner, highlighting each of the ten surviving and thriving services that document disparities and challenges. You might also be able to highlight 100% Community action team innovations addressing gaps in services. These talks can be videotaped, housed on your county 100% Community project website and sent out to every elected lawmaker in the state as you go viral. You will find that these brief presentations and videos serve as catalysts for community conversations with the goal of engaging local stakeholders in your work.

Improving systems while working in alignment

We know that a county may do the 100% Community survey and discover that in a sector like medical/dental care, 75% of residents reported that they “have easy access.” In follow-up focus groups, parents and youth might reiterate that their local school-based and community-based clinic are readily available, with caring providers and few waiting lists. It might turn out that most county residents have jobs with excellent health insurance, and Medicaid and Medicare cover the rest. This could mean your strategies in the county would be focused on meeting the needs of only 25%, i.e. those who for whatever reason just can’t access the service. Each of our 10 sectors will likely be at different places in development, requiring different levels of attention.

Your job will be to ensure that your project goals, if possible, align with the existing goals of established entities within city, county, school and higher ed entities. For example, if your city council sponsors a task force on housing, 100% Community action teams will work in alignment with that task force. Our action team goals are meant to be very public calls to action throughout the communities across your county to ensure 100% of residents have access to the services that give them the best shot at being healthy and safe illness and injury.

Dom's Journal

I once heard a state lawmaker, who was also a social worker say: "When agency people talk about wanting funding for any given program for families, I always ask "Will this help everyone across the state?" Usually the response is "We hope to reach at least 75%." My response is always "Well, that 25% you don't reach might be kids and parents in my district. So I have a problem with that."

Katherine's Journal

One of the first exercises we do for groups of community members interested in adopting the 100% Community model is a sample version of our survey. Once, a woman who worked for a behavioral health provider was adamant at the beginning of the conversation that behavioral health services were very accessible in her community. After conversing with the other members of her group and taking into account the point of view of the parent in this fictional scenario, she changed her answer to "not very accessible." "I never realized that access wasn't the same as available," she said. "If you don't have a car and can't take off of work in the middle of the day to get to appointments, behavioral health services aren't really accessible, even though they might be available." Insights like these happen every time we do this exercise, and, without fail, those who have gone through this exercise are suddenly very excited to get the survey results for their communities.

Bottom line: Through our data-driven assessment process, each community can learn where gaps in vital services exist. We will also learn why those challenges to access exist.

The Root Causes of a Host of Health Challenges

The root causes of our challenges are predictable and preventable. With root cause analysis, we find our way toward solutions.

When we “Google it,” how many results come up?

- what are the root causes: 366,000,000
- what are the five whys of root cause analysis: 253,000
- what are the root causes of health disparities: 2,800,000
- what is social adversity: 29,900,000
- who came up with root cause and effect theory: 335,000,000

Amid the clutter, solutions await

WE’VE GONE WRONG in leaving so many children and adults behind. As we delve into our 100% Community course and dig deep into the root causes of all our social ills, we must ask why is it that our society is okay with 25% to 50% of community residents being left out of a chance to find adequate education, work or a sense of belonging.

Why are so many of our people consigned to trauma, leading to substance misuse and emotional health challenges?

Equally important, when a public health crisis hits, why might some communities be hit so much harder than others?

We can take a calm moment to ask a very timely question: why have so many national health initiatives, like those spent on reducing substance misuse, focused on symptoms of problems, rather than root causes? Why do so many programs and their funders fail to go upstream to stop problems before they start?

Whether we are looking at crisis readiness or seeking to address long-standing health disparity problems, we benefit greatly by doing what we call root cause analysis. As an example of root cause analysis, let’s look at childhood trauma and maltreatment.

Root Cause Analysis

The root causes for childhood trauma and maltreatment (which we listed in our first book *Anna, Age Eight*) include:

1. A long history of violence
2. Mental illness
3. The poor have always been with us
4. We abuse and misuse substances
5. We're too adaptable for our own good
6. Teens without resources having children
7. Weak extended families
8. These days, we're more individualistic than communitarian
9. Child Welfare only recently became a thing 100 years ago
10. Humans are not good at problems like this (at least in the US)

Adding to the long list

What we need to add comes from the need to acknowledge our history, starting with colonization and the historical trauma it caused. This, along with a long history of health, education and opportunity disparities, diminished the lives of residents who looked different from the current ruling elite. This is a thorny issue that needs to be addressed in each region today, as each region of the US is still impacted by its own history of colonization, indentured servitude, slavery and all the problems that came with them. That is why we have a Task Force on Historical Trauma and Cultures in each of our 100% Community initiatives.

This county-based task force works with historians and activists to identify local history that has impacted the trauma of residents going back centuries. With this information, we can begin an ongoing public dialogue about wrongs done, and how best to make things right.

Everything we've done has led us to this status quo

Now, we offer to expose the root causes of why our nation has done so very little to end our epidemic of adverse childhood experiences and a host of health challenges that connect inextricably to social adversity.

Based on our years both in the field and in central offices with state government, we theorize that there are a wide variety of reasons for not addressing long-standing public health challenges:

1. A lot of work to strengthen public health and education in the public sector is not data-driven, but rather guided by hunches.
2. Government agencies and nonprofits serving the same population might not coordinate their efforts but, instead, work isolated in their own separate silos.
3. Most work in the public sector, even that which has private sector support, is not focused on the root causes of problems.
4. Public sector organizations, think tanks and foundations might only have the capacity to tinker around the edges of a challenge.
5. Few projects supported by the federal government or foundations have a realistic sustainability plan. Once funding ends, so do the innovations.
6. Some academics become isolated from the communities in which they are based.
7. Parts of the US are, in many respects, more like a developing country than a developed one. It only takes one public health crisis to show everyone how lacking we are in medical care facilities, staffing and supplies.
8. We have a social norm that says people don't inherently deserve help—especially people different from ourselves.
9. Coalitions focused on a particular health issue may fail to have measurable and meaningful goals guiding the work. To some coalitions, just meeting to discuss the problem is enough; passing policies is not part of the program. Groups may be too focused on one specific program, and aren't looking at the interconnectedness of a variety of challenges the clearly intersect.
10. No one wants to risk being marginalized for speaking very inconvenient truths about disparities and programs that fail to achieve results.

We do wish to share good news. Everywhere we visit we find shining examples of folks and organizations doing things right. These are the individuals and entities you need to connect with and emulate.

While we can, and often do, debate the root causes of the health disparities and social adversity we find ourselves facing, we know such analysis can only take us so far in creating a master plan. We need to focus on the end game: creating environments where every resident can access ten vital services easily in what we call so-called normal times and those periods that are chaotic.

Katherine's Journal

I sat down with my Dr. of Oriental Medicine, preparing for an acupuncture session. "What do you need to work on today?" she asked. I was in the middle of transitioning jobs, which was something I had worked hard towards for many years. I was happy, but at the same time I was struggling with anxiety. "I need help with the part of my brain that assumes that if things are going really well then something horrible is going to happen," I said. She smiled and nodded knowingly and said one word: "Trauma." And I just had to laugh. I'm a trauma researcher, but I hadn't made that connection in myself. Of course it's trauma. Trauma is the root cause of so many of our behaviors and reactions to everything it can sometimes be easy to forget about it in ourselves.

Dom's Journal

I am sitting in a room with some of the most committed community service directors you will ever meet. Their agencies all focus on drug treatment in various forms. They speak about their clients, many of whom are neighbors and family members. The feeling of sadness in the room is palpable. As it becomes my turn to speak, I say, "Please don't take this the wrong way, but we really need to go upstream to prevent our kids from entering your agencies... I earnestly hope we can collaborate across the county to put you all out of business. To my relief, all around the table nodded in agreement.

Bottom line: The root causes of all our health challenges, from hunger and substance misuse to lack of health care clinics and food banks, can be successfully addressed if we're courageous enough to confront them.

What Percentage of Our Nation Should Be Able to Access Survival Services?

If we want 100% to get to vital services, we need answers to some important questions. Then the real work begins.

When we “Google it,” how many results come up?

- assessing medical capacity: 9,700,000
- medical capacity vs competence: 52,400,000
- mapping software by zip code: 18,200,000
- common health disparities: 35,200,000
- addressing health care shortages: 150,000,000

Amid the clutter, solutions await

IMAGINE A HYPOTHETICAL GO-GETTER like Tara who works for a local health clinic in a small rural town, and has heard from various sources that many people in her county are struggling to find services. She typically works as a one person command center, without staff or much of a budget. But she does have her own laptop, wifi and colleagues who have also expressed interest in this topic. Being proactive, before any crisis hits, Tara works with city and county agency leadership to implement a survey of residents, asking about their access to what she calls the survival services: medical and dental care, behavioral health care, access to food, access to affordable housing and transportation. She wants to get a clear picture of what access to medical care looks like in her county, and what the barriers are.

Now imagine she gets the results of her survey and learns the following.

The 567 respondents reported the following household composition:

- single parent: 31.4%
- two parent: 34.8%
- grandparent guardian: 8.9%

Tara thinks, “OK, then. As I brainstorm solutions to access issues I need options that work for different types of families. And I need to dig deeper to learn how old, healthy and able the grandparents are.

Of those respondents who had needed medical care:

- 28.7% reported difficulties getting care.

Tara likes to see things in the positive light so this means 72.3% have successfully accessed these services. But as for those 28.7%, Tara wonders why access is a problem when for so many it wasn't.

The commonly reported difficulties with accessing medical care were:

- High cost: 46.1%
- Long waiting list: 36.3%
- No insurance coverage: 34.6%
- Inability to find a quality provider: 32.4%
- It was too far to travel: 21.6%
- Did not have reliable transportation: 19.6%
- Did not know where to get the service: 9.8%

For Tara, and all of us who want to ensure medical care for 100%, we need to analyse the data points to tell a story about the county residents' vulnerability. By this time Tara and her colleagues have formed a Medical Care Access team, and they have weekly video conference check-ins on their progress.

Let's break down the seven challenges and brainstorm next steps and solutions—some short term, some longer term.

- Reason #1: High costs. This can be addressed today by steering parents to those clinics that turn no one away for lack of funds. One of the first questions Tara and her team will have to answer is whether people are unable to access these clinics, or if residents are unaware that this is an option. Additionally, Tara will have to analyze the capacity of these existing clinics to take on more patients. If capacity is maxed out, Tara and a team of community advocates for health, can talk about new funding streams from the feds, state, county and city. Additional tasks include assessing the capacity of the county's only hospital to provide beds and treatment in the event of a public health crisis. Yes, Tara has quite a research project in front of her but she can get answers with the help of her action team.
- Reason #2: Long waiting list. This challenge might be addressed through research Tara does trying to address Reason #1. Tara and her colleagues will have to contact every health care providing agency in the county to get the true big picture on capacity to serve current and new clients in times both calm and chaotic.

- Reason #3: No insurance coverage. Again, the research Tara does for reasons 1 and 2 will help determine if care that turns no one away can meet the need. She also needs to learn why folks who did not have coverage don't just go directly to the clinics that work with a sliding fee scale. This requires more interviews with more residents.
- Reason #4: Inability to find a quality provider. This one is more complicated as it is not about access but quality of service. To determine the quality of all the health care providing organizations she's contacting, Tara and her colleagues will need to do informational interviews with those who have used, or are using the services. Another big research project but one that could be done online if the medical action team could find ways to contact residents with a web-based survey.
- Reason #5: It was too far to travel. This reason requires that Tara and her team use a mapping solution like Google Maps to identify where every health care provider agency in the county is located. Then she has to identify where the survey respondents live (which, in turn, can be narrowed down to what we call a "community" – pre-identified areas noted on the survey.)
- Reason #6: Did not have reliable transportation. This is where Tara sees how a medical issue becomes a public transport issue, which will be an issue with access to all five survival services. Ideally, there would be another action team focused on transportation, and they can provide Tara with research on what public transport exists today. Both teams can then consider outside-the-box options like the government subsidizing ridesharing programs like Uber and Lyft or an agreement with local taxi services, so that those with limited resources can get to vital health services. There may also be the option of tele-medicine, depending on the health issue. None of these are quick fixes, but it is a challenge that has been solved elsewhere in the nation.
- Reason #7: Did not know where to get the service. This will be yet another research project requiring time. To get a full picture, Tara and her team may need to also perform door-to-door visits to survey folks as some families might not have access to the Internet, no mobile service or even a working home phone.

Emergency preparedness = Research = Capacity-building

As you can see, Tara and her action team members have lots of research projects in front of them, all resulting from a simple survey about access to medical care and related services. With more staffing or partnerships, Tara's command center can become a vital player in crisis readiness and preparedness, as well as resource capacity building.

The other survival services

The survey also provides data points to guide our brainstorming around access to the four other survival services that include: access to food security programs, housing supports, behavioral health care and transportation.

Tara's story presents the situation of a group of committed team members working to be proactive. Although the story is hypothetical, it uses very real examples from several of New Mexico's rural counties. The data, while preliminary, is from the counties before the COVID-19 pandemic started. With or without an added health crisis, the situation is troubling. Yet, as with all our challenges, we are presented with an opportunity.

In our very real world: as of this moment, we have surveyed three New Mexican counties out of 33 thus far, plus Taos Pueblo. When COVID-19 hit, we were getting ready to survey two more with even more counties anxiously waiting to get started. Getting data on our vulnerabilities with timely access to survival services doesn't have to be cumbersome or flagged as a long-term, costly project. If state and county leaders want this data about their own populations, we can make that happen in any state with local support.

All 3000+ counties in the nation can focus on asking important questions about their population's access to services. This is a vital first step that we can all take to start strategic planning in our post-pandemic, brave new world.

Bottom line: In order to know if we can ensure that 100% of residents have access to survival services, we have to be willing to ask questions and act on answers, empowered by timely local data. The good news is that we have a process for finding solutions to access issues that works everywhere. (See Part Four: Workbook For Action Teams.)

Q+A: Perspectives from the real world



Erica Surova works as the Director for the Center for Community Analysis at New Mexico State University in Las Cruces. She oversaw the implementation of the 100% Community Survey in three New Mexico counties, assessing to what degree parents had access to ten vital surviving and thriving services.

For our first “big picture” question we ask: what is the benefit of surveying parents about their access to vital services?

Surveying parents is crucial to understanding the needs of families, their level of access to vital services, and barriers they face in obtaining services. Too often we offer services based on how they have always been delivered or we implement programs based on what we think families need with little data to support it. We also need the voices of those with little to no access. A widely distributed survey begins this process. Furthermore, a survey gives us data at a neighborhood level. With this knowledge, we can create and tailor services to fit the needs of the families instead of putting the onus on the family to tailor their lives to the service. Many New Mexicans work non-traditional hours, lack reliable transportation, live in remote communities, and lack the economic resources to access basic services. Equipped with data, we can assess where we stand and begin the process of creating solutions that meet the diverse needs of families.

Given that our 100% Community initiative is working to get an understanding of what parents and youth need, why is it important to ask youth directly what they need rather than asking their parents what access their children have to vital services?

We’ve found that youth reported needs can contradict parents’ perceived needs for their children. For example, when we’ve asked parents about the need for their child to have access to mental health care at school, or youth mentors, only 22% of parents in Doña Ana reported their child needed mental health services in school and only 6% thought their child needed a youth mentor. Meanwhile, surveys among students revealed the number one service they wanted was someone to talk to in distress. New Mexico currently has the highest suicide rate in the nation for youth between 15-19 years old. Data also shows that having a trusted adult to talk to at school, decreases suicide attempts more than three-fold in our county. Getting both viewpoints gives us a better understanding of the work we need to do, which includes public awareness.

The 100% Community Survey asks not only to what degree parents and students have access to ten vital services, but if there are challenges to access what are they. Why is this important to ask?

Because we can not solve the access issue if we don't know what the barriers are. We need to analyze each of the reasons very carefully, identifying why challenges may exist in a particular community and among different groups of people. Each county and community may have different reasons and those reasons may be associated with economics, logistics, or even cultural differences.

We do lots of surveying as a nation and state. Why is it that we, as in health and education promotion entities, have not focused on access to vital services as a priority over the last two decades?

I think a major issue is that we try to solve problems in isolation, not understanding the interconnectedness between systems. For example, if we want to alleviate poverty and have an educated, well-trained workforce, what does a family need? They need access to higher education or professional job training. What is needed to get access to those? Time, financial resources, child care, transportation, and so on. Access to vital services should be a priority because improving any one sector is deeply reliant on improving other sectors.

By asking questions about access to service, we are telling the public that we care about this issue and we wish to solve the access issues. However, there may be local stakeholders who do not want these questions asked. Why?

It puts pressure on the stakeholders to implement the work and it also means admitting shortcomings. Our research and these surveys show cracks in the system. For some, it's easier to ignore or just give lip service to it. It also means admitting they are participating in, and a part of, a broken system with huge amounts of disparity. Many people fear putting their reputations or their jobs on the line for that. They are afraid of burning bridges with those in power. It is safer and easier to place the blame somewhere else, instead of admitting that there are changes we can make to provide services in a more equitable way.

Once county stakeholders have this data from the 100% Community survey, revealing access issues, they can begin to analyze the data. How do you ensure that the survey respondents represent a cross section of the public in all geographic areas within a county's borders?

It's having the community members who theoretically work or live in all communities, large and small, across the county, assist with distributing the survey and encouraging the community to take it, particularly marginalized communities whose voices often don't get heard. Also, being aware of the geography and where it needs to be distributed. We can work to ensure we don't get overrepresentation of certain groups or underrepresentation of other groups.

At one point in the Doña Ana survey you told survey distributors that they needed to get more surveys completed in particular areas across the county. Why?

I could see we were having underrepresentation in some rural areas. The survey distributors then made a concerted effort to reach folks who were in outlying areas and possibly harder to reach. An unexpected insight in this process was that although we had a wide representation of survey distributors, many of whom work for county-wide agencies, we had some difficulties reaching people in more remote areas of the county. If that is true for the survey, it is likely also true for the services their agencies provide.

With the survey data, we now know more about access to our ten surviving and thriving services. With the organization, we have ten action teams, each one focused on one sector, like food. What would be the first step for an action team?

First, ask what data might be missing? What other data can create the most complete picture of food disparities in each of the communities within the county's borders. For example, if the food action team is looking at the reported barriers to food security programs, what food security programs currently exist, where are they located, and who are they serving? It is also the time for the action team to explore how other food security programs have successfully ended or reduced barriers. This would be the same process in all ten action teams.

An action team would have to do an assessment of all current services available. What does an action team need to ask about current services?

Just being present is not enough for a family-serving agency. Barriers were things like services not available during convenient times, not qualifying, transportation issues. Some services that look available (on a website described well) may actually not be available or at least not available to all populations. We need to know the services they provide and to whom. Unfortunately, we also have services that look good on paper, and may have high participation rates, but scratch the surface and you start finding that the population accessing the opportunity are the ones with more available resources. We see this in schools, child care programs, higher education opportunities, everywhere. This is why data and continuous quality improvement are so important.

One of the most important tasks of the 100% Community initiative is teaching stakeholders on the action teams to turn data into action. Tell us of your experience seeing this done successfully.

I can think of several examples where organizations were able to turn data into action. We collaborated with a community school just starting its needs assessment. After the school gathered data on services students and families potentially wanted, we matched those with a list of services the school and community thought they could provide. We used this to create surveys for parents, students and staff, to gather more information about needs of students, families, and staff. A key to this success was asking people about solutions that were doable. We were not asking about implementing a model that would be infeasible due to budgets or politics. It also worked, because the school was totally committed to turning data into action. Another success story surrounds access to early childhood education and care (ECCE). We analyzed the gaps in access and we found it wasn't necessarily that there were no services available but that families did not know about the services or they were unable to access them. Local organizations took the data we provided and contributed to the push on a state level to increase funding for more free services. In addition, one partner created a local early childhood referral system—making stronger links between parents needing the services and the actual services.

Often groups want to stay in the data analysis phase, asking for more data. Why?

Sometimes more data is needed, however before moving to planning and action but it's not always about more data, it is about what to do with it. If you know what challenges exist, where they exist, and for whom, the next step is to research actions that others have taken, whether local, national, or global and learn from their successes and failures. Instead we often see programs implemented simply because it sounds like a good idea or it is convenient. We don't see this sort of approach in the business world or even our own lives. Big-box stores don't open up businesses in a region without researching whether the market can support it. In our personal lives, we research the schools for our children, how to fix that leaky roof in our house, or even the quality of something we are buying online before purchasing. But when it comes to social programming, we take a less stringent approach.

What keeps people from turning data into action?

People and organizations aren't used to turning data into a realistic plan of action. Taking the leap into action requires knowing how to make concrete goals and objectives, driven by data. It's about teaching the community about continuous quality improvements in four phases: assessment, planning, action and evaluation. We must teach county change agents about using data to measure progress constantly so that it can inform whether the actions they are taking are working. If our current actions were working, our state would not consistently show up at the bottom of childhood well-being in the country. Without data-informed actions, services are underutilized or inaccessible by those who most need it because we haven't taken time to assess their effectiveness and admit when something just isn't working.

When people take action, change agents must be prepared for strong reactions, push back and concerns. What does it take to move forward with change?

It takes courage and commitment to confront those in power and it is crucial to strategize how the work can continue without buy-in from leaders. In my line of work, I have seen leaders ignore data that would help improve the lives of the people they claim to serve. A strategy we use is to educate the public on what is happening in their community through the creative and consistent use of data. If the public, including those most affected, are more aware of the inequities that exist, especially in regards to access to basic human rights such as, food, housing, education, and health care, they will demand change. For examples we can look at desegregating schools, reducing smoking, drunk driving, the spread of HIV, and most recently, the demand to reduce the spread of COVID-19. Equipping the public with facts and data creates a heightened awareness of the challenges we face and consequently forces the system to change, even when there is resistance from the top.

The survey is a valuable tool in times both so called normal and during a public health crisis. What insight can you share, from a researchers point of view, regarding the Coronavirus?

It not only illuminates the inadequacies of our public health system; shortages of medical staff, supplies, inequitable access, but also what I talked about earlier, the interconnectedness of all of the thriving and surviving services. Coronavirus isn't just a physical health crisis, it affects all social determinants of health. Food shortages are now commonplace, which is worrying considering before the crisis 64% of surveyed parents in Doña Ana County reported needing food assistance services. Likewise, roughly 42% of low income parents reported difficulty accessing child care before the crisis. Now that schools are closed, access just got tighter. Unequal access to mass media, computers, and internet, now imperative for news, telework, telemedicine, and even K-12 education, create even larger divides. So now more than ever, we need to understand the gaps and barriers to access, develop creative solutions, and demand change.

Dr. Julie S. McCrae works as an evaluation specialist with Chapin Hall at the University of Chicago. She conducted an initial assessment of the Doña Ana County Resilience Leaders group who are organized in ten action teams focused on improving the ten services for surviving and thriving.

What are the biggest challenges you have seen as community groups and organizations begin an assessment process—to identify the challenges to solve? What are some tools that can be used to start assessing challenges?

I think the biggest challenge I've seen communities face is "assessing the need for an assessment." What I mean by that is to be sure to mine and understand what is already known and available to you about your topic, and identifying where the gaps are. It could be that there is opportunity to dig deeper in certain areas to obtain new information to complement what is already understood. Groups tend to do a good job of having a structured tool to start with, either an identified instrument or a matrix that outlines the purposes of an assessment, areas of interest and specific questions, but often don't spend this kind of detailed time and effort mining what's already known and being able to incorporate that effectively into the assessment.

The other challenge that communities face is adequately reaching the individuals and groups that they want to hear from. Every community will have "low-hanging fruit," meaning people or organizations that are easily tapped to provide an opinion or complete a survey. If a community includes these groups only, it's likely that the assessment will be biased. Communities should think outside the box when identifying key informants and plan to put extra effort into reaching them.

An assessment process not only identifies a challenge, but an organization's or community's capacity to solve those problems. What are good methods, tools and resources for doing a self-assessment to identify capacity?

This is a really big question. My best advice is to start by clearly defining the challenge/s and then understanding whether the solution or solutions are cross-sector, within one organization, or some combination of both. Then, engage in a more detailed set of conversations and assessment having to do with different types of agency and across-agency capacity (e.g. leadership, financial, structural). There are many different tools and frameworks available to assess organizational and community capacity.

The assessment process at the beginning of an initiative has a relationship to the evaluation of the initiative. What's a good process for looking at both assessment and evaluation together at the beginning of an initiative?

The best way to do this is to have your evaluator, or someone skilled to be able to have this lens, at the table from the start! Evaluators are going to have a different understanding of how to measure change and can offer ways to improve your assessment so that the ability to see your desired outcomes is maximized. The other tool is to have a logic model or Theory of Change. This will help identify not only your project's intermediate and long-term outcomes and how you'll get there, but the short-term "wins" along the way that are important to acknowledge and celebrate.

Dr. Shannon Morrison is a research sociologist with almost three decades of experience in program planning, evaluation, and research in the areas of human services, child welfare, behavioral health, organizational development. Her expertise also includes facilitating a process that identifies key leaders in the process of change and the power of social networks. We spoke with her about her work in times both calm and chaotic.

Among your many skills, you have focused on a method to measure organizational partnerships, which can lead to a capacity-building process to address challenges. Tell us about this unique process.

It's called social network analysis, or SNA for short. It is a process that focuses on the mapping and measuring of relationships and formal and informal networks between people, groups, and organizations.

How does it work?

Social network analysis allows for the collection, analysis, and interpretation of network data. Again, we are talking about social networks between elected leaders and agency leadership or the connections between health advocates and the medical organizations. It might be analyzing the strength of connections between schools and those who provide vital services like behavioral health care or food security. It's a method for collecting measurements of the quality and quantity of relationships in community collaboratives.

When you say “quality of relationships,” how is that identified?

Quality of a relationship typically refers to the strength of a relationship between agencies and individuals. Strength can be measured by the number of connections, frequency of interactions, and the types of resources provided (or benefits derived) in those connections and interactions. It's one thing to say, “I've met the mayor” and another to say, “I have worked with the mayor closely for many years on a variety of projects.”

In the 100% Community initiative, we have representatives from ten very different sectors—from medical care to food to transportation and so on. How does SNA benefit this project?

Social network analysis can be conducted to measure the connectedness of collaborative partners in an initiative like 100% Community. We can learn how resources are leveraged and exchanged. Additionally, we can use SNA to determine collaboration strengths and weaknesses which, in turn, will allow us to improve collaboration within these community networks. It provides us with a map of key community partners that allows us to strategize how to strengthen partnerships, fill gaps in services, and increase efficiency.

How does SNA help the 100% Community initiative link outcomes to the process of collaboration?

SNA allows us to measure the strength, effectiveness, and impact of collaborative partnerships. When we have strong, effective collaboration among agencies represented in the ten vital services outlined in 100% community, then we know that we have a supportive network which allows us to move towards a thriving community where families have access to both “surviving services” and “thriving services.” Connectedness in the 100% Community Network provides additional, robust sources of support to families in need.

Michele Banner, PhD is a Senior Research Scientist in the Department of Public Health Sciences and the Associate Director of Crimson Research, a program evaluation agency at New Mexico State University.

What's the value of having an evaluation plan for each county when implementing the 100% Community initiative, or any initiative seeking to ensure vital services?

Let's take New Mexico as an example. New Mexico is an extremely diverse and heterogeneous state comprised of different populations with different needs in different geographical areas. The US-Mexico border region includes colonias and other rural areas and Spanish-speaking-only groups. Urban areas are found in and around Albuquerque and Las Cruces. Native/tribal lands form a significant portion of the state, primarily in the northwest quadrant. The state's population is almost one-half Hispanic. This means that each county is likely to have a unique composition and one evaluation plan will not fit all. Understanding cultural differences, norms and beliefs regarding health practices and social services is imperative, as is earning trust among the population surveyed. Cultural tailoring of assessment instruments and data collection protocols is key despite the commonalities of the evaluation goals. Ultimately, the same information will be extracted but the means by which this is accomplished will differ from county to county in accordance with the distinctive characteristics of each.

For an initiative like 100% Community, that is looking at how stakeholders increase the quality and accessibility of ten vital surviving and thriving services in a county, what are some things that evaluation might accomplish?

Evaluation can show how stakeholders increase the quality and accessibility of services within a county through several channels. First, a needs assessment will illuminate gaps in each of the ten services from both a quality and accessibility standpoint. If the right data can be extracted, reasons for the gaps—causality—should be able to be determined. This, in turn, will inform recommended interventions to address each gap as well as determine feasibility of each intervention (e.g. not every intervention may be feasible initially unless other problems, such as funding, can be resolved first). It may be prudent to prioritize proposed interventions in terms of feasibility and impact, such that those with widest reach and smallest effort, are implemented first. Following this, evaluation of each intervention can begin in a formative fashion, in parallel with its implementation, so that continual improvements can be made in an iterative loop. Once all interventions have been implemented and evaluated formatively, assessment can conclude with a more traditional summative evaluation of the program as a whole, revealing successes, challenges and recommendations for future work.

Why is stakeholder readiness for change important for an initiative like 100% Community, and how can you go about assessing that?

In the field of public health, *readiness for change* is an important concept in any behavior change intervention. Typically this is discussed at the individual level; for example, in the context of an individual ceasing alcohol or other drug use, undertaking medical screening, or beginning a diet and exercise regimen. The stages of change model typically used cites a five-step process: pre-contemplation, contemplation, preparation, action and maintenance. Only when the individual expresses genuine readiness (by being more fully in the action stage) does the change have a higher statistical probability of success. Organizations can similarly be ready—or not ready—for change, and the stakeholders in an initiative like 100% Community operate much like an organization. If they are not ready, then time, effort and resources will likely be wasted with minimal success. Enthusiasm alone is not enough to carry transformation. Additionally, if stakeholders are not truly ready for change, any implemented change may be too disruptive to continue on with, rather than being only *temporarily* minimally disruptive (all changes are initially minimally disruptive).

Assessing readiness for change among stakeholders can be accomplished in much the same manner as it is for an individual: by asking a short series of questions about past behavior, challenges encountered and ability/willingness to commit to a concrete plan as defined by a tangible scaled measurement. For example, have the stakeholders attempted to implement similar changes in the past? If multiple attempts were made without sustained success, that can indicate a lack of readiness. If unsuccessful attempts were made, what were the challenges that blocked success? Were they external and if so, have they been resolved? If not, these same factors are likely to hinder change again. Lastly, stakeholders can be presented with a set of specific steps to follow in order to enact change and asked to indicate on a scale of 1 to 10 their ability to take each of these steps. Anything below a “7” may indicate a lack of readiness. Taken as a whole, these measures can help decision-makers direct resources to counties most likely to capitalize well on investment and maintain change for the long term. In any state, evaluators have to be mindful of the differences and commonalities among counties and develop evaluation plans accordingly.

We Interrupt This Public Health Crisis to Share Another One

When the viral pandemic hit, all we could focus on was the immediate threat. We now ask, “How are our kids doing?”

When we “Google it,” how many results come up?

- what harms our children?: 29,300,000
- what are adverse childhood experiences?: 38,300,000
- what is untreated childhood trauma in adults?: 2,930,000
- do children have the right to health care?: 13,340,000,000
- how is trauma treated?: 174,000,000

Amid the clutter, solutions await

A PUBLIC HEALTH crisis grabs the headlines and because the viral pandemic first hit older adults first, we focused on that population. This makes sense. We saw images of elders in nursing homes and hospitals gasping for air. We immediately worried about everyone over 60 and rightfully so. We did this because this segment of the population was at risk for severe illness or death.

The first time children were mentioned in frantic emails passing back and forth about COVID-19 was focused on the closing of schools. OK. That made good sense if we were to be prudent. Of course, for the vast majority of parents who work outside the home, this meant a major disruption. Then work went remote (for those who had jobs that still existed and that could accommodate the option of working from home). A few days later across our desktops were filled with emails that were bringing up the issue of feeding students who depended on school breakfasts and lunches. Kids were part of the emergency preparedness equation and that was good to see. Eventually, the inevitable happened and children came down with COVID-19. A few days later we got a call from a health clinic medical director who was concerned that in his county, there were a lot of unanswered questions about services for families. He sent us a list of twelve:

1. Do school leaders know how they can best reach students and their families, via phone and/or online?
2. Have all educators and school staff helped parents and students identify a health care provider who they can access easily?

3. In case of crisis, do parents and students know where to go for medical help?
4. Who can contact the county's network of school educators and staff during a public health crisis?
5. Have school directors been trained how and when to keep in contact with staff during a public health crisis?
6. Do school food banks have enough supplies for an extended period during a public health crisis?
7. Do school-based health centers have staff trained to operate during a public health crisis?
8. What supplies might they need to serve school staff, students and families?
9. Who is in charge of food and how do schools keep food services going for students?
10. Are school-based health care providers trained to offer services and support during a public health crisis? What supplies might they need?
11. How can all schools be prepared to serve as a shelter if need be?
12. Is there a number that students can call for support if they face challenges at home but do not wish to involve child welfare?

These were excellent questions that every school district working on readiness with county and city leaders needed to get answers to. The word of the day was “alignment” with no duplication of services or activities in a time of crisis. We agreed 100%.

A call for help

It was the last question on the list that caught our eye, about students having a number to call if they felt unsafe at home, but didn't want to call child protective services. This is where we depart from focusing on one public health crisis, a new pandemic, and turn to a very long-standing one called childhood trauma.

In so-called normal times, if youth face abuse or neglect at home, we don't give them many choices. If they tell anyone working for the school, child protective services must be called immediately and kids know this. But as businesses close, parents lose jobs, a sense of panic fills the web, stressed parents get desperate, and children and youth get scared to be at home. Do we file “child abuse and neglect” under “Very important, but we'll get to that after we deal with this current giant crisis”?

If you will indulge us, we wish to take a few pages to make it very clear that many of our kids were not safe before the coronavirus hit and it's most likely worse for them now. Are they dying quickly? No, and that's not the point.

Of course we need to marshal resources into helping those in immediate peril. It goes without saying. And as weeks and months pass, we need to broaden our lens to ensure that our kids, as in 100% of them, are in clear view.

The irony here is that years ago in our book *Anna, Age Eight: The data-driven prevention of childhood trauma and maltreatment*, we advocated for ten vital surviving and thriving services as the way to prevent abuse and neglect. We made a plea to all who would listen, that if we provide to our most vulnerable families the resources to be healthy and safe (medical and behavioral health care at the top of the list, with food, shelter and transport right behind), we get to end epidemic rates of adverse childhood experiences (ACEs), which describe the abuse and neglect many of our children endure and are currently enduring as you read this.

We now find ourselves in the middle of a global public health crisis and the best prevention and treatment calls for timely access to well-resourced health care providers. As things get really stressful, behavioral health care, food supports and secure housing will also become part of the prescription for keeping all of us healthy and safe.

As we said, we have an entire book devoted to addressing child adversity and trauma. When things calm down enough after saving the lives of those in immediate danger, we can return to the job of protecting our kids from parents who are struggling (and were struggling long before any virus touched our shores).

For those of you who have the bandwidth to absorb a quick course in childhood trauma, we provide a few pages to let you know what social workers have known for decades: our kids from all social classes need our attention and their parents desperately need help before a totally overburdened police force and child welfare system are called in.

Trauma continues to be a part of our lives

Childhood trauma impacts not only families, but also schools, prisons, the workforce and every level of government. In so-called “normal times” our systems aren’t set up to handle the overload of abused and neglected children. During times of extreme family stress and crisis, the lack of vital services may put children at far greater risk for incidents of abuse and neglect.

We are talking about ten forms of abuse and neglect that are wrapped in the term, “adverse childhood experiences” (ACEs). They include the following experiences children endure at home: physical neglect; emotional neglect; physical abuse; emotional abuse; sexual abuse; and living in households where adults misuse substances, have mental health challenges, are violent to partners, parents are separated or a family member is incarcerated.

The more ACEs endured by an individual, the more likely one is to have emotional, educational and physical challenges—and all these challenges have financial implications for taxpayers who pay for services that address the consequences of trauma.

There’s a ten-question ACEs survey that assesses the experiences of a child or adults.

The ACEs Survey

1. Did a parent or other adult in the household often or very often push, grab, slap, or throw something at you? Or ever hit you so hard that you had marks or were injured?

Yes No

2. Did a parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you? Or act in a way that made you afraid that you might be physically hurt?

Yes No

3. Did an adult or person at least five years older than you ever touch or fondle you or have you touch their body in a sexual way? Or attempt, or actually have, oral, anal, or vaginal intercourse with you?

Yes No

4. Did you often or very often feel that no one in your family loved you or thought you were important or special, or that your family didn't look out for each other, feel close to each other, or support each other?

Yes No

5. Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect you? Or your parents were too drunk or high to take care of you or take you to the doctor if you needed to go?

Yes No

6. Did you live with anyone who was a problem drinker or alcoholic? Or who used street drugs?

Yes No

7. Was your parent or stepparent often or very often pushed, grabbed, slapped, or hit by a thrown object? Or sometimes, often, or very often, kicked, bitten, hit with a fist, or hit with something hard? Or ever repeatedly hit for at least a few minutes or threatened with a gun or knife?

Yes No

8. Was a household member depressed or mentally ill? Or did a household member attempt suicide?

Yes No

9. Were your parents separated or divorced?

Yes No

10. Did a household member go to prison?

Yes No

👉 *The Adverse Childhood Experiences (ACE) Study*. Felitti et al. 1998. <https://aace.how/202>

Please contact us for guidelines on using the ACEs Survey, along with school, campus, and workplace ACEs policy.

What the ACEs Survey can do

The ACEs survey is a powerful tool. It will allow your community and county leaders and stakeholders to understand the magnitude of adverse childhood experiences and potential trauma within the youth and adult populations. The survey process should be used with care. The information it reveals to the survey taker can be a trigger for memories of adversity, abuse and neglect. We recommend that organizations using the survey let respondents know where they can access people to talk with (i.e. in a school setting, the school-based behavioral health care center would be such a place). A key question before implementing the survey is what will the person or organization implementing the survey do with the results.

About those ACEs scores...

If you grow up in a loving, healthy family, you score a 0. If your parents divorce and drink heavily to cope with stress, you score a 2. And so on. By the time you score a 4, things are not looking so great. If you score an 8, 9 or 10, it's amazing you can get out of bed in the morning.

Moreover, children are not the only ones who suffer as the effects of ACEs ripple out and impact many others. It's also important to remember that untreated childhood trauma often becomes untreated adult trauma.

The following issues related to ACEs form a starting point for a much broader dialogue within city, county and school board leadership about the costs associated with childhood trauma.

- **Toxic Stress:** Apart from, or in addition to, ACEs, many children in our communities are experiencing toxic stress. Even without an adverse event or abuse taking place in the home, children are experiencing a variety of challenges that include what we call social adversity, higher levels of performance expectation, and higher levels of anxiety than they have in the past.
- **ACEs and Mental Illness (also called Mental Injury):** There is a correlation between ACEs and mental health challenges, which can impact school achievement and future employment. While many factors influence mental health and the diagnosis of mental illnesses, including biological factors and genetics, there are specific challenges to mental wellness that are the direct result of ACEs, including PTSD, anxiety and depression.
- **Child Welfare System:** ACEs can result in the involvement of child welfare services and their partners in law enforcement and the judicial system, which result in increased trauma when it leads to out-of-home placement or incarceration.
- **School Dropout and Underemployment:** ACEs can impact students' capacity to learn, leading to poor academic achievement and high rates of drop-out. Individuals who are unable to graduate from high school are less likely to have access to job opportunities and experience a higher lifetime poverty rate than those with high school and college degrees. Individuals who are unable to establish income during their years of peak performance will be unable to pay into the long-term systems of care and support needed later in life, including social security and retirement. Cycles of poverty and generational economic stress contribute to the increasing cost of care for impoverished seniors. While there is no direct link between dropping out and criminality, incarceration rates are more than 60 times higher for dropouts between the ages of 16 and 25 than among college graduates.
- **Substance Misuse:** Those with higher ACEs scores are at risk for substance misuse, leading to injury and illness and the associated costs related to DWI, hospitalization and substance overdose death.
- **Impact on Employers:** ACEs can lead to various forms of social challenges and substance use that cost employers nationally an estimated \$225.8 billion each year. The largest indirect cost comes in the form of absenteeism (missing work) and presenteeism (working while sick).

Why haven't most people heard of ACEs?

The ACEs Study has been described as “the most important public health study that you never heard of” by health advocates, which is troubling given that one in eight children will experience abuse significant enough to be reported and substantiated by age 18, while far more adversity will fly under the radar of Child Protective Services, law enforcement, and private and public schools.

Our classrooms, from kindergarten through higher education, are filled with students enduring various forms of abuse and neglect, and we have an ethical and financial incentive to end this costly problem.

To that end, we are guided by the research article “A Critical Assessment of the Adverse Childhood Experiences Study at 20 years” (<https://aae.how/285>). McEwen and Gregerson’s insightful writing calls for prevention strategies informed by an understanding of social inequalities, the social determinants of health and widening efforts to include social policy. Our 100% Community initiative is following the article’s call for new data-driven and cross-sector prevention strategies. We ask that leaders from the public and private sector join our efforts to reduce all forms of childhood trauma and the associated financial burden placed on taxpayers and businesses. The opportunity for creating efficient, data-driven and result-focused, family-serving organizations is finally here.

The costs keep climbing

We realize that we are pushing into data overload territory, but here’s our latest list of the costly county and state services associated with childhood trauma for every elected official, nonprofit organization and foundation director, and fiscally conservative lawmaker to review.

- Emergency services
- ER visits to hospitals and urgent care centers
- Domestic violence shelters and programs
- Sexual assault programs
- Child Welfare including Child Protective Services and Juvenile Justice
- The law enforcement system
- The judicial system
- The hundreds (if not thousands) of nonprofit organizations staff and programs that serve to keep people from falling through the cracks
- The hundreds of foundations that are staffed and spending millions on projects focused on health, safety, education and culture.

It should be noted that the staff working in the organizations and systems mentioned above are, for the most part, working in their own silos, without a shared strategic plan on how they serve the most vulnerable residents in a county. To say there are duplications of service leading to wasted resources, is an understatement. And yet we stress that amid so much waste, we find a few organizations that are both prudent and investing wisely. These are the agencies to follow.

Dom's Journal

Will it take bringing twenty teens into a city council or county commissioner meeting room and having each one share their story of growing up in a world of trauma to move our elected leaders to invest in trauma prevention? I believe this advocacy work can be done through respectful one-on-one conversations with elected leaders by building relationships and alliances.

Katherine's Journal

Life can be endless meetings. Some are inspiring, others far less so. I always find myself writing lists of how many resources we could save if only we went upstream to prevent trauma before it started. I also think about the state's finance committee that wisely scrutinized every bill to ensure they pay for themselves in one way or another. There is really no better cost-effective plan for any state, county or city than the plan to eradicate childhood trauma. The cost-benefit would be enormous.

“Trauma-Informed” vs. “Working to Be Trauma-Free”

Once you hear the term ACEs your ears may also pick up the term “trauma-informed.” If you read our book *Anna, Age Eight*, you also might be familiar with the term “data-driven prevention of trauma.” The difference between the two terms is more than semantics: it’s a radically different level of commitment to ending the challenge. “We’re already trauma-informed,” is something we hear a lot from school educators. They have taken a workshop on ACEs and trauma and are informed and quite sensitive to those students who may be traumatized. In their minds, they’ve already arrived at the end of the road with addressing ACEs and trauma. Let us explain why that might not be true.

We were working with folks in Arizona who felt that their county was ready to take on a systematic approach to ending childhood trauma. The trio of energized community leaders in this small town of Show Low in Navajo County were ready to take a bold step toward creating a trauma-free region. They felt empowered because the phrase “trauma-informed” was already being used across Arizona by state leaders. During this conversation, we had to be clear to them about the difference between “trauma-informed” and “becoming trauma free.” We were forceful in our position that there is a huge chasm between the two terms. And happily, it’s a chasm we can cross.

Don't misinterpret us. "Trauma-informed" is a vital first step to take in order to ensure safe childhoods. It implies that agency personnel have awareness of causes and magnitude of adverse childhood experiences that can lead to trauma. This means schools, nonprofits and health care workforce members are being trained to be sensitive to the needs of children and parents who have endured trauma. But trauma-informed should not be confused with the presence of resources needed to be trauma-free.

ACEs in a third grade classroom: Awareness vs. Actual Services

For example, Ms. Janis is a deeply caring and devoted third grade teacher who has taken a workshop on being trauma-informed. She has learned the signs of trauma and other emotional challenges that might present themselves in her classroom and is very sensitive to those students enduring ACEs. This is what being a trauma-informed professional means, and it's a wonderful thing. However, and this distinction is vital, just because Ms. Janis is trauma-informed does not mean that her school has a school-based behavioral healthcare center where her traumatized student Ian can find help. Nor does it mean that Ian's mom can find help at the school with behavioral healthcare. Not only that, it might be that Ms. Janis works in a community that has very few resources, so Ian and his mom may not have easy access to stable shelter, secure food, medical care without long waits, transportation to vital services or a host of other services shown to strengthen families and prevent ACEs.

While Ms. Janis and her school staff are indeed trauma-informed, they work in a community that may totally lack the services required to prevent and treat trauma along with other mental health challenges.

Yes, we want everyone to be trauma-informed. We repeat, we want our nation to truly understand trauma. We just can't have people confusing that philosophy and skill with doing the very hard, long-term work on building a community system of services.

One of the reasons some leaders use the term "trauma-informed" is that it costs very little to offer online seminars that certify people and agencies as "trauma-informed." As we make very clear in this book, becoming a trauma-free community and county requires a big shift in how governments prioritize their funding.

As we have mentioned earlier (and requires constant repetition), two decades of growing a trauma-informed process, as opposed to a trauma-free process, has led us to where we are today—epidemic levels of ACEs and overwhelming cases of maltreatment.

Our job is to connect with all the good natured folks who invested in training to acquire a trauma-informed philosophy and skill set. We must support them in joining the next steps into launching work that gets their community to a trauma-free place.

Katherine's Journal

It seemed like it happened overnight. All of a sudden everyone was talking about being “trauma-informed” and that was a great thing. I was invited to do a keynote speech for a school district’s back-to-school training, in order to inform the principals and administrative staff about the epidemic of ACEs. I walked everyone through the story of how we wrote Anna, Age Eight and ended up researching ACEs, as well as the impact that childhood trauma has on all aspects of a child’s life, including in the classroom, and thought it went over really well. I had many principals come up to me after my talk to say thank you. A few of them had been working with some clinical psychologists to train their teachers on Trauma-Informed Practices, which explain that when kids act out, often it is a result of trauma, and taking different approaches to discipline and interacting with the kids can be very helpful.

Several of the principals also expressed frustration that just the school being trauma-informed wasn’t enough. The kids can be safe at school, but if they are still going home to parents with substance abuse problems, or unstable food and housing, they are still going to struggle. They understood from interacting with these kids every day that trauma-informed was not enough. It can help, but if we really want our students to be successful, we really need to focus on prevention. And even though it can be slow and frustrating, we really need to change the way that systems support kids and families, which is why we must focus on 100% communities—communities that ensure ten vital services to all residents.

Epidemics of Childhood Trauma within a Viral Pandemic

When we revisit our timeline of public health crises, those both manmade and acts of nature or biology, we can see that we have been lurching from one crisis to another for many decades. If we only go back forty years, we have the AIDS epidemic that asked our national leaders to care for the infected and the caregivers. This might have led to some form of national universal medicare-for-system to provide a safety net so we would not have to worry so much about catastrophic illness in its many forms. It didn’t. Other viruses came and went, along with natural disasters and greed-induced economic collapse. Every so often there would be calls for national systems of care but they had no sticking power in news cycles. Through it all, our children could only sit back and wonder why the adults in their homes were struggling. And why were they scaring them. Older youth asked any adult who would listen, “Do the adults know what’s happening to us in our homes?” Followed by, “If they do know, why don’t they do anything to help us and our parents?”

We started this chapter with a gentle warning, not to read it if your bandwidth was full, with no additional capacity to take on a new public health crisis threatening everyone directly or indirectly. If you made it this far, we do have an opportunity for you to consider. We can follow 100% Community’s main thrust and hypothesis: if we ensure that all residents have access to vital services, they will be healthier and safer in all the ways that matter and we not only heal our adults but our children as well.

As you sit in meetings about coping with today's latest public health crisis, let us ensure that our children are also on the agenda. If we do that, we get to our goal of 100% of us being healthy, safe and resilient.

Bottom line: ACEs and trauma are not being addressed in a systematic manner during “normal times” because families and communities lack access to 10 vital services. During times of crisis, those same 10 services are critical for everyone. By securing access to the surviving and thriving services, we can not only reduce the ACEs and trauma impacting communities every day, but prepare our communities to withstand the next serious public health crisis and have the support for recovering from it.



Q+A: Perspective from the real world

We reached out to New Mexico Lt. Governor Howie Morales to talk about ensuring safe and healthy children, families and communities.

Note: This interview was conducted during the Summit on Thriving Children in Las Cruces, NM in Dec. 2019.

What does a state need from lawmakers to ensure safe childhoods and families?

From both the state agencies and the state legislature, we need smart policies and programs, and a firm commitment of resources to change the destiny of children growing up today. We know what makes a difference: home visitation, domestic violence and teen pregnancy prevention programs, fully staffing child protective services, a higher minimum wage, paid family leave, and housing support. These approaches can become “generational interrupters” to end the cycle of poverty. We have an historic opportunity to end trauma, and we are seizing it.

How does a state begin to strategically put in place the services to prevent childhood trauma and address the untreated trauma in parents and grandparents?

ACEs are not a one-agency problem in a county. We must have inter-agency cooperation across all levels of state, county and city governments. We need a strong network of nonprofit organizations across the state that are linking arms to work collaboratively. Cooperation makes the difference and technology can be of tremendous help here. And, it is not enough to care for the children alone. We also need to treat the parents and caregiving grandparents, often with primary care services, providing substance abuse treatment, behavioral health care and parenting skills.

Why has it taken so long for states across the nation to create a statewide strategy to confront adverse childhood experiences (ACEs) and trauma?

First, ACEs are very complicated. We're talking about taking on a wide variety of problematic adult and parenting behaviors, all with their own root causes and strategies for prevention and treatment. Second, the solutions needed to address trauma require cross-sector work and are not quick fixes. We have to look at strengthening systems of family support and use data in new ways to guide us. Policy-makers must be committed for the long-haul in order to see meaningful results, though important small and measurable steps forward will be celebrated. The truth is that it's going to take all of us at every level, whole communities across every county in the state, to meet this challenge. I think there is no more worthy fight.

Speaking the Same Language

For folks invested in results, we can retire the insider terms and acronyms and speak plainly

When we “Google it,” how many results come up?

- communicating effectively as a leader: 28,300,000
- language that appeals to the senses: 6,280,000
- how can acronyms be a barrier to communication: 10,900,000
- how words affect us: 540,000,000
- words to unite us: 96,600,000

Amid the clutter, solutions await

“THE OVERALL PURPOSE of human communication is—or should be—reconciliation. It should ultimately serve to lower or remove the walls of misunderstanding which unduly separate us human beings, one from another.”

—M. Scott Peck, author and psychiatrist

In the hopes of being as crystal clear about our use of terms as possible, we offer the following definitions.

- **Crisis:** A crisis is deemed to be negative changes in the security, economic, political, societal or environmental affairs, especially when they occur abruptly with little or no warning. More loosely, it is a term meaning “a testing time” or an “emergency event”; a time of intense difficulty, trouble or danger; a time when a difficult or important decision must be made. A crisis also provides an opportunity to assess challenges and design new solutions.
- **Social adversity:** We understand that this term could be open for wide interpretation as adversity is defined as “a state or instance of serious or continued difficulty or misfortune.” We use this term to differentiate the adversity that children endure in their homes—typically caused by their parents or guardians in one way or another—from the challenges that they face in the outside world. These external challenges are social adversities that come from living in a community where substance misuse, violence, racism, poor school performance, untreated mental illness and/or lack of economic opportunities are the norm.

- **Safety:** We are focusing on strategies that create home, school, work and community environments where everyone feels protected from harm. This means our 100% Community initiative should lead to a steady trend in increased local access to ten surviving and thriving services.
- **Success:** By this we mean that our 100% Community initiative builds the capacity of all communities within a county so that all residents have the chance to excel, where they can receive life-long learning that leads to self-sufficiency and lead meaningful lives with opportunities for social engagement.
- **Opportunity disparities:** You will see this term all over these pages for good reason. The more commonly used terms of health disparities and education disparities conjure up the big differences between those with excellent health care and education and those without. We wish to constantly stress that for many of our children, youth and hard working parents, their world has always been one without opportunities the middle and upper classes take for granted: like a quiet home or speedy, well-done repairs when something breaks; a dental checkup; a weekend trip to distant family members; a vacation away from all the stress; even things like money for a workshop on finances; gasoline to get to a job interview; or a bank account that can stretch far enough for job training or college. All the opportunities that make this chaotic life manageable are not available to many of our neighbors who might live only a few blocks away.
- **The 100% Community model:** Our initiative is ambitious. We seek nothing less than to finally address almost all the root causes of public health and safety challenges. We are implementing a statewide model for ensuring surviving and thriving services that can be replicated in all fifty states. We are essentially creating a blueprint for the nation in all 3000+ counties, impacting, directly or indirectly, the 350 million residents of the US. But let us not get ahead of ourselves just yet, and, for the moment, commit to empowering just one county—yours.
- **Class:** As much as we don't like putting people into boxes, household income makes an enormous difference in the lives of American families, which we acknowledge by grouping people by socio-economic class or "class." It is far from a perfect descriptor, as there is lots of room for debate on what one's class means and how much freedom there is to move up or down the class hierarchy, but you can look at one's county population and categorize them the way our census does: household incomes under \$50K, \$50–100K, \$100K–200K and over \$200K.
- **National Media:** Most of the national media we consume for information or entertainment is owned by news corporations. The wealthy people who own these media companies may not share the same sense of urgency related to ensuring that 100% of residents have access to vital services for surviving and thriving.

- **Community:** We use this phrase a lot and have traveled enough to know that in one part of your county, a community in a rural area may include a handful of homes and a public school, post office and tiny food mart, all separated by many miles. Those folks who work and live there form a co-dependent group that can be a catalyst for positive change—if they agree to collaborate. In other regions, communities may look like sprawling suburbs, where secrets and isolation are as real as two-car garages. We also have densely populated neighborhoods where residents consider an area within four-block radius to be the center of their universe.
- **Data-driven:** Instead of the common method of government—decisions based on hunches, what’s been done before, or the whim of the director—we base all our work on data. We’re swimming in excellent data and research that provides all the information we need to start solving challenges today. And data are by no means only quantitative (i.e. intimidating numbers). Data are also qualitative and come from the stories and inspiring life experiences of our friends and neighbors.
- **Cross-sector:** Instead of doing our work in isolation or in a silo, we reach across key regions of the multi-disciplinary public sector to coordinate work. We’ve identified ten vital services in ten distinct social sectors that support resilient family-friendly communities. Public health agencies will work in sync with their counterparts in education, transportation, food security, behavioral health care and job training. We communicate across our agencies to assess challenges, plan research, implement action and measure progress.
- **Systemic:** Instead of looking at only one particular part of the challenge facing families, we approach our work by looking at the health of an entire community system. The magnitude of the problem requires that we take into thoughtful consideration all the relationships and interdependencies among the parts of the whole, within our own organization and the communities we focus on. Technology makes systemic work transparent, both internally and externally. To create meaningful change, systemic thinking is required.
- **Data Leaders programs:** These are continuous quality improvement programs housed within government and non-governmental agencies to train the workforce in using data to solve problems. These programs build collaboration between data specialists, upper management, training staff and field workers in order to improve outcomes for the populations their agencies serve.

- Evidence-based strategy: This is a term used often in our field, yet it means very different things to different people, including governments, funders and investors. The federal government defines it in a very specific manner which means state governments need to be careful with its use. The basic definition is:

An evidence-based practice is a practice that has been rigorously evaluated in experimental evaluations, like randomized controlled trials, and shown to make a positive, statistically-significant difference in important outcomes.

The problem with the use of a strict definition of “evidence-based” is that it can delay implementation of highly effective practices. People are not lab rats, and experimentation with some interventions is not only impossible, but unethical. Add to that, a federal backlog and a cumbersome review process and many interventions that are effective take years to get that official stamp of “evidence-based.” That brings us back to “data-driven.” We rely on data to guide us and, often, data can show that something is having an impact long before an intervention gets an official “evidence-based” designation.

Bottom line: Speaking a common language can help a community dialogue, innovate, test and implement strategies to ensure the health and safety of all residents

Readiness and Radically Altering Course

100% Community is not tinkering around the edges: we are redesigning county and city systems to serve 100% of residents.

When we “Google it,” how many results come up?

- readiness to change: 84,900,000
- readiness to change questionnaire: 13,900,000
- capacity questionnaire: 105,000,000
- envisioning success: 6,370,000
- capacity to change theory: 209,000,000

Amid the clutter, solutions await

READINESS IS TRICKY. On the one hand, those of us working in the public sector have been taught that before launching any significant initiative, you need to follow a long assessment process to ensure that community leaders and those who follow them are ready for change. We agree—and have an entire course that teaches people how to assess for readiness and measure if an agency, community, city, county or state has the capacity to move in a different direction.

Yet we must also accept that sometimes readiness is about a person being inspired with a virtual lightning bolt—call it an epiphany. And suddenly it becomes clear that immediate change is necessary and it’s time to start mobilizing today, assessment process be damned.

In times of crisis, fast thinking and acting might be required to save lives.

The point is that we need to be both data-driven and thoughtful about our process as we begin to initiate change. We begin a 100% Community initiative, at least in the research phase, with the starting point given to us. And, as you will read in later chapters, there’s a logical (if sometimes winding) path to guide you and set you up for success.

Ready to do what's needed, not what's easy

Our project is focusing on improving systems, which will require taking on some big infrastructure projects and building the foundation of key services that allows all our systems of care, safety and learning to work for our communities. We are not here to tinker around the edges of health disparities and lack of vital services. What we propose is only possible because of extraordinary collaboration and a commitment to a shared vision and goals.

Example One: One parent support workshop vs. a countywide system of workshop presenters

In a county where the need for parent support and education was identified as significant, one of our task forces wanted to create a new parent education workshop for one particular agency, but what was needed was essentially a new organization that would be the base for a cadre of English- and Spanish-speaking parent educators who could service the entire county. To be sure, putting on a workshop in one agency requires much less time, energy and funding than creating a new organization that can conduct workshops in communities across the county. Because those of us in the public sector are used to having so few resources, our inclination may be to always defer to what's fast and free. We have to change that mindset, and do it quickly. We must focus our attention on big fixes to close service gaps throughout a county.

Example Two: teacher training vs. building a school-based system of care

One team wanted to introduce a new training program to teach students self-regulation while almost all the county's schools desperately needed a long-term fix in the form of becoming community schools with full-time behavioral healthcare providers who would serve students and their parents. But building a community school is a long-term project involving many players in city, county and school government, along with healthcare providers. Putting on a teacher workshop on self-regulation can be done fairly quickly and easily, and we understand why almost all the people we train first seek out what would be described as "doable" projects in a "realistic" timeline. But, we are not about "quick" and "easy." We are also not about "either/or." We can facilitate workshops and, at the same time, we can build a system of school-based behavioral health care.

Courage, compassion and commitment

We have counties where some families live without stable electricity and water. We know from our surveying that as many as a third of our parents who identified as needing medical care reported difficulty accessing health care. Access to nine other surviving and thriving services was also seen as a challenge in some communities. 100% Community must focus on systemic change with all our projects or we end up twenty years from now where we are today, with disempowering disparities. While it's easy to read a phrase like "we will ensure that all families have access to services," it is far harder to commit the time and energy or embark on the unending quest for funding to make access happen.

Dom's Journal

After our advance review copy of 100% Community was released, I received an email from a medical director of a series of health clinics in Northern New Mexico. He said he was ready to start the work of ensuring vital services. I said that once he read the book we should talk. A week later we were talking. He had read all the chapters and was ready to organize action teams. This is the type of champion that makes progress happen. His zeal reminded me of two other champions. After reading our first book Anna, Age Eight, two inspired community stakeholders, one from Las Cruces, New Mexico and another from Owensboro, Kentucky, both called me within a few weeks of each other with very similar questions, saying, "I just finished reading Anna, and at the end of the book it says to contact you to get started. So, how do we start?" Upon hearing that, my inclination was to discuss how these highly motivated women most likely needed to write grants to secure funding for new countywide ACEs prevention projects. These two women, who were very aware of political realities and funding challenges, both responded in a similar manner, "We don't have funding now, but we have to start implementing your recommendations immediately." I was not going to argue with that.

Katherine's Journal

In one of my previous jobs, the goal of the project I was managing was to improve educational outcomes in our school district. When I started that job, I had a faint idea about the inequities in our educational system. One of the phrases I heard very often from those in the foundation or donor world is "those parents just don't care" or "those parents just don't understand the importance of being involved in their children's schools." As I am a parent with a full time job, I knew just how misguided these sentiments are. For example, my daughter's school often had parent-teacher club or booster club meetings during the day. My job was pretty flexible and supportive of involvement in the schools, but because my work days were packed with meetings and other events, I was never able to attend these activities during the day at my daughter's school. And, I had a more flexible job than most and I didn't have to commute to another town, as so many parents do.

Through my work, it became easy for me to imagine the circumstances of parents who don't have a working car or stable housing, or have health issues, or so many other reasons that keep them from being involved in schools. It became clear to me that we often assume that families and parents who struggle have the resources we do. Not only is that unrealistic, but it is dangerous. It makes it so much easier to dismiss these parents as uncaring. Maybe some of them don't care, but the vast majority do and the very things they need to provide their families with basic survival can often prevent them from finding the resources that would help them thrive.

Bottom line: We're a movement that runs on passion, directed by community champions. Our 100% Community initiative will ultimately benefit everyone and it's our time to show how caring a society we can be.

Dare to Imagine What a “100% Community” Is

It might be difficult to visualize what a fully resourced state and county looks like but let’s try.

When we “Google it,” how many results come up?

- visualizing the future: 25,100,000
- predictive analytics: 73,300,000
- futurists: 37,800,000
- the technological inventions influential to the futurists: 3,200,000
- the power of imagination: 276,000,000

Amid the clutter, solutions await

IMAGINE A FUTURE when facing a lack of timely health care services is a distant memory. Add to this vision a public school in what might have once been referred to as “the bad part of town,” but now is called a community school that contains a thriving cadre of educators, health care professionals, community navigators, students and parents. Imagine safe and successful residents of all ages, working to improve themselves and their community. Imagine all our communities with the resources and readiness to confront the next public health and safety challenge.

We work to keep this vision alive every day, as it’s the future we’re working towards.

Today, we live in states filled with government agencies and foundations spending millions on social ills, yet failing to alleviate our current challenges.

We have spent decades looking at which programs produce good results. In our book *Anna, Age Eight*, we honed in on three qualities of programs that gave communities and agencies the best chance at meeting our public’s needs: data-driven, cross-sector and technology-empowered. We still stand by those traits in every endeavor we engage with. But we would like to add three more adjectives to paint of picture of how our 100% Community initiative works.

A vision impacting 100%

This book is a bold proposal that details our vision and goal to create a **statewide strategy that's guided by data, committed to working cross-sector and using technology to increase access to vital services. We are an initiative focused on every family and every community member's safety and success—one that results in all communities within all counties working at 100% efficiency for 100% of its residents. Our strategy is designed to bring us the measurable results of significantly increase our health, safety, resilience and preparedness for unexpected challenges.**

We advocate for using each state's network of higher education in collaboration with public health, county preparedness, city government, county government and school boards, along with state cabinet-level buy-ins from public health, child welfare, public education, health and human services and economic development.

Our detailed initiative proposal, if all key state and local stakeholders buy into it, will have a transformative impact that is measurable and meaningful to every child and adult.

Sharing our vision

Our vision is groundbreaking and ambitious in its progress toward a solution to any public health crisis. Quite simply, we are facing a failure of imagination, with solvable health disparities that have been predictable and preventable for many decades.

Our vision is radically simple. Ten services can change how we live, work and care for each other in times both calm and chaotic.

Research, not hunches, guesswork and whims

Our book presents a research-based solution, based on the data-driven processes of assessment, planning, action and evaluation. This is a process that seeks to acquire evidence of effectiveness. Our project-focus initiative is based on work that was developed and implemented in New Mexico, as well as within child welfare systems in New York City, Connecticut and Pennsylvania (in the form of the Child Welfare Data Leaders continuous quality improvement [CQI] programs). In Las Cruces, NM we have tested the critical components of our proposed strategy (teaching agency leadership how to assess, plan, act and evaluate) and are working to achieve short-term outcomes (forming ten task forces/actions teams focused on strengthening 10 sectors) as well as building capacity to reach long-term outcomes (reaching 100% of our residents with family focused services). We are on a path to yield practical and concrete results.

We know the gaps in key services that doom families to costly health challenges. We know which ten services can empower families and have the evidence to prove it. We also know the steps needed to empower state, city and school leaders to collaborate and change “business as usual” into a new way of governing and providing for every child and adult.

As people move through our 100% Community course on continuous quality improvement, they learn that there are criteria for moving through the four phases of assessment, planning, action and evaluation. CQI has about seven key questions per phase that must be answered before moving on with the development of an intervention, change initiative or experiment. And answering any of these questions requires due diligence with data and thorough research.

It’s feasible because we see the glass as half-full, and you’re reading this book

We have developed this book as a team of researchers, data specialists, CQI experts, tech specialists, community mobilizers and health equity specialists, with input from experts across the US and those countries who are far down the road toward achieving the 100% Community goals. We have vast experience with community mobilizing and result-focused work. We know which skills, capacity, relationships and experience are needed to make our plan a success. We know the budget implications for state, county, city and school budgets and stand by our belief that what we propose saves us money in the long run, in addition to being just plain fair.

Durable and built to last

Our 100% Community is a solution designed to have a sustained impact, institutionalizing the work of creating a seamless system of health, safety and education for all residents. We will infuse all levels of state, city and county government with the skills to institutionalize continuous quality improvement. Our solution will change the trajectory of government to solve public health problems and create a pathway to solving the root causes of everything we say we want to eradicate: substance misuse, abuse, neglect and trauma, school drop out, underemployment and lack of self-sufficiency with our most vulnerable residents.

We present to you a plan and a proposal that advances a clear, cogent and compelling vision for the future—one where every child is a priority, every parent is healthy, every grandparent is engaged with family and community life, and every community member is well-resourced and inspired to succeed with family life, work life, economic development and community engagement.

Quite simply, if we have the resources, ethics and tech to get each community on the path toward 100%, why on earth would anyone settle for anything less?

Our sustainability goal is that our “initiative” will evolve into the local government agencies of the City Department of Family Resilience, the County Department of Family Resilience, the School District Department of Student and Family Success and the College Department of Wellness. In our perfect scenario, all four entities work in collaboration with one shared goal: the empowerment of county’s children, students and families.

In alignment (always)

One of the first things we usually hear when we convene a group of government agency leaders to discuss services needed to strengthen families is “we are already doing that.” And in some communities, that’s true: committees exist, task forces meet regularly and progress is being made. But you won’t know until you check for yourself.

As you will discover when you get to our 100% Community course, one of the first things participants do is an assessment of everything your county is currently doing to serve residents. You will find good news and bad news.

First, the good news is that you will discover hard working people doing important work in a wide variety of sectors. Most city governments and county governments have staff that work in vital services like law enforcement, fire and parks. Some will have community services that can include all sorts of programs for kids and the elderly. School districts may have a health department of some sort, possibly with a trained psychologist. And there may be, depending on the size and location of your county, hundreds of nonprofit organizations (called NGOs in some circles) working on a wide variety of community projects, some of which are related to health.

The bad news is that most of these people won’t know what the others are really doing, even though they serve the same populations in a handful of zip codes. It is not uncommon for a county government staff person overseeing mental health services with absolutely no idea what the city government staff person overseeing mental health services is doing. No alignment. No sharing of strategic plans, even though they serve the same people. We have lots of ideas about why people like their silos and fear sharing any information about the local work but, suffice it to say, that era is over. Software is forcing everyone in government to be transparent and many old-time employees are being dragged into the information age kicking and screaming.

The good news is that the 100% Community initiative links every human taking part in the mission of ensuring that ten vital services reach all residents. This is done with both good old-fashioned face-to-face meeting and new communication technology. We never want to reinvent the wheel or duplicate current efforts that work well. We do, however, wish to evaluate all the work currently in play to assess its effectiveness. We have the technology to create a seamless system of communication between organizations and within the organization so that we know, 24/7, who is working on a given program and what the expected outcome is.

OK, where do I start and with whom?

If you have made it this far, take a deep breath. You may be thinking, “Well, this is all fine and good. But how on earth do we mobilize my entire county around the concept of **10@100%**. How do I get agency leaders from 10 sectors in the same room? The good news is that on counties in some of our most vulnerable regions, this mobilizing is happening.

In the next Part Two: you’ll be introduced to all the leaders that can support the 100% Community initiative. We are at a tipping point, and your vision and actions can make all the difference.

Katherine’s Journal

There is a certain kind of magic that happens when you get people with a similar mission into the same room. In my early days as a collective impact project director, one of my staff members and I set up a lunch with two executive directors of nonprofit services who both served at-risk youth. They knew each other and about five years ago had funding for their organizations to work together since they were working with the same group of youth. The direction I had received from my supervisor had been to meet with the two executive directors and try to get their buy-in to pursue a software program from which they could share referrals. Within the first five minutes, they shared that they had been asking for this kind of cooperative initiative for years. Mission accomplished. However, the rest of that lunch led to actions that had direct impact on the lives of several youth.

One Executive Director mentioned that she was having trouble figuring out how to provide gas cards to the youth she served because her funder had restrictions on purchasing gift cards, which was preventing one of her youths from enrolling at the community college that semester. The other director mentioned that she had plenty of gas cards and happily provided some for that youth. I learned early on in that job, that while having a common agenda and shared measurements were very important, sometimes the most important aspect of collective impact is simply getting people to the same table and allowing space for ideas to grow. Many times, silos aren’t intentional but are an unfortunate result of under-resourced, understaffed, human-serving organizations.

Bottom line: We envision a society that cares about every child and adult, and it is this sense of possibility that inspires and guides us.

Part One Review: This Is a Test

Need to Know

Consider these questions before proceeding.

(Really, you'll thank us later.)

1. In chapter 1, we wrote that all our family and community members should have the resources and services to be healthy and safe. How close is your county to this goal?
2. In chapter 2, we pitched our 100% Community initiative as one that will succeed best when implemented on a county level, rather than a state or community level. Why?
3. In chapter 3, we laid out our hypotheses, i.e. that if we provide ten vital services to all residents, we can decrease all the bad stuff and increase all the good stuff. Where are examples of this happening in research and in your life experiences?
4. In chapter 4, we described what we like to call our "100% Goal." What percentage of your elected leaders in your county might commit to ensuring the ten vital services for surviving and thriving in order to ensure health, safety, resilience and emergency preparedness of 100% of your community members?
5. In chapter 5, we described the root causes of the challenges facing our residents of all ages. In your county, which root causes of health disparities and social adversity still exist and why?
6. In chapter 6, we discussed real "readiness" for challenges by looking at residents' access to medical services and nine other vital services in times both calm and chaotic. How will you measure access to vital services in your county? How do you measure gaps in services?
7. In chapter 7, why asked readers to take a close look at the status of our community's children and their vulnerability in times both "normal" and chaotic. What challenges face our infants, children and teens? What challenges face their parents and caregivers? What are the priority services to ensure the safety and health of our most vulnerable infants, children and youth?
8. In chapter 8, we shared our definition of terms. To what degree do your colleagues in county work already have a shared language when talking about providing all ten services for surviving and thriving? How do we create a common language?

9. In chapter 9, we wrote about readiness. What are the benefits of having a thoughtful assessment process to measure a community's capacity to take on change in order to be prepared for challenges? And how ready would you say your county is to take on an initiative like 100% Community?
10. In chapter 10, we talked about the qualities of the 100% Community initiative with a shared vision and working in alignment with all county efforts to increase health, safety, resilience and crisis readiness. To what degree do these qualities describe a process you wish to engage with to transform your community, city or county today?

PART TWO

Community

Courageous leaders get us to 100%

Courageous Champions vs. Keepers of the Status Quo

You can connect with powerful allies at all levels of government and business. But, you may also encounter those who fear change and loss.

When we “Google it,” how many results come up?

- how to connect with leaders and influencers: 7,380,000
- how to give an elevator pitch about a project: 18,200,000
- how to identify powerful changemakers: 293,000
- characteristics of change makers: 155,000,000
- how to gather support for a cause: 197,000,000

Amid the clutter, solutions await

“IT’S NOT WHAT you know, it’s *who* you know” has always been an unsettling phrase. It implies that one can dream up any fantasy project, and if you happen to be the CEO’s nephew or are dating a US Senator, your project is a go. But, what we discovered was that our strategic plan to develop our 100% Community initiative, backed by reams of data, research and practical experience, became a reality only because of our relationship with political leaders. The good news is that these relationships were new, and developed through our work, and not because either of us come from politically connected families.

As you begin to build your local county 100% Community initiative, be aware that it will benefit greatly from knowing both local elected officials and stakeholders like the CEO of the local hospital or university president, but you can also find powerful allies within state government, both elected folks and those running state agencies. This section is devoted to getting you in touch with powerful people with resources—including invaluable “unofficial leaders.”

We did our best to stay practical and focused, so you don’t have to wonder, “Why the heck should I be trying to get an appointment with the head of Human Services in the state capital when I live 500 miles away?”

Leadership and relationships

We humans keep making remarkable strides in innovation—in the fields of technology, medicine, architecture and even government. When presented with a challenge, a young techie will commit heart and soul into a solution that can enter the marketplace to create the next dot-com millionaire. How do we harness that creative force to ensure the safety of our nation?

There's much to be learned from the tech revolution that can be applied to transforming society. Twenty years ago, we used landlines and stamped envelopes to conduct business. Not so today. We have transformed so many aspects of life, but we still have not created a user experience for all of our children that gives them the best chance at success. Despite all of this information swirling across all our screens, the failure to protect us from long-standing and unexpected public health and safety challenges, might be baffling. Well, in reality, we aren't baffled at all. Plain and simple, it is about leadership. Or, more precisely: about leaders, real people with vision and dreams.

This section is focused on the leaders in your city, county and state who set the standards for public health, safety and education. Make no mistake, the work ahead means changing how our governmental and non-governmental organizations work, so get ready for facetime with elected leaders and those who control the public and private funds that can be earmarked to end a health crisis quickly and competently. And, maybe you will even decide to become one of those elected leaders yourself.

What is it with people (and our nation)?

We asked you to think locally and focus on your county with the 100% Community Initiative, but let's step back now to ask three questions.

1. Why is it that one of the richest nations in the world allows a great percentage of its children to live in households enduring various forms of abuse and neglect, resulting in trauma with lifelong effects?
2. With our vast wealth, why don't we end the social adversity that comes with lack of access to safe neighborhoods, health services, quality education and work opportunities?
3. Why doesn't the federal government provide to each state all the resources needed to ensure preparedness for a public health crisis, including increasing health clinics and hospitals to meet the need for care in times both calm and chaotic?

The answer is complex.

We accept that fires happen, so each county needs a fire department. It turns out that the majority of calls to firefighters are for health care services. With that logic, because we can face a public health crisis at anytime, is there not a need for a fully staffed public health department in each state and county with the resources, equipment, masks, medicines, protective devices and staffing to make all 3000+ US counties ready for almost anything?

Our job, and yours, is to strengthen support for local leaders who are ready to make well-resourced communities a priority and commit to ensuring surviving and thriving services. We can make family and community health and safety as fundamental to a local government's service as a police department.

Plan A vs. Plan B

As we learned from working in the tiny town of Show Low in Navajo County, Arizona, there are “Plan A people” and “Plan B people,” as the locals called them. Plan A people are those leaders who embrace change, seek to heal and help and empower all residents, in ways that are both measurable and meaningful. Plan B people find comfort in the status quo and do not want to get involved with change initiatives that might upset some. To Plan B people, change means loss, whether loss of power, control or peace of mind. We discuss in later chapters how addressing loss, not change, may be both your biggest challenge *and* opportunity.

Within each county, no more than 100 elected officials and stakeholders set the standard of all residents' care and priorities. Our job is to reach out to these 100 and convince them that getting all residents to 100%, as in complete access to ten vital services, is cost effective as well as forward thinking.

Contrary to what most of the public believes, we are not talking about enormous bureaucracies that must be convinced in order to make change happen. We are talking about a few key people in a handful of roles on state and local levels who can block or support our next step forward. Really, it's only about the voting majority of about 100 elected officials per state and the same number of officials per county who control the real levers of change.

The illusion of doing something significant

Living in an age of public health crises, we don't need superficial media spin or half truths unexamined by journalists. We need truth backed by dependable data.

Many websites are written well and beautifully art directed. Some are produced by very caring folks who mean well, but they are not set up to move the needle on measurable prevention. Even worse, some sites are produced primarily as money-making ventures without a commitment to providing quality care or services. Other sites appear to be the real deal, but when you dig deep and look for evaluation reports that detail what they have done, with what measurable and meaningful results, their credibility seems questionable. This won't stop them from asking for donations.

As you learn about the important leaders, stakeholders and organizations that can make or delay progress, you will need to critically assess them: what they truly stand for, their history of accomplishments and how they present data to back up their mission to build the vital services required to ensure safe families and communities.

Timing is everything

We can't repeat this enough: our campaign to win over leaders and followers is about building mutually respectful relationships, putting the pause button on judgments and seeking to find commonalities even when agreeing to disagree on many issues. In your work focused on capacity-building, remember that it's a long-term process. One that's all about timing, as well as chemistry, as you connect with potential leaders and supporters. Every movement has its moment and place. Be sure your timing is good and your location is prime for change.

Later in this book, we list the people in your region—most within easy driving distance—who control the levers of change and levels of support. Your job is to build relationships with these elected leaders and stakeholders. You and your colleagues with the 100% Community initiative will find success as change agents by connecting with those whose votes mean a big yes or no on 100% Community projects.

Katherine's Journal

Throughout our multiple community forums, conversations, keynote speeches and presentations, Dom and I have not come across a single person who does not agree that all our families and communities should be safe and healthy. I have also sat through hundreds of strategic planning meetings, performance measure sessions, goal setting strategy meetings, and various other meetings designed to keep organizations focused on results.

Not once (until Dom and I started doing our pitch for the 100% Community initiative) did anyone ever propose that our goal should be ensuring the health of 100% of residents. "That's too ambitious," wealthy donors would say. "We'll never get there," burned-out government employees would say. But, we boldly ask, who gets to decide which community members don't thrive? We're not seeing any parents volunteering to have their children be among the kids who can't see a doctor or who go to bed hungry. Why would we assume that anyone is okay with that?

Bottom line: We all greatly benefit from leaders who understand that the prevention of illness and injury is cheaper and far more compassionate than the cure.

Insights: See tips for making effective connections in our “Engaging with Elected Lawmakers” in the Appendices.



Q+A: Perspectives from the real world

We went to the New Mexico Attorney General Hector Balderas to get his insights on how his office supports families and all community members.

Creating a family-friendly city, county or state requires efficient, transparent and ethical government serving the needs of children, parents and grandparents—all residents. What is the role of the AG's office in ensuring a well-run government on all levels?

As the State's attorney and its chief law enforcement officer, my office is the preeminent oversight agency for ensuring transparent government and the protection of New Mexican families. Whether it's enforcing New Mexico's transparency laws or prosecuting dangerous predators, the priority of the office is to protect vulnerable populations and to advocate directly on behalf of those without a voice.

What challenges might residents face that the AG's office can help with?

The Office of the Attorney General protects New Mexican families in many ways. Through a direct advocacy model, I have focused on three primary areas: prevention, prosecution and public awareness. For example, our office assists families in need of financial literacy training and prosecutes businesses that prey on vulnerable consumers; trains families in online privacy and safety, while prosecuting internet crimes against children and human trafficking and; protects valuable Medicaid funds from theft and prosecutes individuals who abuse or exploit the elderly. Those are just some examples, but our mission is focused on the single premise that if we protect New Mexican families, keep them safe, then they will truly have an opportunity to prosper.

How do residents engage with the AG's office if they face challenges?

Any New Mexican, facing any difficulty or problem, should immediately contact our office online or by phone. We will assist with any issue we have jurisdiction over, and even if we do not, our advocates will assist New Mexicans in finding the answers they need. We are also available to bring our services out into the community through our outreach and education assistance programs, again with the focus of bringing awareness to families and communities so that they know they have a voice.

We reached out to Janet McHard, a founding partner of McHard Accounting Consulting, LLC in Albuquerque, New Mexico. She works as a forensic examiner, which means she is hired to look into allegations of fraud and corruption. She supports effective government.

What does a forensic examiner do?

We investigate frauds committed at all levels of governments, institutions of higher learning and other organizations, providing reports to create fraud-resistant organizations that serve families and all community members.

As you know, our work with 100% Community is ensuring family-friendly services to prevent childhood trauma. This depends on governmental institutions running legally, efficiently and transparently. How does your work as a fraud examiner support “good government?”

The term “good government” exists within each individual’s definition, informed by their political affiliation and experiences. But, ignoring politics, a well-run government has an obligation to its citizens, especially to the members of society that can’t protect themselves, such as children. A government’s job, very simply put, is to provide any service that individual residents don’t have the ability to provide for themselves. Commonly these services include policing, sanitation services, building (and maintaining) infrastructure and providing clean water. But, it also includes lots of services that protect the so-called “vulnerable” in our society such ensuring that children and families have access to shelter, food, transport and health care.

Here’s the deal though, if governments trimmed wasteful spending and closed gaps in policies and procedures that allow for fraud, waste and abuse, there might be enough to fund more of these much-needed services, including positions for more social workers. The Association of Certified Fraud Examiners (ACFE) estimates that 5% of the gross domestic product is lost to fraud each year. Based on the ACFE’s 2018 Report to the Nations, governmental entities lose on average \$118,000 each time they are a victim of fraud (obviously some lose lots more and some lose less). But, how about this? For each fraud that is stopped within a governmental entity, let’s add a social worker or mental health counselor or a unit of affordable housing.

What role does the public have in ensuring that government employees work to serve and not be self-serving or facing fraud and corruption?

At the risk of sounding cheeky...vote. Be an educated voter. Don't just vote based on ads and parties. Research the history of the candidates. Figure out whether the candidate has a history of supporting causes that protect children through appropriate funding, supporting mental health services, quality education and affordable housing. Look in each candidate's history for signs of ethical lapses. Has the candidate committed campaign finance violations? Have they paid their taxes? Are they willing to be personally transparent? Does their job history suggest an ability to do the job they are applying for (because, frankly, that's what running for office is...applying for a job).

Then as a taxpayer, exercise your right to transparent government information. Read about new legislation, look at proposed budgets for services that create a "100% community" where all residents can access support. Make your voice heard with elected officials. Also, be a steward of your community by reporting problems when you see them. Call municipal hotlines with concerns. Be willing to be a witness in reporting suspected government misspending.

How do people working in organizations learn to identify signs of fraud or corruption?

My firm works with governmental organizations to reduce their risk of becoming a victim of occupational fraud (one of their own employees stealing from them). Part of looking for risks of fraud and fixing those risks includes educating all employees about what fraud looks like and teaching those employees how to report their concerns in a helpful manner. In my work as a fraud examiner, one of the most important elements is knowing when to begin an investigation. Almost always that requires having an employee speak up about problems that they see. Often this is an employee speaking up when they notice a co-worker doing something that looks wrong. Often the person speaking up is speaking against a boss or supervisor, or sometimes even the owner of the company that signs their paycheck. These people who speak up are frequently called whistleblowers. But, we could also call them Courageous Champions. They are taking a heroic and brave stand for what's right.

How do you compare organizational whistleblowing to being brave enough to report suspected childhood adversity and trauma?

To identify and stop childhood trauma, trusted adults in a child's life such as teachers, doctors, pastors and even aunts and uncles, have to become whistleblowers. But, that's not an easy thing to do. One thing we can do is change the language around reporting possible childhood trauma. If we can change the language from "blowing the whistle" to all trusted adults becoming stewards or Courageous Champions of children's lives then some of the fear of reporting falls away. And, the responsibility for reporting is suddenly clear. All the neighbors who hear the sounds of abuse would then hold a position of stewardship that would make it clear that they should report what they've heard. The other thing we can do is make sure that when reports of suspected trauma or maltreatment are received, the family gets appropriate opportunities for mental health care, good medical care, transportation to work and appointments, appropriate parenting classes, and safe affordable housing.

What do people need to know about a state's office of the Attorney General as it relates to reporting concerns about government agencies not running at the highest legal and ethical standards?

There are two agencies that have authority to investigate government agencies in most states. Those agencies are the Office of the Attorney General and the Office of the State Auditor. Generally speaking the State Auditor has responsibility for compliance, performance and financial issues, while the Attorney General is in charge of both civil and criminal litigation. In reality these offices work in cooperation to investigate allegations of fraud, waste and abuse within all government agencies of the state. As a Courageous Champion the important part is to get a report into either (or both) of these agencies. The website for reporting to the OSA in NM also has some information about how to report, and whether the report should go to another agency. The Attorney General's office has a website with a complaint submission process.

In addition, use your voice as a taxpayer and write/call/email your elected officials. All of those officials will have staff people you can make reports to. It's another avenue for making your complaint heard.

My Uncle Fred, who taught me how to fix just about anything, taught me that, "The squeaky wheel gets the grease." That's true for being a Courageous Champion too. To make sure you are heard, provide details in your report, provide facts and reasonable conclusions, avoid exaggerations, and be the squeaky wheel—keep reporting to all available oversight agencies as long as you can see that the problem is continuing.

👉 New Mexico Office of the State Auditor: <https://aae.how/196>

👉 New Mexico Office of the Attorney General: <https://aae.how/197>

Your Governor Has More Impact on Your Quality of Life than the President

These public servants are just like you, but they control a multibillion dollar enterprise called state government and the destiny of millions

When we “Google it,” how many results come up?

- state governors who believe children are the number one priority: 42,100,000
- governors taking charge with coronavirus: 40,300,000
- major accomplishments of governors: 311,000,000
- state governors who want bipartisan solutions: 1,910,000
- typical budgets of states: 32,400,000

Amid the clutter, solutions await

OVER TWO LATTES, one Google search will provide you with some insightful reading material about state governors who make monumental change that brings efficiency and quality of life to a state. They are true visionary heroes. There are other governors who freeze government and spend days fighting with state lawmakers on both sides of the aisle as problems go unsolved.

You can spend days, if not lifetimes, reading about the accomplishments of state leaders.

Governors can pass policies and fund programs to create a more equitable state where people get a boost to solve challenges. Or, a governor can dismantle programs, either officially or unofficially through a management process that essentially tells every state worker to stop with the innovation and leave government so we can shrink state services.

A governor is, in many ways, the CEO of a company with anywhere from 200,000 or more full-time employees in California to 30,000 or so in New Mexico. That’s a lot of people to inspire and empower, or to intimidate and treat with disdain in the hopes they seek other work and move elsewhere. (Full disclosure: we are writing this from a state with a deeply committed and competent governor, with a background in public health and firsthand knowledge of how Congress works.)

It really comes down to two competing philosophies about the role of government. Do we use it as a system to address health and education disparities and promote problem-solving focused on the quality of life for all? Or, do we think people should fix themselves without any help from anybody and government just needs to get out of the way? Even with the governors who believe in helping all families, strategies can range from data-driven and very effective to good hearted yet ultimately ineffective. You will need more than a few cups of coffee to analyze your own state's history of governors and their accomplishments.

Who's really the boss of us—and our safety and standard of living?

Despite all the messages we get 24/7 from the time we're old enough to salute a flag, it's our state governor, not our nation's president, who controls many vital services that impact the quality of our lives every day, especially in times of crisis.

Our public health, emergency preparedness, law enforcement, higher education, quality of roads and infrastructure, internet access, legal system, and economic development can be greatly enhanced or diminished by a governor who controls every major state agency.

Each of our fifty states are at very different places, with different leaders and their philosophies of governing. As we have stated, some governors are committed to improving the lives of all children, students, parents, grandparents—all residents—through state programs, while others are quite satisfied to let the taxpayers who pay to run government make what they can of their lives with as little governmental support as the federal government and public opinion will allow. This means, we are all much safer with a state leader who believes in making health and safety the number one priority, harnessing the power of a multi-billion dollar entity.

Governors wield incredible power, even if they don't have the majority of state legislators on their side. It's hard for folks who have not worked for state government to understand, but just one person, the governor, can have a chilling effect on every single state employee. And, in some states, state government is one of the biggest employers.

Within weeks of a new governor being elected and sworn in, employees will see flex time come or go, professional development supported or banned, innovations funded or slashed and burned. Budgets for state office drinking water and office supplies can appear or disappear. Finally, technology can be a top priority, or state agencies will be run as though the Internet doesn't really exist. Needless to say, your governor matters a lot.

How do I get to the governor's people and what do I do then?

We don't wish to simplify what can be a very complicated if not near impossible task. Governors, like CEOs of national companies, are busy with almost every waking hour scheduled. You will first be going through the governor's "people" to get an appointment or more realistically, an opportunity to share in a document what it is you need to see the governor for. Depending on the issue, you most likely will be directed by staff to a state department like child welfare, education or public health. And, this makes sense as these state departments are better set up to be more accessible. If you have decided that you must, absolutely must, get to the governor, we suggest you draft a one-page document detailing why you need to meet. This detailed proposal is your three minute elevator pitch. That's the *why* of your meeting. If your goal is to get increasing school-based health care on the governor's radar, we applaud that. If you represent a coalition of voters, your odds of getting an audience with one of the governor's people is better. From our experience, getting to your governor or lieutenant governor's staff (many of whom could become powerful advocates for you and your mission) is all about the time-consuming process of building relationships with your local state lawmakers who have access to the governor and her or his people. Think of that old saying about "six degrees of separation" which means that you know a work colleague who has a boss who knows a county commissioner who knows a judge who is a cousin of the governor's chief of staff.

Engaging with the folks the governor put in charge of the state

Imagine your governor as President of the Republic, appointing 30+ cabinet secretaries to run multimillion dollar agencies. Depending on which state you live in, these appointments are filled by people with a strong professional background in the sector they work in, committed to serving the state's population with efficiency and a result-focused approach. Or, the opposite, they are hired to essentially dismantle the department and freeze as much department activity as the Feds and public will allow.

When things run as a family-friendly and crisis-prepared state, your state will form something like a "Children's Cabinet," run by a director whose job it is to ensure that all the cabinet-level secretaries share the governor's vision and goals, and commit to a coordinated approach to serving families and children. This means the director of child welfare shares with the director of public health plans for working in each county to address health disparities that lead to child abuse and neglect. That's in our perfect world. Each state will be a bit different.

In the next few chapters, we go into detail on the state departments that might have the most impact on our health and safety.

At the state level, we might need to break down the silos of government that lead to disconnected thinking and action. Most states have 30+ cabinet level secretaries, appointed by the governor, who preside over the state agencies that impact every resident directly or indirectly.

In our perfect world, in so-called “normal times,” the cabinet secretary in charge of public health would be in constant contact with the cabinet secretaries of health and human services, education, higher education, early childhood, and economic development. Working cross-sector and in coordination will create a seamless system of care, safety and education. Establishing this cross-sector approach at the highest state level sets the tone for work on the county and city levels. And, we have the technology to make it all very easy and transparent—sharing data, strategies, outcomes and evaluation.

Katherine's Journal

My daughter was seven months old when a new governor was elected, and my fellow state employees were nervous. I was very lucky to have a supervisor who let me come back to work part time, and allowed some of that work to be done from home. When I came into his office, I could tell he had bad news for me. “You’re going to have to come back full time,” he said. “The new governor has announced that once she is in office state employees will no longer be able to work from home. And, they are most likely getting rid of flex schedules too. I’m really sorry.” And so the tone was set for our new administration, and the effect was felt immediately when I had to return to work on January 2. My coworkers, who had also enjoyed the perks of flex schedules and telecommuting, were downtrodden.

One of the governor’s big priorities was shrinking government. “They aren’t going to let us fill the vacant data position,” one of my coworkers said. “They are saying it’s not a ‘critical’ position, but they still expect us to do all of the reports. My workload is doubling and they’re taking away my perks. I’m not going to stay one minute after 5:00 anymore.” The impact it had on the vital agencies was enormous. Performance measures (when the staff was there to actually report them) went down in dramatic ways in those eight years. And, one can only imagine, if this was the impact such an attitude had on the data unit, what did this do to the field workers?

Dom's Journal

I had only been working for state government a few months when we switched governors. I was told by a colleague to get ready for big changes—ones those of us working to improve the lives of kids would not like. I had come from the private sector to my new job, so I already found it baffling that our agency has no real strategic plan with any significant goals. We had no department or staff meeting where we discuss how we are moving toward shared short- or long-term outcomes. I said to my colleague, “How does it get less data-driven and less result-focused than it already is?” “You’ll see,” said the old timer who had been through three governors.

Sure enough, with the new governor came a new cabinet secretary leading our department. And, within months it was as though we staff were put in a chamber and frozen. Gone was the innovative pilot project or even the idea of experimenting. Not only that, but our bureaucracy tripled. To get a refund for a nine-dollar train ride to my pilot site had been a one-page form, which became many more pages with far more approvals. It became very clear that we, as state workers, were to do only one thing and that was, “stay out of the news.” This meant for those of us with entrepreneurial spirit that we should put on blinders and allow problems to grow unchecked. We could be as unresponsive as possible to requests for assistance outside of the required polite response: “Thank you for bringing that to my attention, we will look into it.” Essentially, we went from an environment where outside-the-box thinking for problem-solving was encouraged to one of fear and paralysis. I can add, happily, that I saw this transformation reversed eight years later as governors changed and instead of feeling like all was lost, state government felt like a new, upgraded software system where potential for problem-solving was not only possible, but encouraged. It felt, again, like flipping a light switch.

Bottom line: Our governors control an entire state workforce and billions of dollars, significantly impacting the lives of all residents—with a profound impact on our health and safety.

Insights: See tips for making effective connections in our “Engaging with Elected Lawmakers” in the Appendices.

Early Childhood Is Destiny, So Best to Have an Early Childhood Education and Care Department

Since public education falls into three categories—early childhood, K–12 and higher ed—it’s vital to have an engine devoted to the first years that matter most

When we “Google it,” how many results come up?

- child growth and development stages: 119,000,000
- what are the 5 stages of child development: 200,000,000
- problems in early childhood development: 152,000,000
- Bruce Perry on early childhood development: 1,960,000
- early childhood investment yields big payoff: 23,200,000

Amid the clutter, solutions await

WE TRULY HOPE that you’re living in a county served by a State Early Childhood Education and Care Department, with its offices right next to the State Department of Public Health and Education. Since one of our ten 100% Community initiative vital family services is early childhood learning programs, this will make your work much easier.

The thousands of academic articles on the benefits of early childhood learning programs make a strong argument for a state-level department, one that can support each county in setting up a seamless system of quality early childhood programs.

Three systems of education should work seamlessly together: one for children before they enter kindergarten, another for K–12 grades, and a third for post-high school that should include programs for apprenticeships, vocational education and higher education.

If you review the latest (as well as the oldest) literature on education, you will see that investing in our youngest children is vital if we are to build a foundation for a child's future: gaining the skills needed to learn critical thinking, acquiring skills to gain a livelihood and understanding that learning is lifelong, and helping him or her adapt to new phases. But, if we look closely at how lifelong learning should begin, we see that early childhood education is fragmented and lacking in coordination and alignment with later systems of learning.

If you are lucky enough to have a State Early Childhood Education and Care Department, run by well-informed and passionate leaders, you will have an agency: rich in research that is easily shared; monitoring systems to ensure the quality of programs, including licensed family day care homes, preschool programs run by private operators and school districts; and any other program that might be deemed a resource for early childhood development.

A department focused on early childhood could work to advocate for universal child development programs, ensuring every parent who seeks such a program can access it. And, such programs can start very early for kids—especially important for those young humans from infancy to age three.

Many children's advocates strongly believe a state should have a vision of accessible and quality programs for every parent and should work with leaders in county and city government to be in alignment on funding and supporting such learning for our most vulnerable residents.

With a tech-empowered State Early Childhood Education and Care Department, Education and Higher Education, a state can collect and share data to track a child's progress through each of the three main phases of learning.

One vital role for the department of State Early Childhood Education and Care Department could be that of advocate for universal access to home visiting programs, which provide assistance to parents, and have been shown to be an important prevention strategy for child maltreatment.

For 100% Community initiatives, with one key sector focused on early childhood education and parent supports, a State Early Childhood Education and Care Department is a department to connect with. And, if your state does not yet have such a department, we strongly recommend advocating for one.

Who do I need to meet with—and what can they do for my county?

Finding the right department that oversees early childhood learning programs will require some web surfing. From there, you scan the staff to see who sounds like the right first contact. The higher up the food chain the better, but those highest in government agencies tend to be the hardest to reach. When in doubt, email all staff listed with a nice overview of what you are working on to accomplish building a countywide system of early childhood development programs, and ask what support the state can offer.

Katherine's Journal

The research on early childhood programs tends to focus on the benefits to the child—as it should. These programs have been shown to increase school performance all the way into high school. The benefits that a well-run early childhood department can have for parents cannot be understated. I was having coffee with a friend whose child had just turned four and was ready for pre-K. It was a few weeks before school started and I had been looking forward to giving her some sage advice about pre-school. As soon as she sat down she burst into tears. “I still don’t know if he is in or not,” she said, as she dabbed her eyes with the napkin I handed her. Apparently, the state was running behind on announcing which early childhood centers were going to be awarded pre-K classrooms. The centers themselves didn’t even know if they would have the pre-K rooms available, so all of the parents who had applied still didn’t know either.

It wasn’t just the center my friend had applied to; it was all of the centers in town that didn’t know, and therefore most of the parents of four-year-olds didn’t know if they were going to have quality childcare in a couple of weeks. The centers were flooded with calls from anxious, stressed-out parents who were worried about being able to maintain their jobs without childcare. Luckily, the situation was resolved in time to avoid a major childcare crisis, but my friend’s tears at the coffee shop completely convinced me that our state needed a department solely focused on making sure parents and children have a seamless system of early childhood programs.

Bottom line: When our state government commits to early childhood learning, our children’s life trajectories vastly improve.

Insights: See tips for making effective connections in our “Engaging with Elected Lawmakers” in the Appendices.



Q+A: Perspectives from the real world

Dr. Jennifer Duran Sallee works as the Deputy Cabinet Secretary within New Mexico's Early Childhood Education and Care Department

In times of a public health crisis what do you see as the immediate and long term needs in your area of work?

The immediate needs in a time of crisis are basic supplies to regional hubs around the state. A good example is Gallup, NM. This area of the state serves as a regional hub of supplies for a much wider region than just Gallup. Families are scared and worried when they can't find supplies such as baby formula, wipes and diapers. As leaders it is important to strengthen systems in a very short time frame to support families and providers. We have had to look at our current resources and see how they might be used differently. We have a large Pre-K Consultant team that normally provides instructional support to the state. While schools have closed the Public Education Department Contract team has stepped up into a new role of providing support to locate resources. We have set up a system where someone can fill out a request for support, someone to help locate supplies which is then funneled to large shared lists. Leads from around the state are then assigning consultants who individually case manage the requests. This includes calling them, working with suppliers in the area. The team has called on the business community, school districts, churches, local eateries that have closed temporarily to see if others in the area can purchase from them. They have also begun to organize with large suppliers to deliver to a consortium of child care providers in the area. In the past, one small provider wouldn't be able to purchase but several small providers putting together an order will now have the volume of a large supplier delivering.

Something I have seen is that not one person can do everything. Taking a shared approach, delegating, having team leads and checking in daily to manage the workload is important.

In the future I see a huge need to organize around emergency management and food/supply distribution and how a local community can support each other. The goal would be to create a system that organizes fairly quickly around the needs of the community. This includes setting up meal sites, ensuring first responders/health care and essential staff have their needs met. Looking at how business can function differently—can they make things for their community, their seniors and their children. A great example is how some businesses are turning to help create hand sanitizer. We have several pop up breweries making sanitizer in our area. It would be wonderful to tap into those efforts. We also have lots of local farmers markets who provide a great deal of soap to our communities. We are working to help local people identify resources.

What's vital to success is the ability to organize a team, deploy what is needed for your area and executing to support communities is vital to success. For the future we need to plan how to convert different businesses, organizations, and contractors and to rethink how they can help their community and state. As a state we can help set up those systems, but we need support of the local community to sustain it. We need community leads in all areas.

What other concerns come to mind in times like these?

Looming in the future are medical, budget, IT infrastructure and our national labs. First we have to ensure that everyone that is affected by a pandemic has the medical services and coverage they need. Second, how will our business community recover from the losses in revenue? Will we as a state be able to support them with the federal stimulus package? We know money will not be recouped dollar for dollar with losses. However, we want to continue to see all communities thrive. In the future our IT infrastructure, from state government to schools, will have to think differently about the future. We need to prepare for students to go to 1 on 1 instruction and have the ability to support this. We also need to ensure our infrastructure is far reaching. When we do have to self-isolate, how are we connecting communities with zero Wi-Fi capabilities? The team needs the ability to have hubs of Wi-Fi that can be rolled into an area during times of crisis. Lastly, our national labs are very important in our state. We need a system to tap their ideas on how to help solve problems in our communities. They are part of our communities and we need them to solve our greatest challenges.

Jovanna Archuleta works as the Assistant Secretary for Native American Early Education and Care for the Early Childhood Education and Care Department in New Mexico. She also has experience working with foundations and the Pueblos.

In times of a public health crisis what do you see as the immediate and long term needs in your area of work?

Clear communication and all communities are a part of the planning and informational resources.

What are some important considerations for ensuring that Native American populations have access to the services they need, particularly related to early childhood?

Some important considerations are working through tribal leadership, understanding truly what the needs of the Pueblo Governor are so he can better serve his community. They know firsthand the parents, children and teachers and what will help them succeed within their own individual communities.

Why is it important that services be culturally appropriate?

Because even in a time of crisis, tribes revert to their culture to help in understanding this uncertain time (i.e. prayer, language, traditions). Services that are culturally appropriate help people involved remain/relate in their culture and community.

Why are adverse childhood experiences (ACEs) and trauma important to consider in early childhood services?

ACE's and trauma are historical when working in tribal communities. There is still some pain that hinders parents and their ability to parent. Working to break generational trauma will take time but healing can begin with our children. We are at the tipping point with our new department focused on early childhood to begin to make the shift.

What other concerns come to mind in times like these?

I think concerns continue to be food, supplies, health and well-being. It's ensuring that all our communities have access, like the book *Anna, Age Eight* emphasizes, to all the resources needed to have security that everyone is safe during a crisis like this. This is also a first time for many of us, living through this experience (of a pandemic). I think going forward, this crisis only helps to strengthen a sense of partnerships and understand where the weaknesses are, like communication. It is a time to make changes to all those areas (like health) and be prepared for any emergency, working collectively as an entire state.

Your Child Welfare Department Requires a Hero and Almost Superhuman Innovation

Designed 100 years ago, if ever a system screamed out for radical rethinking and redesign (and support), this is it.

When we “Google it,” we are overwhelmed with results:

- child welfare deserves our support: 10,500,000
- child welfare can be fixed: 67,200,000
- child welfare is set up to fail: 151,000,000
- child welfare must be data-driven: 31,700,000
- how to empower child welfare: 21,200,000

Amid the clutter, solutions await

IMAGINE YOU HAVE just been appointed the head of the state’s child welfare system, and you’re confronted with two almost impossible challenges:

1. Most lawmakers and the public think, wrongly, that child welfare is funded to successfully prevent an epidemic of childhood adversity, abuse and neglect.
2. You are essentially tasked with the equivalent of redesigning and fixing a bullet train traveling at 250 mph while riding on it.

Now imagine about one year into your new position the nation is hit with a global pandemic disrupting everyone’s lives, including access to vital survival services.

“Impossible” does not even begin to describe the overwhelming challenge facing child welfare leadership.

There are over 1000 books currently for sale on Amazon focused on child welfare. To save you thousands of days of reading, here’s what you need to know: nobody outside of child welfare staff can truly understand how totally impossible the job is, and how completely ill-equipped (i.e. underfunded and understaffed) child welfare is across the nation. With one in eight children substantiated as maltreated by age 18 in the US, the stream of kids and struggling parents in this bureaucracy is overwhelming.

We wrote a chapter about the challenges facing a child welfare system in our book *Anna, Age Eight*. In “Chapter 7: An Infant, A Motel Room, And a Pile of Needles: The impossible job of Child Welfare Pros,” we describe how child welfare’s heroic workforce, essentially, has been set up to fail our most vulnerable children and families. We also described how best to fix systemic problems on the state and local levels.

In a nutshell, the child welfare system was created about a century ago in the US to remove children from unsafe parents, when it had been substantiated through the assessment of an investigator that abuse and neglect of the child was evident. Once removed from the home, a child would be placed in a safe environment in the form of a relative with a stable home, a foster family or a group home. Children would not be returned to a parent until it was determined that the mother, father or guardian had demonstrated to child protective services staff that the problems that led to maltreatment had been resolved. If it was deemed that a parent could not address challenges, then a process called “termination of parental rights” occurred.

Termination of parental rights is something we truly wish to avoid if at all possible. The child is then adopted or in custody until aging out of the system at eighteen, at which time he or she enters a harsh reality, navigating the world without parental or family support. As you can imagine, research indicates that most teens aging out don’t fare well. Odds are good that they will become parents themselves at a young age, and the cycle of maltreatment repeats itself.

Although the goal of child welfare is to heal parents so that reunification is possible, the department does not have the resources to truly help a struggling parent. We know from assessments made by Child Protective Services (CPS) that parents come with three main challenges: substance misuse, domestic violence and untreated mental health challenges (which can include untreated trauma from adverse childhood experiences endured decades earlier).

Imagine Eric’s mom and dad for a moment, working with CPS workers to get Eric back from a foster family. The couple may have been struggling with substance use and untreated mental health challenges for a long time, along with holding down two jobs each to pay bills and support their kids.

First, how realistic is it that they can get time off work to get help? But even if they find a way to accommodate counseling focused on recovery and ending domestic violence, to heal from their own childhoods of intense ACEs, the reality is that these services may not exist; or if they do, they are unaffordable, have six month waiting lists or have burned-out staff. Eric and his family do not live in a resource rich community. And, the ten services that the 100% Community initiative are focused on may take years or decades to build up to be truly accessible to all of Eric’s family members and community.

So where does this leave the new state cabinet secretary of child welfare? How does she or he deal with a staff that may have caseloads twice the size of what is considered “best practice” for effectiveness, or the fact that secondhand trauma has created a statewide environment in state offices and county offices that breeds depression, weariness and hostility? And most important, how can this cabinet secretary introduce to the workforce a data-driven and result-focused philosophy that requires new partnerships in the local level with city councilors, county commissioners and school board members?

With 100% Community, partnerships are vital to establish between local elected leaders, who control the budgets of family services, and local child welfare leadership. And, CPS county managers, for the most part, have neither the time or training to engage with local leaders in any significant and ongoing manner.

While some have said we paint a pretty problematic (“bleak”) picture of child welfare, we believe the right type of cabinet secretary and upper management team could be transformative. The problem is man-made and we can use human ingenuity to solve it. Here’s what needs to happen:

1. **Acknowledging limitations and capacity:** To the funders, designers and implementers of child welfare, it must be acknowledged that child welfare was invented a century ago and funded to be the “child maltreatment response department,” not the “child maltreatment prevention department.” These are two very different departments with different visions, goals, staffing, activities and evaluation processes to assess yearly results. It’s vital that people not confuse response (which is a reaction to abuse and neglect) with prevention (which is a cross-sector local process of ensuring vital services for our most vulnerable families—going upstream to address the root causes of maltreatment). Today’s child welfare systems, with a few exceptions, are mandated by the federal government to respond. The feds have not funded state and county programs to ensure access to vital local services shown to prevent maltreatment. This means each state must decide how to invest in data-driven prevention strategies.
2. **State Partnerships:** The cabinet secretary requires strong partnerships between counterparts, with the secretaries running public health, public education, higher education, economic development and early childhood. If these leaders formulate a plan that focuses on each of the state’s counties, with the goal of ensuring ten vital services (including behavioral health care, stable housing, secure food, transports, etc.) in each community, we go way upstream to keep families from entering the child welfare system in the first place.

3. **Local Partnerships:** With firm partnerships in place on the state levels at the highest level of government, the cabinet secretary can support the building of true partnerships on the county level by empowering his or her county managers. This means that the cabinet secretary has a director over the county office managers who is widely respected by staff and can provide to each county office manager the time and training to partner with local stakeholders. Stakeholders include elected leaders and those directors running nonprofit local family services like behavioral health care, medical care, housing and the services on our 100% Community menu. From this point, true collaboration can take place as all players commit to creating a seamless system of care, safety and education for all families. The measure of success is found by surveying our most vulnerable parents and asking, “to what degree do you have access to ten vital services shown to strengthen families?”
4. **Workforce training and empowerment:** Most child welfare leadership does not have on-going training in a data-driven process that allows them to use data to identify and solve challenges in their office or their community. As we wrote about extensively in *Anna, Age Eight*, what’s needed is a total agency commitment by the cabinet secretary and upper management to training in continuous quality improvement (CQI), so that all leaders can assess, plan, act and evaluate. This process, supported by a state-of-the-art data system and the latest in technology, is also designed to empower a child welfare workforce, bringing inclusion to decision-making processes and a commitment to a transparent and respectful management process. Make no mistake, most child welfare systems have a workforce made up of deeply caring and committed folks, but they are also working with caseloads that overwhelm.
5. **A Continuous Quality Improvement (CQI) Deputy Secretary:** The cabinet secretary will need a second in command versed in continuous quality improvement, focused on measurable results, and with the people skills that inspire one of the most over-worked workforces in the nation. This makes CQI the top priority of the agency. What’s not to love about having an internal agency engine (and highly trained and motivated staff) devoted to constant improvement in an arena that cries out for solutions?

Who in child welfare should we engage with?

We want child welfare on board as a full partner in our mission to end all forms of maltreatment. And, it won’t be easy. That said, through your contacts in city government, county government and the school board, you will discover folks who know someone in management within your local child welfare office, perhaps even the state’s central office.

Realistically, child welfare staff most likely won't have funds to support the work of the 100% Community initiative—focused on ensuring surviving and thriving services. Nor will they have staff time to focus on collaboration as they put out new fires every hour, responding to maltreatment. However, you might luck out and find a county manager or director within the state level department, who is very sympathetic to your cause and sees great value in a collaborative local process to improve all services for our most vulnerable families. Part of most local child welfare staff's job is linking struggling parents within the “system” to local services (like behavioral health care to address substance misuse, domestic violence or untreated mental health challenges). And, in many rural and urban areas, these vital services may not exist locally—or exist in ways that make accessibility for parents yet another challenge. There's clearly a reason for the 100% Community initiative and local child welfare staff to work in sync. Always reserve a place for a local representative from child welfare in your 100% Community meetings and keep them posted on all your developments.

Who do I need to meet with—and what can they do for my county?

Identifying the right people within child welfare requires patience, networking and a lot of web-surfing that may result in less-than-relevant information. Finding the name and email of your local child welfare office managers can be difficult and frustrating. Perhaps your county is all about user-friendliness with a website that describes all staff and emails and what they can do for the public (or not). You may need to use your contacts to find a staff person, anywhere on the food chain, who is your entry ticket. We have a lot of experience with child welfare, on the state and local levels, and you won't meet a more dedicated and heartfelt group of staff, but they will most likely be vastly overworked. Be persistent with making connections but understand, most staff are balancing dozens of plates in the air, with kids' lives at stake daily.

Dom's Journal

I was once hired to bring continuous quality improvement to a child welfare system through our Data Leaders for Child Welfare program on the east coast. This particular cohort was focused on ensuring that families within the child protective services system could access vital services. This was a dream job for me, and a chance to showcase the 100% Community philosophy, hypothesis, activities and goals. When I discussed in the training with managers our new countywide survey process to assess to what degree parents and youth had access to vital services, I was met with blank stares and a comment from a manager in charge of the training, “We don't do that type of surveying.” The tone of voice also expressed a complete lack of interest in exploring the benefits of new types of surveying.

I thought, “How do I respond to that? Yes, today they don't do that type of assessment but could it happen in the future?” I realized then and there, as I had in previous trainings with other states, that a type of rigidity and fear of change, amid a workforce that is already overwhelmed, is what can keep child welfare from innovating and evolving.

Katherine's Journal

When I started working for the Children, Youth and Families Department in 2008, my boss at the time explained to me that the data system we had currently didn't have all of the data we needed, but not to worry, because a new system was being built and it would have everything we needed. I could expect a state-of-the-art web-based data system ready to go in a couple of years.

As of this writing that system is still not up and running, and the system that was archaic in 2008 is still the system used by child welfare. It turns out that the system that was being built by the department's internal IT team was deemed a failure, and a few years ago the department scrapped that plan and had to start over. The point of this story isn't the epic amount of money that was spent on this failed system (although that is extremely important); the point is that data and technology have never been a focus of that department. Today when I talk to anyone who still works for that department, from data analysts, to field staff, to admin support, without fail they mention how desperately they need a new data system and how much extra time the current system adds to their work. The gut instinct of lawmakers and funders tends to be to pour money into additional field staff or to give raises to case workers, and I am all for that. But, sometimes with a little bit of digging we can find an underlying root cause for chaos in the system, and the data system has been one of those rotten roots for over a decade now.

Bottom line: Child welfare has a heroic mission with a dedicated workforce, facing near impossible challenges in its current incarnation. Radical, data-driven reinvention is required and entirely possible with the right leadership. Once fully empowered and resourced, child welfare can serve as a vital hub for family support in every county.

Insights: See tips for making effective connections in our “Engaging with Elected Lawmakers” in the Appendices.

Q+A: Perspectives from the Real World



Dr. Melissa Hardin is the Social Work Program Director at Eastern New Mexico University (ENMU). Prior to entering higher education, she practiced in child welfare, beginning as an investigator and before leaving as county office manager in rural New Mexico. Her doctoral research focused on the understanding and application of evidence-based practice in child welfare.

As a former child welfare staffer, managing a county child protective services department, what are your thoughts about child welfare being set up as child maltreatment response, rather than child maltreatment prevention?

I think the description provided is accurate. Modern child welfare was formed in a reactive method, a grassroots movement of concerned citizens that raised attention and awareness, successfully lobbying for government involvement and regulation. Child welfare has served as a response to known incidents of maltreatment; many states cannot assist a family in need without an open case, without an existing concern of maltreatment. Prevention services are a misnomer in this structure.

On the local level, when the goal was to “connect parents in the system to services,” how realistic was it that family-friendly services existed and were easily accessible?

This is a question dependent on location and transportation. I worked in a very rural area with limited resources and non-existent transportation to services. For instance, child welfare workers were often transporting children and families to appointments, wasting precious time that could have been devoted to case planning, referrals, assisting other clients—on moving a client from point A to point B. Please don't misunderstand me, it was very important to get the clients to services that they needed, but this is something many would assume public transportation could provide or the family could coordinate. Without public transportation or reliable personal transportation and limited resources, it was not realistic to expect a mother of three young children to walk twenty miles one way to an appointment. All of this is assuming services were available within a twenty-mile radius. Not all needed services were within that radius, not even close.

What process and funding were you given to assess the availability and quality of services in your county?

Resource availability, and knowledge of it, was a very grassroots process heavily reliant upon word of mouth and networking. Social workers would work very hard to establish relationships with providers in the area to “grease the wheels,” so to speak, to advocate to get their clients in. Courtesies such as timely payment, ensuring clients arrived to scheduled appointments, and professionalism go a long way in a small community. To answer your question, there were very limited to no funds provided for resource assessment and mapping.

How would state or county leadership who fund child welfare go about creating a child maltreatment prevention department?

That’s such a great question, one we have been trying to figure out for years. The existing structure and approach is taxed enough with responsibilities (focused on responding to maltreatment) that to add this (prevention efforts) would not do the effort justice. A prevention department would need to stand alone, and away from the reactive model that current child welfare is built on. The current model serves a great purpose, and with the support of a prevention entity’s support, could focus on the primary objective of family treatment, rehabilitation and reunification. I would argue a model such as the 100% Community initiative, with its data-driven approach, is an excellent way to start. Why wouldn’t state or county leadership support this entity as much, or more, than the existing model. They should. If prevention efforts were successful, the staffing needs and focus would shift from one of reaction to that of prevention—sparing countless children and families adverse childhood experiences. The efforts would be repaid in spades.

In child welfare, you were trained in a process called Adaptive Leadership, to take on some of the biggest challenges that had no clear, agreed upon path to a solution. To what degree do the leaders of child welfare face an adaptive challenge?

A high degree. There is little consensus on what should be done to address the needs in the child welfare system—a system that is designed to be addressing the needs of the most vulnerable in our communities. This is a passionate issue, in a profession staffed by dedicated individuals trying to make a positive change. Emotions run high and often times efforts for change meet a stalemate due to inability to find common ground.

You left child welfare management and now direct the program of social work at ENMU. Can you share how your work developing and testing new Data-Driven Social Work courses for future social workers can help inform a process of reinvention for child welfare?

The struggle and the frustration I experienced was not a memory that was easy to abandon. I shared this with colleagues in child protective services trying to make a real difference but always felt like we were running in quicksand. When I began teaching full time, I would look back on my time in child welfare knowing I was now educating future child welfare workers, and wonder what I could do from this new role that would make a positive impact. The ability to educate and equip future social workers, child welfare workers, to seek a new approach to problem-solving and resource preservation was an opportunity I could not pass up. These students come with fresh eyes to their field placements, poised to observe and absorb knowledge at a tireless rate. Focusing this energy on social research, continuous quality improvement, ACEs and pilot project development is one of my greatest loves in teaching.

The status quo sets child welfare leadership and staff to be the scapegoats with all problems related to abuse, neglect and especially child welfare involvement when there is a child fatality. How is this counter-productive?

You describe a dedicated, loving, driven group of individuals who are trying to make a difference in a battle they are ill-equipped to fight. Focusing on the negative aspects, seeking out blood for blood, does little to move efforts forward. Should there be accountability? Yes, definitely. However, as we have discussed, few understand the complexity of the child welfare system, the ways in which it is regulated, and how its response is measured. When society loses a child, the mob comes out to vindicate this death. This heightened, emotion-laden response makes planning prevention of future fatalities difficult. Child welfare receives attention in bad press and these moments of a storm of emotion and public outrage are not the time to be making legislative and policy decisions, yet this is when some of the most activity occurs. And, we wonder why our system runs the way it does and encounters the obstacles it does.

Your State Departments of Education and Higher Education Face Their Biggest Test

State leaders can end the marginalization of students enduring trauma and a host of disparities, but it will take courage

When we “Google it,” how many results come up?

- what does a state department of education do: 1,600,000,000
- what is state public education department: 1,330,000,000
- what are state policies on education: 821,000,000
- what control does a state have over its public education: 993,000,000
- how does a state department of higher education work: 987,000,000

Amid the clutter, solutions await

WHO’S IN CHARGE? Not only are parents confused, but even state lawmakers can find it difficult to know who has control over the quality of public education—the feds, the state department of education, school boards or principals. As for higher education, the public may not fully understand who is in control there either: a college or university president, board of regents or department heads? To reform education, we need to know how a state’s cabinet secretary of education (focused on K–12) and higher education (over all state colleges and universities) can impact the quality of public learning and the communities around them.

Starting with the Department of Education

Some departments are actively involved in making sure no student is marginalized due to a disability, hunger, lack of survival resources or other challenges. But, some have simply looked the other way as health disparities, trauma due to adverse childhood experiences and social adversity have left large segments of the student body behind. As of this writing, no state department of education or school district has been funded to turn schools with student populations facing health disparities into environments where all students get the resources and support they need to be healthy. What's most important to note is that if a governor has appointed a cabinet secretary with a track record of data-driven and result-focused work in the education system, your state has a chance to make good strides toward creating local school environments where students not only have the teaching they need to learn, but also have access to services that address health, education and opportunity disparities.

Where real power lies with the school system

It should be noted that school boards really control the functions and standards of a school district. A state department may have some clout because of testing and federal mandate, but the real power they have is to inspire, motivate and engage—and that's important. So many state education departments shy away from bold ideas and even talking about experiments. This goes back to the old fear of landing in the news with an unpopular idea, suppressing innovation. We are suddenly in a new era, and if there was ever the time for paradigm-shifting proposals for reinventing school, we have arrived.

One idea for each state department of education to consider is asking their students and parents to what degree they have access to the services for surviving and thriving. Imagine if schools had the data that indicated a third of students' families can't access medical care, behavioral health care, food security programs, programs to help with stable housing and transportation to vital services. Now imagine each school board reviews this data together with school staff and together commit to working on a plan to increase access to vital services. That plan already exists in the form of what is known as the "community school" model. This means that each school is funded to have a full time director of community schools, a school-based health center with medical, dental and behavioral health care, extra tutoring for students and a liaison to support parents. Add in a food bank and clothing bank and you have radically improved access to the services for survival. (Read all the details in "Chapter 48: Community Schools@100%.")

With the community school model, educators get to teach, not work as social workers and crowd control. In the aftermath of a public health crisis, access to timely medical care is becomes one of each state's biggest priorities. The state department of education can take a bold leadership role in making each school across their state a hub for health care and family supports. This will mean healthier students who have the best chance at improved school achievement and graduation rates.

We will discuss your relationships with school boards and local schools in later chapters, but to be clear, we believe in the power of public education and therefore see the state department of education in a bold activist role. This department can act as an engine to ensure that every student is allowed to spend a school day without hunger, solvable health issues or housing insecurity. There is a long history of education disparities and health disparities awaiting to be remedied by forward thinking state education leaders who believe every school can be fully resourced to address both academic and health care needs. The tested models are already in place. The time for redesigning schools to empower all students is here.

Eric's Story

When Eric was in fourth grade, his teacher assigned a project for students to make a diorama showing their favorite animal in its natural environment. His teacher informed the class that they could purchase miniature figures at the local craft store or on Amazon, and let them know they could use a shoe box to set the stage. He was excited about the project and immediately started reading everything he could about gorillas and where they lived. He loved animals and even thought maybe someday he could work in a zoo, or a veterinarian's office. Eric got a C- on that project. He struggled even finding a shoe box, and did the best he could with the few markers he had at home, as well as makeshift a gorilla he managed to make out of colored paper. He didn't tell his mom about the project because he knew that she was working evenings and wouldn't have time or money to go to the craft store.

Several of Eric's classmates followed instructions and had lovely miniature elephants, tigers, or whatever animal they chose. Eric's teacher was disappointed in his project and didn't understand why either he or his parents were too lazy to do a good job. Eric got a C in science that year, and for the next several years, until in middle school he described himself as bad at school in general, and bad at science and math specifically. He stopped trying around then too, and his grades reflected his self-assessment. He wasn't good at science, he got bad grades in science, and long ago he had let go of any aspirations of higher education.

Katherine's Journal

When the COVID-19 crisis was declared a pandemic, New Mexico's Governor was at the forefront of prevention, and public schools were closed to prevent the spread of the virus. Knowing how interconnected schools are to the survival services, I immediately started worrying about the kids who depend on the schools for their meals every day.

I was blown away by how quickly the community also caught on to this need, and how the Santa Fe Public Schools responded. It seemed like almost immediately a plan for food distribution was shared. It was also apparent that the school board and superintendent were taking equity into account in all of their decisions, making sure every child had a chromebook to take home, and addressing lack of technology to come up with the best way for students to continue learning. Although we are still a bit away from every school being a fully resourced community school, it is clear that Santa Fe Public Schools understand its role as a hub for resources to families. Other districts can learn from this focus on equity and family support.

The State Department of Higher Education

This state agency oversees all public colleges and universities. Many college and university leadership understand the need to constantly align their courses and degrees with present and future job markets. This is a great start, but there is more to do. Institutions should ask themselves: what is the status of medical and behavioral health care on campus and how well can campus programs empower students who lack financial resources? For those parents who must juggle family and work in order to take courses, what supports does a campus provide?

For those university administrators who wonder what percentage of their students struggle to get through the week, they can implement the 100% Community survey to learn to what degree the student population can access the ten services for surviving and thriving. The results may serve as a catalyst for strengthening campus-based support like food banks, clothing banks and free child care. Our belief is each campus can serve as a community hub, with strong links to the residents of the county they reside in. With college and university leadership working in collaboration with city and county government, all the challenges presented in this time of change can be solved. It is not hyperbole to say that will take a degree of cooperation that is unprecedented because we are living through uncharted waters.

Challenge: Online and engaged

Public and private education must learn to embrace online options. From kindergarten courses delivered in a home school format to a full PhD program, many learning institutions suddenly found themselves thrown into the deep end during the last global crisis as schools and campuses were forced to close, yet the education process needed to continue. Some schools and universities were prepared and gracefully transitioned their classroom instruction to existing online infrastructure.

However, most were caught off-guard. Many teachers were forced to delay transitioning online for weeks due to a lack of planning, an absence of online instruction infrastructure and a dearth of relevant institutional guidelines. Some sought out and received help from online education experts and were eventually able to rise to the challenge. Many educational programs collapsed altogether, locked out due to a lack of everyday technological solutions and poor administrative leadership. In the post-pandemic reality, children, parents, schools and college students at all levels cannot afford a repeat of the interruptions seen during the COVID-19 crisis.

Video conferencing, both one-to-one and one-to-many is now a well-established commodity that requires no greater technology than a cell phone, a school Chromebook or an old computer. In one-to-many conferencing, such as a teacher presenting to students, only the teacher needs access to a video camera, making real-time, teacher-led instruction accessible to most, but not all students.

Individual schools, school districts and higher education campuses must have plans in place for online instruction and keep educators trained on the latest technologies and methodologies. This not only saves a curriculum from collapse during a crisis (whether from a virus, natural disaster or terrorism) but also allows for expanded educational opportunities every day. Gone are the days when kids who are at home because they are considered contagious but still bouncing off the walls with energy need to miss days of instruction. We need state and local systems in place to support students sitting down, logging onto the virtual classroom and keeping up with the class. The technology is there and is ready to be utilized.

But what about the kids and families who lack even the most basic access to internet technologies? With some creative thinking, even that doesn't mean education needs to stop. Some rural communities during the COVID-19 crisis worked out how to distribute meals, printed lessons, textbooks, pencils and paper to students either lived completely off the grid or close to it.

As details about the most successful of those strategies spreads, it will not only help other remote communities plan for the next crisis, but also help them rethink what were once considered limits to what they could accomplish on a daily basis. If a school district can get meals out to the home of every needy student during a crisis, what's stopping them from delivering to the same children when they are home sick? And if it works for food, why not learning materials (and postage-paid return envelopes for completed worksheets if necessary), basic needs packets (think toothbrushes, toothpaste, soap, band-aids) and more. Necessity is the mother of invention.

Challenge: Alignment

As mentioned earlier, the concept of “alignment” isn’t new. It has been a popular buzzword for decades as leaders in education and workforce development have strategized on how to ensure that all courses and programs can lead to the jobs of today and the future. With massive shifts in job availability and job trends just a crisis or economic downturn away, both secondary and post-secondary education must keep in touch with what is happening at both globally and on the local ground in order to effectively act as a matchmaker between employment supply and demand. This means that the responsibility of educators does not end when students complete their last day of class. Tracking student success in the job market and feeding that data back into a responsive system is vital to understanding whether or not certain classes or degrees are springboards or dead ends. This requires continuous contact with local and regional employers and researching where their industries are heading.

Challenge: Ivory Towers vs. Welcome Commons

All colleges and universities have staff whose job it is to reach out to the local community. Traditionally this has been mostly a goodwill gesture or to establish a rapport with local employers as discussed above. During times of crisis, this role should immediately expand to help the local community where, inevitably, many knowledge and information gaps are filled with rumor, fear and panic. High schools, colleges, technical institutes and universities are filled with experts on everything from mathematical modeling, health, management and food distribution to communication, exactly what local governments, business leaders and anxious citizens need help with during a crisis. We see opportunities for outreach that would benefit institutions and communities alike. Webinars, social media postings, experts posting to public blogs and news outlets could answer questions, offer support and possibly avert some of the worst side effects of difficult times. Certainly, information is available from experts hundreds or thousands of miles away, but interpreting that information to reflect local conditions and needs could mean the difference between panic buying and emptying local store shelves and a community that is calmly making certain that everyone has what they need and to be safe and healthy.

Challenge: Universities as centers for quality improvement

As we prepare for the next pandemic or disaster, the need for the ten surviving and thriving services will be very clear to those leaders in government and nongovernment organization providing these ten services. In order to effectively expand services (like that of a health clinic, food bank or transportation) and to improve user-friendliness, these organizations will need help in applying the tenets of continuous quality improvement (CQI). Universities can become resources to teach service organization in the public sector how to become more responsive and effective in their delivery of service, thus benefiting everyone. Universities already have experts in CQI and can provide the data-driven process of assessing, planning, acting and evaluating to hundreds of local organizations to help improve every aspect of an organization in the county they are based. In some states there is already a university system in place called Cooperative Extension that has training staff and an office in every county. These local programs, already set up to provide ongoing public training and technical assistance, are poised to become CQI training centers to support local readiness and recovery.

Great! But how do I get in with state level education folks and what can they do for my county?

Your work on the county level will mean getting connected with people in education across many levels. First, to work in alignment with the state department of education, you will be connecting with school principals, district supervisors and the staff at the state department of education. For the state department of higher education, you will be connecting with your local college and university presidents, department heads and other leaders on campus, all with relationships with the state department staff.

Each state operates public education differently. It should be noted that some states fully understand the importance of a continuum of education through three phases: early childhood education, public education K-12 and higher education. In these enlightened states, when the three department directors are in alignment, a comprehensive system of learning is strengthened.

As with all state agencies, some are data-driven, committed to solid research to inform all proposed policies and practices. Others, less so. As with all state bureaucracies, you will need to find your way to management, sharing with them your local work in education focused on job training and placement. Persistence will be key as you need to connect with a manager who will fully understand and appreciate the work you are doing with the 100% Community initiative.

Katherine's Journal

I had just finished my PhD and was working for the institutional research department. The provost of the university excitedly came to tell me that he had a special project for me to work on. We were going to start an early intervention project for freshmen who were struggling with their grades. We would have a two-day workshop teaching studying techniques, showing freshmen where they could find resources. And, most importantly, each student would be assigned an advisor who would act as a mentor, meeting with each student twice a month and serving as a resource. The program was an astonishing success. Compared to similar students the previous year, this cohort had higher GPAs and higher retention rates. This was a private university that had the financial resources to provide these services, as well as to pay me to evaluate the program and give them feedback.

I was struck by the difference in experience those freshman had compared to my friends and I when we entered a public university as freshmen. Many of my friends struggled their first semester. Many lost their scholarships. Many didn't graduate. None were offered an early intervention program to make sure they didn't fail. This is a prime example of the opportunity gap in education. Often, with just a little extra support, both socially and financially, students at larger public universities can be just as successful as those in private "top" universities. The problem is that it is harder for some students to find the resources they need, while for other students the resources often find them before they even know they need them.

Bottom line: The state department of education and state department of higher education can promote a vision and strategies to ensure that every student is empowered to succeed. Leadership within both departments can advocate that all schools and campuses become hubs for community health, safety, resilience and economic development.

Insights: See tips for making effective connections in our "Engaging with Elected Lawmakers" in the Appendices.

The Quality of Our Lives Is in the Hands of “Health” and “Human” Departments

Every community’s health can be vastly improved by the State Department of Health and the Department of Human Services—and their vital role everyday wellness and emergency management

When we “Google it,” how many results come up?

- what does public health do: 2,510,000,000
- what type of health care do public health departments provide: 1,640,000,000
- what is a public health nurse: 948,000,000
- the role of public health in a viral epidemic: 72,600,000
- how do Department of Human Services workers actually influence change: 208,000,000

Amid the clutter, solutions await

HEALTH AND HUMAN Services. Public Health. These two departments have the capacity to upgrade the health and safety of every state resident. They play a huge role in our daily lives at home, work, on the road and everywhere in between.

These are departments that have a vital role to play during a public health crisis.

For the general public, the roles of the State Department of Public Health and the State Department of Human Services are vague at best—possibly having something to do with STD clinics, ensuring restaurants are vermin free and printing posters proclaiming that it’s “vaccinate your child month.” All it takes is a public health crisis for the public to see how invaluable our public health professionals are.

Most people are not aware that the human services department is distinct from the public health department. And, quite frankly, it’s mind-boggling that these two large state bureaucracies are not one tightly coordinated entity focused on a single goal: ensuring the health of every resident, regardless of income level.

The Human Services Department administers the state's programs funded under the Centers for Medicare and Medicaid services, and it is also in charge of mental health services delivery, so it receives federal funding from Substance Abuse and Mental Health Services Administration (SAMHSA), National Institute on Drug Abuse (NIDA), Center for Medicare & Medicaid Services (CMS) and others.

The Department of Health is responsible for tracking diseases, responding to outbreaks of infectious diseases and coordinating disaster response. It runs a state pharmacy as well as a number of programs aimed at providing disease prevention services (vaccine, injury prevention, hospital infections, HIV/AIDS, etc.). It is a federal grantee from the Department of Health and Human Services (DHHS) sub-agencies: the Centers for Disease Control (CDC) and Health Resources & Services Administration (HRSA). You will most likely see on their website programs like Health Emergency Management, Crisis Standards of Care Plan, Hospital Disaster Preparedness Self-Assessment Tool, Pandemic Influenza Operational Plan and Emergency Response Education and Family Emergency Preparedness. What you won't be able to know, until you dig deeper, is how well staffed and resourced these programs are. You might find in some states that the Healthcare Preparedness and Response is overseen by one person covering an entire county. Now would be a good time to get very familiar with every helpful sounding department or program referenced on the website and do an informal assessment of just how well-resourced your state department of health truly is. If you are lucky enough to have a county health department with links to Emergency Preparedness, contact the program to see what support for families and communities is actually available.

It would take days to explain what these two state entities, guided by two cabinet-level secretaries, do for the public. We are focused both on what they currently do and what they could do in the future—to address a long-standing or emergency public health crisis.

Every state is different. Some have departments of health in every county with robust services and education, while others have only a minimal presence on the county level. Depending on the cabinet secretary, public health entities are, to varying degrees, data-driven and focused on identifying and solving health challenges. One thing they all have in common is that they produce many reports, summits, podcasts and coalitions. And, meetings; they do many meetings.

However, if your governor has appointed result-focused and highly competent cabinet secretaries, with an understanding of health disparities, to run the Department of Health and Health and Human Resources, you are in a very good place. Those staff will be empowered to help you identify resources, connect you with epidemiologists and prevention specialists who support county initiatives that are data-driven and focused on increasing health, safety and resilience.

If departments funded to address health challenges are really data-driven and guided by the social determinants of health, then all their various (though possibly siloed) prevention programming—focused on preventing infection, injury, suicide, drug misuse, teen pregnancy, bullying, violence, STDs and domestic violence and sexual assault—will be working in coordination. They will understand that by addressing health disparities and working in each county to ensure ten vital interrelated surviving and thriving services, they can prevent a wide variety of related health and safety challenges. If you are luckily, you have a health department that has the staff and resources to make every county what we might call “crisis-ready.”

The workforces of the Department of Public Health and the Department of Human Services could, guided by two collaborative cabinet secretaries, can form a powerful engine leading to increased health equity and access to vital care in each community within each county.

What can public health and human services do at the local level?

First, these are mostly very earnest, community-minded folks. Second, they are most likely working in a very rigid bureaucracy that is not always known for risk-taking, but they might surprise you. (Decades ago, in the middle of the AIDS epidemic, many public health leaders became absolutely brave and fearless—advocating loudly for compassion and care.)

Most likely, your Department of Health oversees two very important surveys. From the Youth Risk and Behavior Survey (YRBS)—also called Youth Risk and Resilience Survey in New Mexico—we learn valuable information about middle and high school students. And, from the Behavioral Risk Factor Surveillance System (BRFSS), we also gather vital information about adults and their health experience. Both surveys have the capacity to evolve and to ask questions about vital health issues.

In our perfect world, we need to support our Department of Health in working in partnership with county-based organizations that provide the surviving and thriving services that actually keep residents safe from harm. The state entity has the power, if it makes it a priority, to identify a key person/organization in each county and fund a “command center” from which to coordinate the work of survey departments and divisions of epidemiology and response. In times both calm and chaotic, even a three-person command center team, with experience in public health models of prevention, data and continuous quality improvement, could make huge strides on strengthening the health of county residents.

As for connecting for state leadership, you will have to do your best exploring contacts with local public health and some less-than-easy-to-navigate websites. When you do finally connect, share the goals of the work you are doing, along with the research behind it. Inquire about funding for local initiatives and do ask about the agency’s capacity to conduct surveys on health disparities and residents’ access to the ten vital services.

Dom's Journal

I was excited to start work at the Department of Health, called DOH, after working most of my life as a contractor. The nation was in the beginning of the economic melt down of 2008. It was also in the middle of a very loud and contentious conversation about health care and to what degree the government should ensure everyone's access to quality care. Terms like "single payer," "Medicare for all" and "universal care" were heard daily on the national and local news.

In this unique time in history, I was introduced to the man in charge of the Youth Risk and Resiliency Survey, a very valuable statewide survey (implemented across the nation) of middle and high school students. From the survey results, county stakeholders could learn to what degree students may be enduring mental health problems, substance misuse, hunger and a host of challenges. I attended one of the county presentations on the survey results in the largest county of New Mexico and was quite overwhelmed with the data presentation. I remember the picture the data created, at least in my mind, was fairly bleak. I was especially struck by the high rates of students reporting suicidal ideation, with as many as one out of five in some counties. I also was surprised to see that hunger was still a reality for students, even in well-resourced counties like Santa Fe.

On the drive back from the presentation, I asked the head of the YRRS survey if there was a way for the Department of Health to facilitate county trainings on how to increase vital health and safety services in order to respond to the survey results. He first replied that it was a great idea. Then he said that such a series of countywide trainings were not developed and that I might wish to discuss that idea with leadership.

Long story short: My boss did allow me to develop and pilot a county training for stakeholders on using data to prevent youth injury and related challenges. Our pilot "Resilience Leaders" program was offered for three years, in collaboration with the local university. Today, we have a new opportunity to re-engage with the state and local health leaders to discuss bringing back county-based trainings on how to use data and continuous quality improvement to make communities more resourced and ready to address health disparities and the need for public health emergency readiness.

Bottom line: The state departments of health and human services can combine forces to create a seamless system of care and safety across every county. They can ensure that every county has the resources to address all forms of health disparities and any public health crisis.

Insights: See tips for making effective connections in our "Engaging with Elected Lawmakers" in the Appendices.

② Q+A: Perspectives from the Real World

Brian Fox has worked as a firefighter for 17 years in San Diego, California. He explains how his job is more about health care than fighting fires.

As a firefighter do you much more than fight fires. Tell us about your job.

About 90–95% of our call volume is medical emergencies. Where I work and many other urban areas, around 50% of our calls are homeless people. Most of their issues are related to substance abuse and mental health. The two are closely related. Typically they are non compliant with their psych meds and self-medicate with drugs or alcohol which leads to other problems. Most of the lower economic class and some middle class use the 911 system as their healthcare because they are uninsured or on Medicare (calling 911 to get an ambulance to the ER) which is why the ERs are so overcrowded. We have programs to address system abusers. There are people that call 911 everyday. We are on a first name basis with them. We try to get a social worker assigned to them, get them housing, and some programs will manage their meds and finances. In San Diego if you call 911 you get a fire apparatus with four firefighters with at least one paramedic and an ambulance with a paramedic and EMT. The ambulance transports to the ER and the fire engine returns to the station. There are more fire apparatus than ambulances in the city so then fire apparatus serves as a clock stopper. We have defibrillators, drugs, IVs, etc. to stabilize patients. We don't fix patients, we stabilize them for transport to an ER for continued care. We do look at homes and evaluate for child or elder abuse. We look at conditions of homes, what's in the fridge, and the interaction between family members.

During so called normal times, what types of Health and safety challenges do you see — especially within families?

People are often not invested in their healthcare. They don't know the meds they are on or really why they are on them. They don't listen to their doctors. They don't adjust their lifestyle to try to fix their medical issues, they simply take the pills their doctor gives them. It's a lack of education and investment in their health and well-being. We often see it, especially in the communities where there are young kids, sometimes pre-teens, who are taking care of their unhealthy parents. And they're unhealthy because of their lifestyle. Alcohol abuse is a huge issue in the community I work in. You see it affects every member of the household. They seem to be living day to day, with no thought of the future.

During a public health crisis like a viral infection, what do firefighters do?

In the case of a viral infection we really don't adjust too much. We can limit the exposure by trying to get our patients into the open, such as moving them from their house to the sidewalk outside. We will have one person make direct contact but if they're really sick, then we need all hands and we all get in and close to patients. We have eye protection, masks for us and the patients and in some cases tyvek suits. But our exposure is so frequent that we get complacent. We are obligated to respond and we are aware of the inherent risks. If we have a direct exposure we follow up with an infectious control officer and the ER.

How well-equipped are you with gloves, masks and other equipment?

The Fire Department has told us that we are only to use masks and other protective measures with known or suspected infected patients because of a shortage. Our dispatch is asking specific questions during the triage process so we are aware of the potential prior to arriving at the scene of the emergency I have been told during a viral infection, all ER employees are wearing masks, patients are screened at the door, and any exposed employee is quarantined for two weeks. The Covid-19 is unprecedented so our management is working with health experts to see what we can do. If the health-care professionals get sick it will severely impact the ability for us to respond.

With acts of terrorism like 9/11—how well equipped is the first responder system? On a city level, how well is everyone able to communicate and coordinate effectively across departments like police and sheriffs and firefighters and EMS?

We have come a long way with terrorism responses. Any terrorism that impacts our city, we activate an emergency operations center in a basement under the city where reps from all organizations (FBI, Police, Fire, city officials, homeland security, etc.) work together well. Sometimes our day to day operations conflict with objectives of police, sheriffs, highway patrol but with major disasters everyone works well together. However we would overwhelm our resources very quickly. Two major fires in the city at one time nearly overwhelms the entire city resources. We don't have the same level staffing as other major cities like New York or LA. We've seen that with major wildfires we've had our city. We have mutual aid available and will call "strike teams" from other cities and departments. This has been used primarily for large wildfires but also an event such as Rodney King Riots, earthquakes and other disasters. If our dispatch and communication centers were impacted we would really struggle to work collectively.

What might a new role for the fire department be, since your organization is in a position to see so many vulnerable families and know which communities might have the most children and families at risk?

There are lots of ideas out there and one from New Mexico is that firefighters, who already meet with vulnerable kids and families every day, could be a resource for them, at least on a volunteer basis—with toys and supplies—to get our most vulnerable children and youth through this period of crisis and change.

As a team in the firehouse, we could map out our communities and identify the homes where our most vulnerable kids most likely are and that would be domestic violence shelters, homeless shelters, housing projects, families with involvement with juvenile justice or child protective services. We would partner with the police, courts and child welfare, working within proper protocols and the law (focused on protecting privacy) to identify where we direct our resources throughout our firefighter's service area

We then plan, as a volunteer base of local firefighters, along with our partners who might be nurses, law enforcement, health and youth advocates and all those socially-engaged folks with time on their hands.

Our project planning phase could include getting donations for toys, supplies and food, which would be quite a job. I see lots of calls to lots of corporations, businesses and foundations. Our goal would be for every kid and their family to get the products and services needed to survive and thrive. We start with food, toothpaste and tooth brushes, shampoo and soap—all the hygiene products families need. We then move onto toys, games, sporting equipment and bikes (or at least bike repair kits). Art supplies and books would be on the list. Everything that helps.

We could also make sure that we, the team doing deliveries, knows each community's resources really, really well. When delivering to families we need to have the latest information on our mobiles on accessible health care, food banks, and transportation options. We could let the parents or caregivers running the households know to what degree there are free options for local parent supports and child care along with any opportunities for subsidized work training and actual jobs. Our firefighting team, which already focuses on health emergencies, can be trained to be navigators to all vital services, along with bringing resources to kids. This is mostly brainstorming here. But I think firefighters are in an excellent position to broaden their community role—whether on the job or as volunteers.

We asked Matt Probst, PA-C, clinical director of El Centro Family Health serving northern New Mexico, about providing health care in so-called “normal” times and during a public health crisis.

What might clinics be needing from the state or feds in times of a public health crisis?

Let's start with support for rural hospitals and clinics. We can't continue closing doors. Instead we need to begin opening more doors while investing in a future health care workforce to staff offering expanded services. Great leadership like that demonstrated by our governor early on to minimize exposure to the COVID-19 is important, but we also need everything from stockpiles of Personal Protective Equipment (PPE) ready to distribute, to chromebooks loaded with homeschool lesson plans for students at home, to mobile units ready to deliver meals and provide home care. The ten 100% Community action teams focused on surviving and thriving services will be joined by more and more local residents seeking to take care of each other. We can all thrive, county by county, with state and federal support within the strategic and well-established framework provided in the book.

We know from parent surveys that around a third of parents in some counties reported not having access to medical care. So during normal times, how strained is the health care system?

With hospitals and clinics closing (for a variety of reasons) and an abundance of rural health care job vacancies, the current system is strained during normal times. Access to medical care starts with having services, but it does not end there. Ensuring everyone can actually access available services is vital. Community schools with school-based health centers are a great model for making services accessible to all kids in school, but what about those residents not in school? How do we reach the most marginalized in our society? A comprehensive, seamless and solid safety net is necessary and in everyone's best interest. The 100% Community model shows the way.

Why might there be resistance from leaders to change—and building a seamless system of care?

Power is threatened by change, and many resist change, even sometimes those that would benefit most from it. By proving that everyone having access to ten surviving and thriving services does not mean that those in power will have less, change will come. In my community, generational trauma starts with a chronic lack of resources and a system in which those in power get fed while others always struggle. At a table where everyone eats well, panza llena, corazon contento—full belly, happy heart, satisfied knowing there is also abundance for tomorrow and even future generations, there is no need to fight for scraps. Our advantage is that in doing so much for so long with so little, we have learned to make a lot out of nothing. Imagine what we can do with real resources. A seamless system of care is within our reach.

How can a county mobilize to improve systems to ensure thriving residents?

Without neighbors helping each other, survival in the rural west would have always been impossible. The same holds true today, and this truth is ingrained in our culture. Moving from surviving to thriving will require a movement founded on our innate societal trait. Necessity drives innovation. A shift in consciousness was already taking place in my county. A public health crisis can actually remove our blinders, bring us closer together, and unite our divisions. Everyone! Together.

Your State Department of Economic Development Might Be an Engine for Prosperity

Creating an economic engine in each county requires help from every business mind, including the state Department of Economic Development

When we “Google it,” how many results come up?

- what is economic development: 1,040,000,000
- how does a state increase economic development: 698,000,000
- policies to increase economic growth: 217,000,000
- which states have the highest economic growth: 866,000,000
- how do we measure economic growth: 251,000,000

Amid the clutter, solutions await

LOCAL ECONOMIES ARE intrinsically tied to the ten surviving and thriving sectors for a host of reasons. Economic life can be radically disrupted by many factors including a public health crisis. In our work, we visit city centers that appear like ghost towns, where the jobs are few, businesses constantly fail and entrepreneurship is almost unheard of.

When people in some economic development circles hear *of our plans to ensure services for surviving and thriving*, they may fail to see how healthy residents equal a healthy local economy. Our job is to work with every elected leader in our county to connect the dots among 1) families lacking access to vital services 2) a failing school experience 3) a lack of job readiness 4) a less-than-thriving workforce 5) a local economic engine that sputters without productive workers and 6) the lack of an entrepreneurial spirit, which can start up innovative zones in city centers where new local businesses are born.

You may have a superstar with vast positive experience in business development on the state and local levels working within economic development, or not. Again, it all depends on the governor's choice for cabinet secretary. Many people working in what might be described as health and safety promotion are confused as to why we see economic development that leads to jobs as a key component of any illness or injury prevention initiative, but one of the ten sectors we focus on is "job training and higher education." Your state Department of Economic Development leaders and staff may be housed literally next door to the Department of Public Health but odds are they have never shared a joint strategy meeting to discuss goals in each state's counties—even though they work for the same communities. The Department of Economic Development does have an incredible opportunity: to harness the thinking of the private sector and their success stories to create environments where companies move to states where residents can grow successful businesses.

In a perfect world, this state department would be working with every county and city government to develop local offices of economic development. While the state may well have resources for extensive research, local government may not, so this transfer of information on what could work in both urban and rural localities is vital. If you are lucky enough to have a grounded and accomplished cabinet secretary, you have a chance to engage as a representative of local government to learn what resources and supports can be provided to a countywide 100% Community initiative with a focus on ensuring that all residents have a chance at training for jobs that align with the current and future job markets.

Who does economic development in your communities?

When you search online for your state Department of Economic Development, you may find text like this on the home page: *"Our Community, Business & Rural Development Team helps communities achieve economic growth and diversity. Team members are located in offices throughout the state."* This could be great news. In our perfect world, your state department of economic development has data informing action, with regional experts to support county work. If you can make a solid connection, share the goals of your county initiative and how economic development is vital in terms of addressing a host of disparities. You will want to ask about funding for downtown development projects, like creating a new arts district as part of revitalizing a main street. Ideally, you are working with people who fully understand how data and research should guide all work—along with some risk-taking that is at the heart of start ups.

Katherine's Journal

I was working on a collective impact project designed to improve educational and career outcomes for children and youth. One of our strategies involved engaging the state's department of workforce solutions to help develop internship programs and apprenticeships for youth, particularly in an attempt to make government jobs more appealing to young people. We had a great ally in the cabinet secretary at the time, and she assigned one of her best staff to help us start getting this program off the ground. As happens all too often in government, the awesome staff person who was assigned to the project got a new exciting job in the private sector. Before the cabinet secretary was able to assign a new staff person, she left for another opportunity as well. A new staff person was never assigned to the project and the project was soon abandoned to focus on other priorities.

Dom's Journal

In one county, we confronted a downtown made up of mostly boarded-up buildings. But, the buildings themselves had character, and even though deserted, you could see the infrastructure was there for an innovative downtown development. With imagination, one could imagine at least seven storefronts turned into galleries and art studios. With a bit more creativity, one could also envision how these seven sites could serve as classrooms for students eager to learn about different forms of arts, crafts and design. We had the spark of an idea that needed research and collaboration between a long established artists' community and city leaders who might want a dead main street awakened. This was not a sure thing, but it was an idea some artists wanted to pursue.

Long story short: at a 100% Community meeting, we had a well-connected artist in attendance, showing interest in working on a business plan as part of the Action Team on Economic Development. From there, he started exploring collaboration among local lawmakers, funders and a number of creative professionals and arts educators. A news article on another small town highlighted their ten-year quest to create a downtown art district —and this news fueled the fire of some residents who were part of an artist's collective. The outcome of this project is not yet known, but what's clear is that residents and leaders working in the arts, youth development and economic development have the capacity to come together with a shared vision.

Bottom line: The state department of economic development can bring private sector thinking to public sector challenges.

Insights: See tips for making effective connections in our “Engaging with Elected Lawmakers” in the Appendices.

When Your State Senator Becomes Your Champion, Get Ready for a Wild Ride

State lawmakers are positioned perfectly to support local innovation.

When we “Google it,” how many results come up?

- what is a state lawmaker: 22,400,000
- how to become a state legislator: 14,200,000
- how much does it cost to run for state senate: 211,000,000
- do state lawmakers impact public health: 115,000,000
- how does a state senate bill become law: 77,400,000

Amid the clutter, solutions await

UNDERESTIMATE A SENATOR’S power at your own risk. Like the governor and his or her appointed leaders of every vital state agency, state lawmakers can make or break a plan to help children, families and all community members. Certain state houses are trapped in a cycle of dysfunction, lacking bipartisan support to help anyone, while others have innovators who work the system to produce policies that empower all residents. You may begin to see how the state system is set up with positive and negative attributes, and why some policies get prioritized while others do not. We are living in a new era of challenges that present very new opportunities. It is here we offer a quote about having ideas to pitch in times of change by the economist Milton Friedman.

“Only a crisis—actual or perceived—produces real change. When that crisis occurs, the actions that are taken depend on the ideas that are lying around. That, I believe, is our basic function: to develop alternatives to existing policies, to keep them alive and available until the politically impossible becomes the politically inevitable.”

We offer Friedman’s thinking because we believe he’s hit the nail on the head with this insight. Our lives have become a series of crises over the last four decades, as we lurched from AIDS, to 9/11, to an economic meltdown to COVID-19. Today, we stand at a crossroad with the opportunity to reimagine how state government works and how it can serve its residents. In this process, the main players are your state lawmakers. In this chapter, we offer one case study we know quite well, and share it as an example of having the right idea at the right time with the right state lawmaker can produce inspiring results.

Case Study: Inspired by the books *Anna, Age Eight* and *100% Community*

When *Anna, Age Eight* was published, it caught the immediate eye of Kasandra Gandara, a city councilmember in Las Cruces, New Mexico. And, she was engaged to New Mexico State Senator Bill Soules. As the councilor likes to say, “It took some nudging! But eventually on a three hour car ride, the senator used his time to read the book.”

Below is an eye-opening article written by Senator Soules, who is also a high school teacher. You will be able to see, courtesy of Friedman’s thinking, that the senator arrives to a bold idea as he identifies a crisis.

A teacher discovers the magnitude of childhood trauma in his classroom: ACEs at Onate High School

Adverse Childhood Experiences (ACEs), such as abuse, neglect, and witnessing experiences like parental conflict and substance abuse, have been found to have devastating effects on the future health and prosperity of children. The Kaiser Permanente study that first brought the problem of ACEs to light has shown a definite dose effect where the more ACEs in a child’s life, the more devastating the cumulative effects.

Children with three or more ACEs have twice the probability of cardiovascular problems and diabetes. Children with four or more ACEs are eight times more likely to become an alcoholic. Children with six or more ACEs have a life expectancy that is 20 years less than those with less than three. The national numbers indicate that about a third of children have more than three ACEs. Some have called it the greatest public health concern we currently face. It might be more aptly described as the biggest public health crisis facing our students that no one has heard of.

A discussion of ACEs was an appropriate topic for the advanced placement (AP) psychology class I teach. Students who take AP courses are usually successful and performing well in their high school curriculum. My students are no different. It is a difficult and demanding curriculum that deals with many aspects of how we think, behave, learn, survive and thrive. I had been introduced to the ACEs study and survey at a national legislator conference and through the book *Anna, Age Eight* written by a friend and child advocate. It seemed like a good topic for AP psychology and would spur conversation on how early trauma affects later life.

Prior to administering the ACEs survey, I alerted the guidance counselors. The survey and ensuing discussion could bring up difficult memories and issues for a few students who have experienced multiple ACEs. I gave each student a blank 3x5 card to complete the ten-question survey anonymously and record the number of ACEs they have experienced in their lives.

It took students about ten minutes to complete the survey, and I collected the cards. I tallied the results from the class while they watched a short video on ACEs and the adverse health effects of a high ACE score. I recall a gasp from students when the video reported a twenty-year reduction in life expectancy with six or more ACEs.

The results from the first class astounded me. Of the 34 students, 22 had 3 or more ACEs and an astonishing 12 had 6 or more. Way higher than what I expected or what the national averages indicate. I was struck that 12 of my students just heard that their life expectancy was twenty years less. What do I tell them? They must have felt doomed. No wonder I'd heard that gasp. This was their life they were learning about. The rest of the class was spent talking about the results and what it means.

"ACEs are not destiny," I tried to comfort them.

"Knowing your ACE score helps you to manage a different trajectory for your future."

"ACEs are not your fault."

"What are we going to do to prevent ACEs in the future? Most of you will be parents. How will knowledge of your ACEs score help you to parent in a positive way?"

I tried to listen and let them talk while I was on the edge of tears as they told their stories. I couldn't help thinking that these are the AP students who are doing well. How many other students are there who are not feeling any success? Maybe the results from the first class were an aberration.

Results from the second class were equally disturbing. The numbers were almost the same; 11 had fewer than 3 ACEs, 22 had 3 or more, and 4 had 8 or more. Oh my!

The results were not a fluke. Some students shared the lives they live very openly. One girl commented that everyone sees her as this great student who has everything and is doing well in AP classes and school. “I feel I’m pretending. They have no idea what my life is really like.” Another student commented, “While my ACEs score is 0, I have a completely different view knowing that the other students in this class don’t have the same life and opportunities I have.”

I asked the students if they thought their other teachers knew what their lives were like? They replied that the other teachers have no idea what their lives are like outside of school.

When I asked if they thought teachers needed a better understanding of ACEs, again they overwhelmingly said that teachers should know and understand ACEs.

It’s human nature to see the world from an egocentric view. We think other people think and live lives similar to us. Giving the ACEs survey to my AP students was a shock. The trauma my students have and are experiencing was way worse than I imagined. It has changed how I think about and treat my students.

At the end of class, I had students complete a 3-2-1. They indicate three things they learned, two things they found interesting, and one question they still have. By far the most common question from the students was, “Why haven’t we done anything about this?”

They are right. We need to do something about the trauma our children are experiencing. We can prevent this trauma. We need to change how children are treated and not allow this to continue. ACEs is a public health crisis that is preventable. It is just now getting the public recognition it deserves. The time is now.

It is an economic issue. It is a public health issue. It is a moral issue. We need to pull back the curtain and deal with this crisis in an open way. My students are demanding it!

Buckle your seat belts as crisis produces the capacity for real change

While our chapter continues to focus on the challenge of ACEs and trauma, what’s important to note is that the following process of a crisis leading to change is one that can happen in any state house across the nation and can be adapted to focus on a wide variety of crises.

Back in Santa Fe, what happened after Senator Bill Soules’ article was published locally is essentially what changed the trajectory of ACEs prevention in New Mexico.

The senator met with us and said that we would need some kind of technical assistance center or institute in order to help New Mexico’s county’s stakeholders actually implement the recommendations we made in our books *Anna, Age Eight* and the follow up *100% Community*. He firmly believed that ensuring surviving and thriving services was a noble and necessary goal. And, he would sponsor a senate bill to raise the funds for a center that would be committed to ensuring ten vital services.

Before we knew it, a senate bill for \$5,000,000 had been written, leading us to fret over the language. Was the bill too grand or not bold enough? Did it focus too much on being a data-driven project? Would our bill be confused with another bill that was seeking to make all major state agencies a data-sharing entity? Edits to our bill were followed by amendments to make it distinctive.

State committees wanted to see us and lawmakers had lots of good questions. School board member JC Trujillo in Socorro county, who was determined to see the recommendations from book become reality, contacted Rep. Gail Armstrong, who came on board as a co-sponsor, making our bill bi-partisan and bicameral. For two months of the legislative session, we sweated every single day. The bill is doomed! The bill is on! The bill won't get past the finance committee. A member of that committee has a work-around. On. Off. On. Off.

It was one of the most grueling experiences for us as the proposed first-of-its-kind institute, devoted to increasing access to surviving and thriving services, had its future hanging in the balance.

We were now in hourly communication with a state senator and his incredible helpful assistant, Connie. During the last days of session, our senate bill looked like it was frozen out. In a last minute process, the senator was able to secure \$1.1 million. While it was about a fifth of what we were asking for, it was plenty to launch the institute. And, then all we had to do was wait for the governor (luckily a huge advocate for children, families and public health) to sign a bill into which our bill had been inserted. We were finally taking a step from a state-wide (and national) crisis, to forming of a new institute committed to the health and safety of 100% of New Mexicans. It was finally a reality.

What this story details is how advocates for change, committed to addressing a crisis, can find allies in state government. With persistence, creativity, being in the right place at the right time and with the right visionary lawmakers, powerful change is possible.

How do I meet with a state lawmaker and how do we collaborate on creating a bill?

It may come as a surprise that your state senators and representatives are, for the most part, accessible. They are public servants who understand the importance of connecting with residents, who are after all constituents—and they also want to get reelected. You have a vote, so they want you to like them. So reach out with earnestness and respect to share the goals of your initiative. From there, see if your issues align with the lawmaker's issues. As mentioned before, given how many timely topic areas (health care, food, jobs, etc.) 100% Community covers, the odds are good you may find common ground with your state senators and representatives. It has taken us half a decade, starting with working two floors down in a dimly lit basement office, to move from a heart-breaking child fatality, to a book to a state senate bill and finally to an institute. The lesson should be clear to all, trust your inner sense of social justice, commit to change and don't stop.

Dom's Journal

After the COVID-19 pandemic was fully acknowledged, quite suddenly, everyone felt a profound sense of vulnerability. Every elected official I knew was aware that there would be no knight in shining armor rushing in to save the day from outside the state. It would be up to state and local leaders to assess the needs of the people they were elected to represent, identify immediate challenges and work to solve them as quickly as possible. The goal was to bring the state, and every community within it, from a place of crisis to cohesion. And this required a framework.

Emergency management staff based in counties, part of the state department of health, knew their immediate list of folks to empower were sheriffs, police, fire and all first responders. Assessment of health care capacity was also high on the list. Yet in the counties we had been working in, the list urgent services to assess was different from the emergency management staffer, represented by our ten surviving and thriving services. And this led to lots of conversation, in some places heated debates with health care providers, state lawmakers and local officials, about what represented true readiness and management of a crisis like COVID-19. In the counties where we had already set up the 100% Community initiative, these conversations about how best to serve the public went well, as there were already local leaders working to ensure vital survival services like medical care, food and housing security programs and transportation. All it took was a meeting for the emergency readiness folks to compare their organizational chart and work flow strategies with those of the established 100% Community leadership. By combining strategies, and working in alignment, the best chance for designing a realistic countywide system of safety could be achieved. Not only would this collaboration strengthen the capacity to address immediate concerns, but there was a process in place to begin planning to meet longer term needs in a time of transition. Bottom line, state leaders need no convincing of the need for the surviving and thriving services once the framework is presented to them. Our job, for those bought into the 100% Community model, is to share the framework and the logic and science behind it with as many elected officials as you can.

Katherine's Journal

One of the most common phrases heard when talking to state lawmakers in legislative committees, all part of the process of passing a bill in the state capital, is “connecting families to services.” State senators and representatives asked us probing and thoughtful questions about how our proposed project, described in the bill, would actually link residents to particular services. We would also hear, “we already fund those services.” To that statement would we offer, “Our initiative allows us to do a survey of residents in all communities within a county’s border and ask “to what degree do you have access to the vital services for staying healthy and safe?” Until we have this data, we actually don’t know what access residents have to services like timely medical care. We also don’t know the reasons why people might struggle to access the services that provide a healthy lifestyle and also ensure emergency services.

Dom and I spent a lot of time preparing for meetings in our state capital and, quite honestly, gathering as much research and data as we could to make our case. This due diligence paid off for us and will for others seeking to gather state support for ensuring a network of vital county services. Our state lawmakers won’t be bailing out cruise ship companies, instead they will in earnest be seeking to build infrastructure that provides measurable and meaningful support in all areas of health, safety, education and economic stability.

Bottom line: Your state lawmakers can be game changers and support urgently needed innovation. When it comes to setting the standard for a state’s health, safety, resilience and emergency readiness and recover, it is the state government, not federal government, that is in control. For this reason, state lawmakers will have an even more important role to play in a post-pandemic world.

Insights: See tips for making effective connections in our “Engaging with Elected Lawmakers” in the Appendices.

Your County Lawmakers Can Enrich Communities—Especially Your Rural Ones

Just one county commissioner or county manager can mean the difference between a “go” or a “no” to your initiative’s funding.

When we “Google it,” how many results come up?

- what does a county commissioner do: 98,900,000
- do county government do public health: 201,000,000
- what are the qualities of a successful county commissioner: 16,200,000
- which county governments have a system to address health disparities: 19,700,000

Amid the clutter, solutions await

“COUNTIES AREN’T SEXY,” we were told by a strategic consultant, advising us on whether our 100% Community model should be designed to work on a city, county or community level. “Cities sound better for your innovative approach,” said the consultant—“think San Francisco, Chicago and Seattle. I mean, who knows where King County, WA is?”

County governments in the US range from vital and powerful entities to barely functioning bodies. While some have a tax base of many millions, others have far less. Yet for our rural residents, county government can be a lifeline to healing and empowerment. In this chapter, we illustrate why it matters who is elected county commissioner.

What county government leaders have in common, for the most part, is that it is not seen as their job to ensure that ten vital family and student services exist to promote family and student success. To be fair, not unlike their counterparts in city government, county lawmakers did not run on a platform to address opportunity disparities, nor is there a mandate in their county statutes that references any commitment to fund the services that are required for children and parents to survive the week: food, housing, transport to services, medical care and behavioral health care.

Of course, the role of county commissioners and the staff they oversee is in a state of wild flux. Depending on public activism, county government can remain distanced from the issue of public health or become an active and vital participant in preventing and healing health challenges.

“100 people in a county”

A consultant once told us, when reviewing our 100% Community concept, “Let me get this straight. Your model essentially asks the residents to consider themselves a self-sustaining entity, in charge of their own local systems of public health, education and economic development?”

We responded, “Yes, that’s the key point, that we look to all the elected leaders in a county to ensure the safety and success of 100% of their residents.”

“But things don’t work that way.” said the consultant. “These 100 lawmakers in city, county and school board government rarely, if ever, are in the same room.”

“Right.” We said. “And, that’s the big problem—silos.”

Depending on which state you reside in, county government could be a multimillion dollar problem-solving machine or barely able to collect taxes from Walmart and create a website with county commissioners’ names and emails.

We chose counties as our geographic and political boundaries for our 100% Community model for a very good reason. Imagine the city of Santa Fe, where 70,000 people reside, with access to city services. Now imagine a ring around the city that represents those living outside city borders in Santa Fe County, serving a larger geographic spread with 80,000 people living a more rural life—which makes a total county population of 150,000. If we are to create a seamless system of care, safety and education for our kids and families, we will need a solution that addresses the needs of all county residents. Focusing on just the city leaves out 50% of the population. And, as you know by now, we’re not okay with that.

And it’s not about more money; it’s about using current funds wisely

As we noted above, even small counties like Santa Fe have more than \$800 million within four major entities: the city, the county, the school district and the colleges within the county borders. Add to that hundreds of other government agencies and non-governmental organizations and one can see that there’s lots of cash. But, clearly the resources are not invested in a way that ensures safe childhoods, successful students and healthy families (if you track the data on health, safety and school performance) for 100% of county residents.

How do I meet a county commissioner and what is my “ask”?

This is essentially a cut-and-paste from the previous chapter on connecting with state lawmakers. Your county commissioners are, for the most part, very accessible. They are public servants who understand the importance of connecting with constituents. Some may prefer phone to email for first contact. They are your neighbors and most likely have local businesses or connections with various public sectors organizations. Once you find the contact information, share the goals of your initiative. From there, see if your issues align with the lawmaker’s issues. Given how many areas that 100% Community covers (ten services sectors, public health, emergency preparedness, maltreatment, ACEs, trauma, health and education disparities), the odds are good you may find common ground.

Dom’s Journal

One of the most common refrains I hear when we set up our ten action teams focused on our ten sectors in a county is, “But the county already has a committee doing this work.” My response is always, “Awesome. We can work like detectives or treasure hunters and dig deep into research to discover solutions to long standing health challenges and prepare for new challenges. We can all work collaboratively, in alignment, to achieve very clear and measurable goals.” That’s what is unique about 100%.

Katherine’s Journal

During my time as the Research and Data Bureau Chief for the New Mexico Child Welfare department, I was frequently asked by reporters and academics how many children were in custody because of inadequate housing, homelessness or lack of food. Unfortunately, the department didn’t capture this type of data, so I could never answer that question with numbers. But, I had been coached by my supervisors on how to answer this question. “Being poor is not grounds for removal of a child.” We said this a lot. Sometimes I think it was an attempt to remind ourselves. Being poor wasn’t grounds for removal, but safety was. So if a parent was unable to maintain a safe and secure home due to financial issues, that was grounds for removal. A very small difference. Parents were not supposed to be punished for being poor, but they were being punished every day. If an investigator found a safety issue in a home—for example exposed wires—and instructed the parents to fix it, there is an assumption that the parent has the resources to do so. They might neither have the money nor the flexibility for time off from work to fix it, and then their kids get removed. I would often find myself wondering: how do city and local governments allow families to be torn apart just because they are poor? Wouldn’t it be cheaper, safer and more effective to have a department that can help parents find the resources they need to provide a safe home?

Bottom line: County lawmakers can vastly improve the lives of our most vulnerable families—especially those outside city borders in rural or under-resourced urban areas.

Insights: See tips for making effective connections in our “Engaging with Elected Lawmakers” in the Appendices.

City Lawmakers All Say That All Families Really Matter, So Let's Back That Up with Action

We need to completely rethink how to leverage the power of cities to make improvements to family, community and business life.

When we “Google it,” how many results come up?

- what is city policy on coronavirus: 1,210,000,000
- why do mayors have term limits: 4,240,000
- mayors with significant accomplishments: 19,200,000
- mayors who champion for health issues: 23,800,000
- typical budgets of a city: 197,000,000

Amid the clutter, solutions await

MAYORS AND CITY councilmembers actually have the power to increase or decrease the quality of your life in significant ways. They could, if they were so inclined, be at the forefront of ensuring the ten services for surviving and thriving. We are truly optimistic that with the right amount of educating and mobilizing, city government can be transformed into an engine for family and community resilience. And this can lead to economic health for all communities within a city's borders.

We recommend that you put considerable energy into connecting with your local leaders. Our biggest challenge with 100% Community is getting city hall to see itself as the local power that makes sure all residents of all income levels have access to the services that matter most. And, as we have written, we need one centralized entity that can oversee the quality and accessibility of ten vital sectors. City hall is positioned perfectly for that role.

Our biggest challenge has not been city leaders who disagree with our hypothesis. Leaders agree that all city residents would benefit greatly from having easy access to our survival and thriving services. It's just that up to now, city government in the US wasn't designed to ensure the availability of such services. As a waiter likes to say in an overcrowded bistro with hungry people waiting, “That's not my table.”

Let's look at the ten services at the core of our 100% Community model to see what role city government (working with their partners in county government) has or could have in their capacity to serve all residents.

- Behavioral health care: Today, that's handled by the private sector with some funding for local agencies by the city, county, state and foundations. Tomorrow, cities could take an active role in meeting these needs through the funding of community-based and school-based behavioral health care centers.
- Medical and dental care: Today, just as with behavioral health, this is addressed by a private sector solution that only people with health insurance or Medicaid can access. Cities might help fund a clinic with a sliding fee scale, but it's not their job to ensure access to medical care. Tomorrow, city leaders could assess the need, identify gaps in medical and dental care, and push for innovation and partnership to ensure care for all residents.
- Housing: Today, cities can and do get involved with zoning, building permits and inspections, but they don't ensure every child and parent has a safe place to live. Housing comes from developers and the private sector. Tomorrow, housing could be guided with care by city leaders, pushing for green homes built locally to serve varied populations: young folks wanting tiny homes, vets with PTSD needing housing with special support, low-income families, people fleeing domestic violence and those with chronic mental health challenges needing subsidized housing so they don't end up homeless. City counselors can work on statutes and laws that make creating additional dwelling units easier to build and rent—radically increasing local housing options.
- Transportation: Today, the city will take responsibility for a bus line, if a line exists. Tomorrow, city leaders could choose to assess the need for public transport and seek out alternatives that will work in both urban and rural settings. Subsidized vans akin to Uber cars might be the answer. Or, perhaps cities convene transport experts to identify best practices from what's working elsewhere.
- Family-centered community schools: Today city mayors and school district superintendents do a little political dance, understanding that they represent two distinct groups that must work together in order for residents to learn and get good paying jobs. Tomorrow, the relationship can be made more effective, especially when it comes to funding one of the most important services that can address student trauma: a school-based behavioral health care and wellness center.
- Early childhood learning programs: Usually a patchwork of funders, from nonprofits and foundations to state agencies, make such programming available to some but not all who need it. Tomorrow, city leaders can make creating a seamless system a reality by leveraging their power and relationships.

- **Parent supports:** Also usually funded by assorted players, programs like home visitation are typically offered scattershot throughout the city and county. Tomorrow, city leaders can be main players in a strategic plan to ensure all city residents have the parent supports they say they need, as established by a yearly survey funded by the city.
- **Youth mentors:** Today city government might award small grants to a group like Big Brothers/Big Sisters. Tomorrow, city leaders can support a seamless system of mentorship that's easy for parents to access, like paying a utility bill.
- **Job training and placement:** Today city leaders look to higher education and assorted vocational education programs to meet the needs of residents as they train for jobs. Tomorrow, city leaders can prioritize supporting education that leads to the jobs of tomorrow—those that pay well, with benefits.

As you can see, city leaders could choose to be actively involved in assessing the status of ten vital services and using their clout to leverage improvements. Note that this is not necessarily an ask for bigger budgets. All of this might be able to be done within existing city budgets. But, it does ask mayors and city councilmembers to radically rethink what a city does to protect its kids.

How do I meet my mayor and city council person? And how can we make those meetings productive?

Like your county commissioners, city mayors and councilmembers are your neighbors who understand that meeting with residents—constituents—is part of the job. We have had a wide range of reactions from city leaders, some so visionary that they were already out in front of us. Others nodded to affirm how important our mission was but did not see how a city takes a leadership role in ensuring vital services for 100% of resident. We believe that more and more, local leaders are seeking to address disparities and need support from the public to do so. As we have stated above, given how many areas 100% Community covers, the odds are good you may find common ground. Every mayor wants its city to thrive and we get to that goal with a seamless city system of surviving and thriving services, along with a focus on economic development.

Dom's Journal

I met with a much admired friend who had become a mayor of a small city. He had just been elected to office and was kind enough to carve out time on a Saturday afternoon to catch up. He had read Anna, Age Eight and endorsed it in every way he could. So I asked him, "Could the city start implementing our book's recommendations from chapter seven on ensuring the ten vital services for surviving and thriving?"

He responded in earnest, "While I believe wholeheartedly in your book and recommendations, the way city government is currently designed, it's not set up to ensure that those ten services you advocate for exist."

I responded, “I get that today’s city hall is not set up to do what we want, but what about in the future?”

He then said with a smile, “Let me send a link to a report on city government challenges so you can see what hit me in the face upon starting my job. Then we’ll talk.”

He sent me a link to a recent report on fraud and corruption in city government. It was fascinating but mortifying, and I could not stop reading the tales of government that made a US city look like a third-world republic where city fees are collected in glass jars and a civil servant can hack a system to give a spouse a raise. It was then and there I knew that I first had to give my friend a year to clean up the mess and get software, systems and the right people in place. And true to my friend’s word, about a year later we started working on mobilizing around the vital services.

Bottom line: Vote locally and wisely as our mayors and councilmembers have a significant impact on our public health and safety through budget priorities.

Insights: See tips for making effective connections in our “Engaging with Elected Lawmakers” in the Appendices.

Profile of a Champion

Las Cruces City Councilor Kasandra Gandara demonstrates how a local leader can make the data-driven promotion of community health and safety a priority

Elected leaders represent us during calm and exceptionally stressful times. Here we share the story of a champion who took on the challenge of ensuring that her city and county had the ten services for surviving and thriving in order to make all families safe. After reading our first book *Anna, Age Eight* at the beginning of 2018, Councilor Gandara called us, and it turned into a reunion of three former child welfare workers. We had collaborated years earlier when Gandara was working for child protective services and her staff were attending the Data Leaders for Child Welfare program we had developed. The call kicked off a series of conversations about turning the recommendation in the book, especially those in “Chapter 7: Why our zip codes should not determine our destiny” into a process for local community mobilizing and public awareness focused on ensuring the safety and health of every child.

The councilor knew that it was vital to start a dialogue about her concerns with the residents she represented at City Hall. She organized a series of “Great Conversations,” community talks focused on the theme of childhood safety. These conversations are a unique small group process developed and facilitated by Randy Harris, asking twenty participants to answer one question per session, listening closely to all responses. Questions presented in a series of great conversations focused on what impact lack of vital services had on families and what were residents willing to do about ensuring all parents and caregiving grandparents had the resources need to ensure healthy, thriving families. The feedback she received from residents was to make the promotion of child health and safety a priority.

With her long-standing relationships in the county with family-serving agency leadership, Gandara was able to engage local agency leaders from the ten “surviving” and “thriving” sectors. With experience in community engagement, the councilor organized a project christened the Doña Ana County Resilience Leaders with a countywide focus to bring together agency leaders from ten vital family service sectors.

When should we start? Now!

What is important to note is that this elected official did not wait months or years to write a proposal to fund Resilience Leaders, instead she identified the need and began work immediately. With support from us and local colleagues, she essentially set up the sign “All families can be healthy, safe and resilient. Ask me how” and the city councilor has not stopped working tirelessly to create a countywide system with the goal of going upstream to address the root causes of all the challenges faced by families. She leveraged her position as a councilor to secure meeting rooms at city hall, provide food for community stakeholders and maintain a communications network with all city and county stakeholders, including leaders at New Mexico State University, where she has taught.

The Doña Ana Resilience Leaders coalition has been meeting since August 2018, taking courses on the data-driven and cross-sector promotion of well-resourced and thriving families, including lessons on assessment, planning, action, evaluation and adaptive leadership. The group formed into ten task forces, each one focused on increasing access to a particular service, such as, medical care, behavioral health care, early child learning, food, housing and transportation.

Daring to Ask: How family-friendly are we as a city and county?

Councilor Gandara, working in collaboration with New Mexico State University launched the 100% Community survey to assess the capacity of parents to access vital services. It may very well be one of the first times in the nation that the parents in a county, across all socio-economic levels, were asked, “Can you get to the services you need to keep your family safe, healthy and resilient?” The survey, provided in English and Spanish, and implemented by Resilience Leaders members, provides an eye-opening document for every elected official, family-serving organization, foundation and the business community.

Any county with these survey results will never casually say, “Just link parents to services.” The data gathered provides a very sobering reality that for many parents, vital services like timely medical care, are not within easy reach.

In late 2019, Councilor Gandara organized the Resilience Leaders Summit to present the findings from the survey. 300 local leaders and stakeholders, including the Lt. Governor and state and local lawmakers, learned not only to what degree parents struggled to access ten vital services, but why challenges exist across the city and county.

Doña Ana County was the first county in New Mexico to document how accessible (and inaccessible) the following ten services are to parents in both urban and rural settings:

- Behavioral health care
- Medical and dental care
- Housing
- Food
- Transport to services
- Parent supports
- Early childhood learning
- Youth mentors
- Community schools
- Job training

With the survey results identifying where and why service gaps exist, the Resilience Leaders can focus on capacity-building across ten interrelated sectors. Empowered by data, there's no guessing about where to focus the work, why gaps in services exist and how to move forward in a measurable and meaningful manner.

Setting a new standard for a “Family-Friendly” City

Councilor Gandara has a strategic plan for addressing gaps in the services identified in the 100% Community survey. She has reached out to hundreds of county stakeholders and residents, increasing awareness of the need for surviving and thriving services in every community within her county's borders. Her strong coalition is empowered to assess, plan, act and evaluate as they follow the continuous quality improvement framework to increase access to services and ensure the user-friendliness and quality of services. The councilor is an advocate for working in alignment with existing efforts and knows, as an elected official, how the work of city and county government is strengthened when people collaborate with shared strategies and goals.

It is quite common to read in the popular media about a city proclaiming itself the “Best City for Families” or “The Most Family-Friendly City.” What Councilor Gandara has created is a new standard for every city and county government. She has developed the model for doing the hard work of connecting leaders and change agents to reach a shared vision: ensuring that within the borders of Doña Ana County and the city of Las Cruces, 100% of residents have access to ten vital services.

Ensuring the safety and health of 100% of residents is not about tinkering around the edges, it's a long-term strategic data-driven action that is constantly evaluated. Gandara's work is moving an entire county from lack of awareness of health disparities and hardships due to lack of access to vital services, to result-focused action.

Only when the noble goal of serving every family is reached, can a city and county proudly proclaim itself family-friendly and child-centered. Resilience Leaders is showing the way for all of New Mexico's counties and sharing all their successes and challenges with other localities.

What motivates a champion?

When asked why she committed to creating the Resilience Leaders project as a way to ensure trauma-free and thriving children, Councilor Gandara shares:

People ask why is all this important to me? From my decades of work in child welfare, I know first hand the cost of abuse, neglect and trauma in all its forms. As I read Anna, Age Eight, I thought of all the "Annas" in the system I knew of that would not live to see their 10th birthday party. As a city official, I'm committed to every child and must connect the dots between healthy and safe children and successful students and readiness for work. It is my belief that if we generate awareness and engagement of our all our family-serving agency staff, businesses, community leaders and our policy leaders, we can prevent ACEs. We cannot only be a healthier thriving community where every child is a priority, but a more economically vital one that supports every family.

Dom's Journal

Councilor Gandara has provided the living laboratory in which to conduct our grand experiment in family resilience—testing the hypothesis that if we provide to all families vital supports, they can thrive in well-resourced households, schools, campuses, workplaces and communities. In ancient Greek mythology, Cassandra was a woman cursed to share true prophecies, but never to be believed. Our modern day councilor Kasandra has brought new meaning to the name, a champion who is not only believed, but able to bring together the entire community to ensure thriving families. Katherine and I know there are other champions like City Councilor Gandara in every county across the nation. We hope it's you reading this page.

Your School Board Members Determine If All Students Thrive or If Some Might Be Marginalized

Schools are poised to be centers for healing and learning—or they can deny that large segments of their students are living without vital services

When we “Google it,” how many results come up?

- how much does it cost to run for school board: 652,000,000
- what impact does a school board have on education: 668,000,000
- what are school board ethics: 424,000,000
- how is a school board member removed: 273,000,000
- how does a school board address disparities: 50,700,000

Amid the clutter, solutions await

SCHOOLS DEFINE DEMOCRACY. Public schools have the potential to be the one place in a community where skills and support are offered to support every resident, regardless of income level. At least, that was the idea, long ago.

In this chapter, we share how some school board members are leading the call for school policies that can radically improve every public school and the lives of every student and their families.

The truth is, our public schools are ground zero for a host of long-standing challenges including students without access to stable housing, a secure line of food, medical care, behavioral health care and transportation to engage in activities that empower. Add adverse childhood experiences to this and that means students may spend far more time worrying about the abuse and neglect that await them at home, rather than completing math homework.

Yet, if you review school programming and policy, you wouldn't know that in some classrooms, a third of the students' families report no access to medical care or that half of the class might be enduring three or more forms of child maltreatment.

This is not a chapter about blaming schools for society's ills. That's an old complaint we can move past. We know the solution to these challenges exists in the form of the community school model.

It is important to acknowledge that until a few decades ago, most educators accepted that a school's role was limited to teaching reading, writing, math and a bit of US history. As community and family structures have broken down, and government abandoned families to fix themselves without support, teachers have faced a tsunami of deeply troubled and traumatized students along with their parents.

The community schools movement arose out of the reality of students arriving at school without any fundamental social skills, and with many students simply left to parent themselves as their own parents struggled with employment and stable housing. It's a movement that believes that our schools must be places of healing as well as learning.

Just like their counterparts in county and city government, school board members, for the most part, don't run on campaigns asking a district to address education, health and opportunity disparities. Many schools are places where people are putting out fires and addressing emergencies hourly, not just daily. For some school administrators, there is no time in the week to address big picture problems like lack of access to health care and nine other vital interconnected services, and the marginalization of traumatized students due to ACEs and social adversity. Some school board members, as well as superintendents and principals, are just relieved to survive a school day without a death threat, attempted assault on a teacher or a student's suicidal ideation being reported to the news.

Up until today, in many counties, the low level of school funding has trapped most public schools in a cycle of dysfunction and lack of vital resources where students struggle with academics, untreated illness, hunger and host of soul-crushing challenges.

The good news is that the community schools model can radically change the funding, staffing and capacity of public schools. But, for such a bold change to evolve, school board members have to understand the basics of the social determinants of health. The environments that all students grow up in impact their physical, emotional and intellectual development, their capacity to learn, and has repercussions on their success in school and, eventually, work.

Rather than go into detail on the community school model, please jump to "Chapter 48: Community Schools@100%." You will learn how in this time of radical change, the model can provide a foundation for stability and empowerment. Is the idea of turning all schools into fully resourced and staffed community schools, complete with school-based health centers serving students and their families, a paradigm shift worth considering? Living in a world where the next public health crisis could arrive at your county's border at any moment, we think the answer is clear.

How do I meet a school board member and a superintendent?

The superintendent works for the school board, and in a perfect world, both are working to ensure the health and safety of all students, seeking to end any marginalization of students due to any challenges. But, the reality is that many school officials have been told for decades from above to focus solely on test scores and have not been supported in connecting the dots between access to surviving services and the capacity to learn.

You will find allies with the school community, including the school board, and these relationships need to be nurtured. Some of our work must be ensuring that our elected school boards and their district staff are working to make school environments places where all students, regardless of physical and emotional challenges or income level, are safe and successful. Priority topics to raise with them are: the need for a well-researched community school model and the development of school-based health care in every school. The ultimate goal is to create a learning environment where all students are safe and healthy, both in school and at home, and their education aligns with future job markets. This will prepare every student to function and succeed in both their employment career and community life.

Dom's Journal

I received a call from Socorro, New Mexico, from a man who introduced himself as JC. He worked for a nonprofit agency and was also a school board member. He shared that he had read the book Anna, Age Eight twice. The first time was just to absorb all the information, while the second time he had a pencil and was making notes on every page. JC was a make-it-happen sort of guy, well-connected in his community and able to connect the dots between family trauma, school performance and job readiness. When I asked JC if many residents contacted him as a school board member, he said, "Not so much. Now that might change as I get into advocacy and start locking horns with folks, many of whom are my relatives or connected to my colleagues. In a small town we all know everybody. But, folks should absolutely email or call their school board members and attend their public meetings."

Insights: If you skipped "Chapter 15: Your State Department of Education and Higher Education Face their Biggest Test," you might find some of content focused on the world of learning in a post-pandemic world insightful.

Katherine's Journal

After Anna Age Eight was published, a colleague that had spent many years working in both K–12 and higher education spoke up in one of our forums. He said, “I agree with what’s in your book, but for a lot of the kids I work with who are dealing with trauma, the trauma doesn’t happen at home, it happens at school”. My friend continued with a list of ways schools can be a place that promote toxic stress. “Kids don’t feel safe. There are lockdowns, threats of ICE raids, bullying, racism, teachers who don’t understand trauma so kids end up labeled as bad kids, the list goes on and on.” It has become almost like a mantra for us. Schools need to be a place where kids feel safe and supported, or our educational outcomes will never improve. We have a place where nearly every kid, regardless of their neighborhoods, parents’ income, or living situation gather every day. What a great opportunity to connect every kid to the things they might need—whether it’s food, a therapist, or just a safe place to stay until 5:30 when mom gets off of work.

Bottom line: School board members control the quality and outcomes of public education in your local community, which means that they control the capacity of schools to serve as hubs for the community, with the resources to address health disparities and education disparities. Collaboration between schools, local government and health care leadership can result in funding streams to fully resource schools.

Insights: See tips for making effective connections in our “Engaging with Elected Lawmakers” in the Appendices.



Q+A: Perspectives from the real world

We spoke with Kate Noble, a visionary leader who serves as Santa Fe Public School District school board president.

When school districts face a public health crisis what are the immediate concerns?

Keeping children and staff safe from the viral infection is the first concern. Districts need to figure out how to minimize spread and keep people healthy. Next, is food security. We know many children and families depend on school districts for meals, if schools close, how do we get food to families and make it as easy and free of stigma as possible? In this case, we also need to work on transportation not being a barrier for families needing food.

Closing schools has a number of unintended consequences which include the issue of food security, plus, keeping children safe who are in potentially unsafe homes. There is a great deal of increased pressure on families when children are not in school. It's hard having children at home all the time, so the potential for increased violence, abuse, even temper-flare ups, is so much higher when children are not in school.

Issues of equity and the impacts of poverty will increase with schools closed too. The stress can be high for everyone and potentially higher for families with smaller homes, more household members, limited outside space, limited internet access, and other factors. Support for mental wellness and social support is badly needed.

With all this in mind, the primary function of schools is education. Districts have evolved over the years to fill many roles in order to provide education after meeting more urgent needs. These include making sure kids are fed so they can learn, and providing resources for dealing with other issues, including getting clothing, counseling, even utility payments. During a public health crisis, there's a lot of pressure on schools to continue to meet these needs, and to continue to provide education. The educational process may need to substantially evolve in order to meet children where they are and provide social-emotional learning first and academic achievement when possible.

Just as 9/11 radically altered the airline industry, what kind of impact might this current crisis have on the future of public education?

The current crisis will teach us completely new ways of thinking about education including how instruction time can be reduced and how independent learning can be better facilitated and monitored. It will also expose equity issues in more extreme ways than we have seen. One obvious factor for this is internet and data access, however the stresses based on living circumstances and income inequality will also be laid bare. We will only truly know the impacts of this crisis years after it is over.

How do schools ensure that services like breakfasts and lunches can still be made available?

There are many factors influencing the availability of breakfast and lunches including, food supply, staffing, distribution, and regulations. The Santa Fe Public Schools first had to access supplies for shelf-stable meals and ensuring sufficient staff to distribute meals at key locations. As noted above, this does not solve the issues of transportation for some families. We have been considering using school vehicles (even buses) to do deliveries. In order to address this in part, we are currently changing to a model where families will be able to pick up more meals at one time and without having a child in the car.

Essentially, funding and staffing are barriers to be managed, and ideally, overcome as there are limited supply of both those. Regulations need to be reviewed carefully and adjusted when districts are doing grab and go meals and aggregate buying (coordinated by the state) can help in accessing adequate supply.

More long term, the community schools model is one that incorporates a school-based health center that can service students and families, increasing the capacity to provide medical care, how important is this for school boards to consider?

This is a model that should be considered and implemented as much as possible. Schools have become community centers and centralized access for resources for families and that should be embraced and used for the health of the community. However, it is critical to note that providing school-based health care centers cannot simply be demanded or expected of districts. There must be robust partnership and collaboration. Public health funding flows to counties and school districts have a primary function of education. Again, schools should be access points for resources, including health centers, but districts should not simply be given the responsibility of running health centers in addition to running education programs. Expertise and resources must be coordinated with a more abundant, rather than scarcity, mindset.

What other concerns come to mind?

Many of these issues for families are rooted in economic insecurity and inequality. Availability of jobs/paid employment and strong social supports are critical factors providing the foundation for children's education. Public works employment models (like the WPA) should be considered to combat recession. Unemployment payments, disability payments, forgiven debt, free medical care, and other social supports are all factors that if managed well will positively impact children in profound ways.

College and University Leadership Can Address a Public Health Crisis on Campus — and in the Communities They Serve

Education leaders have a vital role in strengthening systems of health and safety

When we “Google it,” how many results come up?

- university policy on coronavirus: 465,000,000
- university programs on ending health disparities: 50,600,000
- university programs on ending social injustice: 43,200,000
- university student health centers: 84,400,000
- public health policy and universities: 318,000,000

Amid the clutter, solutions await

MOST UNIVERSITIES HAVE an incredible potential to become engines for ending health disparities and advocates for building local capacity to ensure surviving and thriving services. Academics fully understand the social determinants of health and how environments impact all our lives growing up.

We are awash in data, research and multi-million dollar special community projects controlled by higher education. Are our colleges and universities positioned to become an engine for community capacity-building that prepares us for public health challenges in all their many forms? This is a question for all those running, working in and attending institutions of higher learning.

All colleges and universities are led by people with a mandate to provide a quality education that will lead to jobs, careers and meaningful skills for graduates to navigate a complex world. College and university leaders are committed to the health of their students. Building a relationship with college and university leadership is a component of a comprehensive 100% Community initiative. Reaching department heads who are training our future health care providers, educators and social workers means developing curricula that address the consequences of health disparities, lack of crisis-readiness and evidence-based prevention.

In our best case scenario, a college or university president meets with a city mayor, city council members, county commissioners and school board members regularly to create a powerful coordinated body focused on promoting health equity across a county and state.

We need a data-driven statewide network of higher ed (with a new level of unprecedented collaboration)

Our college and university leaders can harness the power of their institutions to end disparities and social adversity that can derail students. We envision colleges and universities as centers for innovation both on and off campus, eradicating the root causes of a long list of health, safety and education challenges.

A university houses professionals specializing in all the key areas that impact health disparities, social adversity and social injustice including public health, child welfare, education, health equity, technology and all our ten priority surviving and thriving service areas. We do not lack for highly committed and socially-engaged, community-minded experts in higher education who represent a wealth of knowledge and can serve as advisors to 100% Community initiative program participants at the state and local levels.

The work throughout higher education includes infusing curriculum within the school of social work, education, medicine, nursing, behavioral health and early childhood development with data-driven and cross-sector strategies shown to reduce health disparities and strengthen family and community systems. One example can be found at Eastern New Mexico University, where the director of the program of social work Dr. Melissa Hardin developed two new courses focused on data-driven social work, teaching future social workers about continuous quality improvement and result-focused ACEs prevention strategies guided by data.

Connecting higher ed to one higher purpose

There are approximately 4,000 private and public colleges in the US, and about 3,000 counties. When we do the math, its clear we can see how easy it would be to attach one institution of higher learning to each county's 100% Community initiative. If that happened, a community-led group would have access to some of the best-educated people in their region, with skills in data collection, research and strategic planning.

How to connect and collaborate with college and university leadership

We have advocated in our 100% Community initiative that all county groups reach out to the college and university presidents and department heads. We believe that engagement is not only possible but mandatory.

Collaboration between higher education and the movement to ensure surviving and thriving services will mean reaching out to colleagues who may know college staff. With a good introduction to the right person, a relationship can grow. In a perfect world, all local higher education staff would be on your email list, provided with monthly updates on progress and given an invite to join groundbreaking work with the 100% Community initiative.

As for connecting with education leaders, you will most likely wish to start with who you know, or who your friends and colleagues know. A university website may reveal people in positions who appear as potential collaborators and allies. Our experience on campus has been that there are many engaged staff seeking to support public health and social justice issues, which includes confronting social adversity. The challenge is to link your perfect innovation to that of an as yet unmet university partner.

Bottom line: College and university presidents and their leadership teams are positioned to have a vital role in addressing health disparities and strengthening local systems of safety and health.

Insights: See tips for making effective connections in our “Engaging with Elected Lawmakers” in the Appendices.



Q+A: Perspectives from the real world

We asked Dr. Sharon Sessions, a professor of physics at New Mexico Tech in Socorro about the role of higher education in addressing health and safety issues including childhood trauma.

How does a public health crisis impact the university?

A public health crisis such as COVID-19 puts a major strain on students, faculty and staff, as well as the entire university infrastructure. Students suddenly find themselves having to adapt to a new educational environment delivered 100% online. Some have lost their campus jobs, others have not been able to return to their dorms. Food and shelter can be more difficult to come by. At New Mexico Tech, both graduate and undergraduate students participate in research, some of which is impossible to complete off campus. Off campus arrangements are made when possible; when not possible, advisors must make a strong case for students to be on campus, and must have a plan that limits contact between students. Faculty must rapidly adapt to teaching online, which can be especially challenging for large class sections or labs. While online technology can be highly effective, there is an additional challenge of inadequate access to broadband in rural communities such as Socorro. Many of the staff are also transitioning to work-from-home models when possible, while others must maintain extreme diligence and social distancing if they can't work from home.

In addition to the impact on the human element, the university itself suffers severe financial strain. In addition to continuing salaries and wages to all employees, additional investments in technology are required to assist the transition to online teaching and supporting work from home. Furthermore, if students are unable to return to their dorms for a significant part of the semester, the University will have to reimburse pro-rated room and board expenses, further debilitating the financial health.

On the other hand, such a health crisis can also be an opportunity for a University to demonstrate unprecedented innovation, leadership, and service. In a very short time, members from all facets of the university can come together to meet the immediate demands of transitioning from traditional lab and lecture methods to 100% online delivery. This entails not only bringing together the technology and logistics, but also providing the training and support for students, faculty, and staff to make the transition as smooth as possible. The leadership can provide continuous communication with updates and general reassurance for members of the university as well as the surrounding community. It is also an opportunity to provide unique service to the greater community which has the potential to strengthen the bond between the University and the Town. Much of this effort will remain in place after the crisis has passed, yielding future flexibility and opportunity in education, outreach, and employee work models. While there are certainly some significant negative impacts on a University during a public health crisis, it can be an opportunity for growth, community leadership, and service.

What resources does a university have to support the entire community?

Strong university leadership supports more than just the university, it also coordinates with the local community and serves as a nexus for the updated, reliable information as well as guidance in response to a crisis. Beyond leadership, the most important resource of any organization—university included—is people. In a time of a major crisis, there are always people who want to help. For example, during the COVID-19 health crisis, the nation adopted social distancing and all education (primary, secondary, and post secondary) converted to learning at home models. This could be overwhelming for parents who may not have knowledge or support services to help their children, especially if they are trying to balance education, work, and tending to other children or family members. College students (including ones who have possibly lost their campus jobs) can use existing and new infrastructure and technology to provide important online tutoring and mentoring services to help K-12 students and their families.

Universities are also great sources of innovation; innovation coupled with compassion can provide unique and much needed resources. For example, during the COVID-19 pandemic, a biology lab at New Mexico Tech dedicated effort to make hand sanitizer which was in short supply. They donated some of this to the K-12 school transportation services to help protect drivers who were delivering lunches daily to students at their homes. No doubt, as the COVID-19 pandemic unfolds in our community and across the nation, there will be many more services and resources that are born of innovation and compassion from University and community members working together.

Do you have other thoughts or issues to share related to mobilizing a community so survival services are available—especially fully resourced health clinics and hospitals?

This is a challenge, but the best solution lies in the strategies outlined in the 100% Community initiative. A community that has mobilized to work toward ensuring survival services are available to all members of a community during “normal” times will be best prepared to address challenges during a crisis. Oftentimes, communication among community members, a knowledge of available resources, and connecting goods and services to the people who need them most are significant challenges. By creating or expanding these networks in non-crisis times, a community will be much better prepared to identify and meet the challenges in crisis times.

What role can higher education have in addressing the the health and safety of children, students and families?

Higher education plays an integral role and, in fact, has the responsibility of addressing the health of childhood, student and families. Leadership is one of the most important roles of higher education to bring their community together, clearly identify the problems, agree to a common vision and collectively work towards solutions that help all members of the community. Institutes of higher education have a responsibility not only as influential members of the community, but also recognizing that making an investment in the community—not just in aspects that affect their students but also in helping children and families—is an investment in the university itself.

The specific role of higher education may include economic investments in educational opportunities. However, these may not always be feasible. Excluding monetary investments, the leaders in higher education institutes should recognize the value in community investment and support faculty and staff to work directly with community members, especially in coordinating community-wide initiatives that help connect higher education members to the community at large (and vice-versa).

How can community members outside the higher education system approach college and university staff to begin collaborative efforts focused on addressing the root causes of a host or challenges including trauma, social adversity and health disparities?

Having a member of the university who serves as a community liaison is the easiest way to do this. This signifies to the community that the college or university is vested enough in the community to have a contact person who communicates with the highest levels of the administration. This also provides a contact person for a community member outside of the higher education system to begin the collaborative efforts needed to address the root causes of ACEs and trauma. If the college or university does not have a liaison designated for this purpose, it would be good to reach out and find a faculty member, or appropriate member of the administration (perhaps a vice president or dean), to schedule a meeting. During that meeting, be sure to ask the college or university contact how best to engage their institute. Also keep in mind that some of these individuals are very busy, and if there is not follow up which has a clear line of continuous communication, try another (or several other) contact(s) until there is regular representation in the community collaboration.

(Note that it is important the higher education institute chooses the liaison carefully to ensure that person is invested in the community itself.)

How can a campus develop an awareness of trauma and social adversity that might impact the university student and staff populations?

We have a few resources on campus (Counseling and Disabilities services, Alcohol Safety and Awareness Program) that have been highly engaged in bringing awareness of some aspects of trauma and social adversity to the campus community. Perhaps the most impactful was a very well-organized “Fresh-Check day” which included a half-day event with informational booths and activities which was held right outside of the student union building. More students have made appointments with mental health professionals as a result of this activity. These types of activities, as well as more focused workshops to educate other campus members, will help raise awareness and help campus community members better help their student and staff populations.

A university may have a very distinct culture that might be different in some ways from the cultures in the county they are located in. How can these differences be acknowledged, and a shared vision be created, to support the goal of ensuring thriving children, students and families?

This is challenging because it is often hard to visualize, let alone understand the differences between, the campus and community cultures. Biases, conscious or unconscious, sometimes make it intimidating for either group to engage with the other. In this situation, community leaders need to work first to find a shared activity that bridges these differences. One example is by building mentoring relationships between college and K-12 students. In Socorro, New Mexico Tech (NMT) and Socorro Consolidated Schools have partnered with Mentoring Kids Works, NM to implement a mentoring program where NMT students mentor third graders to improve reading proficiency. The mentors and mentees meet for 2.5 hours afterschool twice weekly for the entire academic year. This program builds strong relationships between the NMT students who are dedicated to their mentees and communities, results in dramatic growth in reading and socio-emotional skills for the mentees, and is fully supported by parents of the mentored students. Leveraging and growing this type of program not only helps children build skills and resilience to recover from ACEs, but it also builds trust among community members. Building that trust is key for bridging the cultures and moving forward on a shared vision.

You work in a university known for engineering. We have discussed how working to prevent health disparities, focused on ensuring vital services exist for family members, could be viewed as an “engineering” challenge. Can you share more about this perspective?

Working to prevent and treat trauma while ensuring that vital services exist for family members can indeed be viewed as an engineering challenge since one of the largest parts of the challenge is coordination. In order to effect change on the scale needed to ensure the health of all families, the entire community must engage. Coordinating the community is a logistical challenge. Who are the leaders and key organizations? How do we bring them together? How do we start the conversation that acknowledges where we are as a community, then choreograph the different perspectives of individuals toward a united vision? What needs to be done to convert ideas into action? Each of these comes with challenges, but we start by looking at communities who have already identified solutions and strategies then collectively determining which parts of those solutions will work in our community with the unique resources available to us. Each of these pieces is a process that could very well be considered part of a complex social machine that could be engineered for optimization.

We spoke with Associate Vice President Yash Morimoto, from Santa Fe Community College, to gain insights on the role of higher education and the future of work.

In times of public health crisis, what do you see as the immediate and long-term needs in your area of work?

From the perspective of a postsecondary educational institution, several things come to mind. I'll start with the immediate and then move on to long-term needs.

First, we need to graduate more students who are in healthcare fields. During the COVID-19 health crisis, there was an increased need to rapidly (and without interruption) assist more students in attaining their healthcare credentials. To accomplish this goal, we needed to re-examine how we provide education and training. What I believe is that we cannot let a crisis destroy us. Instead, we must look at the situation as an opportunity to improve our services and better meet our community's needs.

For example, COVID-19 was a chance for many public postsecondary institutions to finally prioritize technological innovations and best practices in teaching and learning to improve student outcomes on a large scale. In the past, the loosely coupled organizational structure of higher education made it difficult to implement systemic changes, but I think the COVID-19 crisis united us in the desire to do things differently and for the better.

At the same time, I am extremely concerned about our students and families who have limited resources. Unfortunately, the issues raised in the Truman Commissions Report from the 1940s are still relevant today. As a society, we have failed to provide equitable educational opportunities to Americans. People have limited access to education not because of their abilities but because of external factors, such as where they live, where they were born, what the color of their skin is, what their religion is, or who their parents are.

Postsecondary institutions must recognize that even if we are able to transition all of our offerings online, should we fail to account for the inequities that exist in our society, then we are failing to meet our mission. For example, I have had several students who have had to travel several hours on foot to get to school because they had no computers or internet at home. As such, as a community we must address the digital divide (and, in turn, the educational divide) to bring prosperity to everyone in our community. By doing so, we are not only helping those who are less fortunate but also ourselves in building a stronger local economy and increasing resiliency.

Just as 9/11 radically altered the airline industry, what kind of impact might the COVID-19 crisis have on the future of education?

As stated earlier, the epidemic was a time of crisis but also a time of great opportunity for innovation. According to the Organization for Economic Co-operation and Development (OECD), the percentage of Americans who have completed postsecondary education has not changed significantly for several generations. At the same time, other countries are surpassing the U.S. in helping more people receive their education. This is an important time for the higher education sector to better utilize online and virtual instructional modalities, especially for our students who are post-traditional students (older than 25 years old), so that the percentage of those who receive a post-secondary education can be higher than what it is today.

This also means that we must recognize that many post-traditional students are working. As such, we must adapt our instructional delivery method to meet their working schedule more appropriately, and we need to rethink whether or not the traditional 16-week course structure is still appropriate in today's society. Many institutions are now looking at badging, competency-based education, and credit for prior learning. I think this is a time for the higher education sector to ask ourselves some important questions: "To what end are we providing our educational offerings? Whose needs are we meeting? What is the ideal future we are striving towards? Is our current strategy the best approach?"

What might parents and youth struggle with to get the skills to get a well-paying job?

The world has changed dramatically in the past forty years, with the emphasis shifting from knowledge recall to knowledge utilization. For example, Watson (an AI) can outperform any human in knowledge recall, but what it is unable to do is utilize this knowledge to create new knowledge.

As such, if you want to have a job that is difficult for an AI to replace, then you should consider jobs that are geared towards dealing with non-routine tasks that require you to think critically (analyze and learn information, generate new knowledge, and problem solve) or trades and career technical fields that can frequently receive higher income than a four-year degree.

What this means for parent(s) is that, whenever possible, they should work to foster an environment where the youth can find joy in learning new academic and career technical skills. Even if their children go into a field that is difficult for automation to take over, should they have the drive to learn and grow, they are going to be in a better position to adapt to whatever changes happen in their lifetime.

For the youth and young at heart, in addition to the two items listed above (the critical thinking skills and joy of learning), I would encourage them to actively work on their communication skills. The research suggests that the stronger a person's ability to communicate, the higher their income potential.

What should each community have in place for training and placement in times of crisis or rapid change?

Strong networks of governmental, nonprofits, and private sector organizations that have a common vision for the future. I'm a big fan of a collective impact model, which calls for a common agenda, shared outcome measures, mutually reinforcing activities and continuous communication between organizations. When this model works well, it builds trust and removes inter-organizational barriers. In turn, organizations that are engaged in collective impact work are able to support and reinforce each other's activities in a time of crisis, are better equipped to meet the challenge of a crisis, and can respond a lot quickly.

What other concerns come to mind in times of crisis?

Be positive and have hope. As long as we address a challenge as a community, we can get through it and come out on the other end stronger.

Foundation Leaders Have the Power to Make Measurable and Meaningful Change

Philanthropists can make ensuring public health in times calm and chaotic a top priority

When we “Google it,” how many results come up?

- foundations focused on children: 406,000,000
- foundations working to end child abuse: 127,000,000
- criticism of foundation giving: 66,800,000
- generation impact: how next gen donors are revolutionizing giving (book): 690,000
- the givers: wealth, power, and philanthropy in a new gilded age (book): 173,000

Amid the clutter, solutions await

IMAGINE BILLIONAIRE PHILANTHROPIST Melinda Gates, of the Bill and Melinda Gates Foundation, arrives at her office one day and discovers a proposal for the 100% Community initiative. She can see that this groundbreaking initiative provides a model for a data-driven strategy to vastly improve the health and education of children, families and all community members. It’s an innovative model, that once funded, tested and evaluated, could be replicated in almost any city on the planet. Of the Foundation’s assets of \$50.7 billion, Melinda Gates (in our fantasy world) thinks that investing a tiny percentage of it is merited. She’s intrigued with the plan that promises to set up ten pilot sites in ten counties in New Mexico for only \$20 million a year, a total of \$100 million over five years. The goals of the proposal are clearly laid out with data and research informing the initiative’s hypothesis, inputs, activities, outputs, and short, intermediate and long-term measurable goals. When Melinda sits down with her husband, she says, “Imagine if such a small investment could actually create a new countywide system of health, safety and resilience, and a plan for crisis preparedness, for all residents. Bill, I really think this initiative is one we need to support.”

That imaginative scenario above may not be probable, but it’s not impossible. The point is that we must create well-conceived proposals to share our vision with foundation leaders. And, our “ask” of \$20 million a year to reach the majority of a state’s population with an evidence-driven process of community capacity building and crisis-readiness is, in the scheme of things, quite small. There are cities that spend more than that on keeping their parks tidy.

Each state has a network of independent, self-governing foundations with the resources to do big picture work. There is a movement, supported by technology, that is helping all foundations in a state work collectively to eradicate our most pressing health, safety and education challenges—through collaborative work. That’s a future we are looking forward to.

For many decades, foundations of all sizes have said they are working to improve the lives of children. According to the National Center for Charitable Statistics (NCCS), more than 1.5 million nonprofit organizations are registered in the US. This number includes public charities, private foundations, and other types of nonprofit organizations, including: chambers of commerce, fraternal organizations and civic leagues. So how can the foundation world empower states, city and counties, strengthening their capacity to confront a public health crisis?

Amid many discussions with philanthropists and foundations, from Seattle to Santa Fe to Baltimore, seeking to do groundbreaking, measurable, meaningful and result-focused work, we have collected ideas and constructed some suggestions to consider.

- **Big Idea 1:** With the COVID-19 pandemic, we have entered a brave new world with new risks, challenges and opportunities for innovation. This is time for more agile foundations to support data-driven work to improve the public health of localities and do systemic wide reforms and programs.
- **Big Idea 2:** Small foundations can pool with other small foundations to increase the awards. While some foundations give millions, others cannot award more than a few thousand dollars. By pooling resources, a collective of small foundations could give enough to make measurable and meaningful progress and move the needle on preventing the next public health crisis. This means instead of giving \$5000 to produce some youth-oriented events, they could give \$50,000 so a nonprofit can hire a development consultant to help with grant writing at a national level as well as strategy planning and capacity building.
- **Big Idea 3:** Foundations staff commit to advocating for initiatives guided by research focused on the social determinants of health. Foundations are known for having specialties: ending hunger, addressing substance misuse, promoting literacy or reducing teen pregnancy. Each of these noble causes uses different strategies, with different staff, in partnership with different agencies throughout a city or in a handful of pilot sites. Imagine if foundations agreed to focus on addressing health, education and opportunity disparities, and ensuring that all residents had access to the ten services for surviving and thriving. Foundations would meet so many of their current objectives with one radically simple idea and commitment: In the counties they are based and serve, ten vital services are funded to meet the vital needs of 100% of residents.

- Big Idea 4: Foundations are strategic with “systems-building” on a countywide scale. Each county needs to be “adopted” by a foundation as a long-term project, tasked with ensuring the mission of preparing for health challenges in both calm and chaotic times, guided by a data-driven process. Instead of a foundation funding a single agency within one county to focus on internal programming, fund an agency that has the capacity to work with all agencies in a countywide system—raising everyone up.
- Big Idea 5: All foundations in a state coordinate giving. We urgently need a state consortium of foundations. While there have been attempts to create a coalition of foundations working with a shared vision, goals and funding protocols, so far this idea has failed to materialize. And, within each state we need to track all foundations, both in-state and national, that are investing in shared goals.
- Big Idea 6: Reduce paperwork and make requesting a grant easy. Too often, foundations become mini-bureaucracies and demand an unwieldy set of hoops to jump through for small amounts of money. An unintended consequence of these forms and standards is that innovative cross-sector ideas often aren’t given consideration because they do not check all the boxes on applications, such as providing financial statements and limitations on overhead. Foundations have the opportunity to be nimble in their requirements to give a chance to new ideas outside the box. Online forms and reporting would be easier without grant cycles and restrictions.
- Big Idea 7: Help provide evaluation and post online all evaluations of funded projects. Nonprofits are often not experts in program evaluation, nor should we expect them to be. Foundations should help awardees set up logic models and help provide tools to evaluate their programs. Sharing evaluations online would promote transparency and can note that even those who did not reach a particular hoped-for outcome did valuable and measurable work. These changes will also help new and innovative applicants learn from previous work.
- Big Idea 8: End competing for funding for competing challenges. In a perfect world, foundations would be committed to helping localities reduce health, education and opportunity disparities. With 100 organizations in a city or state working on interconnected social challenges instead of vying for funding, foundation giving can nudge agencies into collaboration and coordination to get to one shared goal: 100% of residents can access services for surviving and thriving.
- Big Idea 9: All foundations within a state agree to collaborate on a website that shows where philanthropy is invested and why, along with desired outcomes.

And one more idea that impacts foundations but is a state government solution:

- **Big Idea 10:** Create a state entity that serves as the Department of Philanthropy to support, coordinate and track giving. National foundations come and go across all 50 states. Sometimes they're working in alignment with local foundations. Sometimes not. In one state, we might see Foundation A investing millions in one city, while Foundation B could be working two counties over. Meanwhile, Foundation C is investing in youth initiatives in the state's capital, while Foundation D is investing in foster care and fifty other local foundations are giving across the state. Nowhere online can we see where philanthropic work in a region is being done, is being considered or is in dire need. And, while some foundations do a great job of creating an annual report on their work, others fail to provide detailed information on lessons learned and outcomes met. With someone to coordinate giving, foundations, state leaders and local officials would start to see alignment with governmental, non-governmental and school goals. Instead of working independently, foundations and those they fund would be part of one coordinated system, leveraging their resources.

How do I get a meeting with a foundation representative (and not treat her or him like an ATM?)

More than likely, if you are lucky enough to have a local or state foundation interested in funding data-driven initiatives, you can find program officers on a foundation's website. Many foundations convene community meetings or offer workshops, and these represent opportunities to connect with staff. In our interviews with foundation staff, many revealed that they are aware that to many community group members, they seem to resemble an ATM machine. Your job is to ensure that every foundation in your state knows of your 100% Community initiative work, and through this communication, you may find an ally.

We know what's wrong and unjust. And, foundations can be a loud voice for social justice and the end of health and education disparities.

Philanthropists have the capacity to assemble some of the best minds from research and fieldwork to think across policy areas, learn from tested and promising models, and the experiences of people who know disparities and trauma firsthand. We salute the foundations investing in the process to ensure thriving communities.

Dom's Journal

We have been lucky to have a positive relationship with a foundation, and neither this book nor initiative would exist without the original support of Casey Family Programs for the development of our Data Leaders for Child Welfare program. They focus primarily on foster care within the child welfare system. Their data, collected from most state child welfare systems, is incredibly helpful in understanding what's going right or wrong with kids in custody—especially as they navigate the foster care system. We were supported in developing our Data Leaders program for child welfare leadership, training those running central office and regional offices in using data to identify and solve challenges. We learned a lot about training along the way as we implemented our program in New Mexico, New York City, Connecticut and Pennsylvania. Our recommendations for fixing child welfare can be found in chapter 5 of Anna, Age Eight: The data-driven prevention of childhood trauma and maltreatment.

Another foundation that provides a vital resource is the Annie E. Casey Foundation, which publishes the Kids Count Survey, detailing state by state how our children are doing. The annual report rates all 50 states, based on indicators related to health, safety and education. Year after year, we usually see the same three states on the bottom vying for last place, rated the most unsafe state to be a child. It is my personal mission in life to turn this report into action and show how it's entirely possible for a state to go from worst to first.

Katherine's Journal

This may seem readily apparent, but it took me a while to learn during my time working in a foundation that the lives of funders and donors are so different from the lives of those who they are trying to help, that often what is funded, doesn't have the intended effect. It is really difficult to understand from a beautiful building on the rich side of town why the single mom who has to work two jobs and use public transportation isn't "involved" in her kids' school. It is also very easy to understand why someone with a PhD who is volunteering to be on a grants committee would prefer the grant application written by a professional writer to the one riddled with typos that was written by the executive director of a nonprofit who is also serving as the development director and filling in as a caseworker due to staff vacancies and funding issues.

When I realized the disconnect between the realities of those making the funding decisions and those who are hoping to benefit from the funding, I realized why it is so hard to change the status quo. The good news is that many foundations are also realizing this and taking steps to learn from the communities they are trying to help.

Bottom line: Guided by social justice, the social determinants of health and a willingness to collaborate with all foundations serving the same state, foundations can fund innovations focused on strengthening health, safety and education systems that produce measurable and meaningful results.

Insights: See tips for making effective connections in our "Engaging with Elected Lawmakers" in the Appendices.

Nonprofit Organization Directors Must Decide: Status Quo or Giant Leaps Forward?

Our nonprofit organizations can either work in silos or collaborate in an effective networked county system of service

When we “Google it,” how many results come up?

- how nonprofits solve challenges: 3,010,000
- how nonprofits lead social change: 16,100,000
- how nonprofits address health disparities: 8,190,000
- how nonprofits are advocates for children: 16,200,000
- apps for nonprofits: 10,500,000

Amid the clutter, solutions await

“ARE NONPROFITS NEEDED?” asked a friend of ours who was visiting from Sweden. “Why,” she continued, “don’t your taxes pay for government programs to ensure your most basic needs of health, safety, education and a clean environment—as they do in ours and other countries?”

It’s a provocative question, especially as most of our work focused on ensuring the ten services for surviving and thriving depends on nonprofits. At least for now.

First, we’ve been blessed to connect with people doing heroic work within their nonprofit agencies. Some are vital agencies that are the last chance for families to avoid homelessness and hunger. Others may be merely supporting the status quo.

Imperfect though some might be, nonprofit organizations play a significant role in meeting the needs of children and families. They also compete, often racing against one another to write the best proposal to be funded. For this and other reasons, many nonprofit agencies work in silos, isolated from others. There are bright exceptions, where executive directors of nonprofits attend meetings to share insights and work toward collaboration. On the field worker levels, nonprofit staff engage in coalitions. There is room for creating a network to support the strengthening of ten vital services, especially if it is described as a coalition that can focus on root causes of all the problems nongovernmental organizations are funded to address such as drug misuse, DWIs, child maltreatment, harassment, bullying, school dropout, teen pregnancy, lack of nutrition, human trafficking, gang violence, low birth weight babies and lack of job readiness.

One of the biggest problems we see in nonprofits is no different than what we see in child welfare: agencies are underfunded and staff are doing three jobs just to keep the lights on. There is very little breathing room for innovation or big-picture thinking.

One thing we have learned through our collective impact work is that funding makes a huge difference in a nonprofit's ability to think outside the box and collaborate. In fact, we have learned that sometimes all it takes to fund collaboration is providing enough money for a meeting space and some snacks.

Nonprofit directors can be hard pressed to find time to meet, but we have found that most people in this line of work are passionate and dedicated to the populations they serve. They will likely be some of your earliest adopters.

Which nonprofit agency directors should I meet with and how?

Nonprofit leaders recognize that they are in an awkward place, knowing that it's important to align all efforts of all nonprofits serving youth and families, yet also competing with other organizations for funding. That said, a quick review of an agency's website will reveal if potential alignment exists between your work and theirs. As with all community leaders, reach out with an invitation to talk and explore the benefits of potential collaboration. Your 100% Community initiative action teams will have many representatives from nonprofits, so networking in this realm should be easy.

A brief word about tech in the nonprofit sector

Some nonprofits are state of the art when it comes to software, technology and a tech-oriented mindset that helps them view problems and solutions differently. Other nonprofits struggle to join tech revolutions decades after they started. If you work in or with nonprofits, a huge favor you can provide is linking management up with talented tech experts. See our tech chapter for ideas and have some fun checking out a few apps designed for nonprofits.

👉 Top 22 Best Apps for Nonprofits: <https://aae.how/201>

Katherine's Journal

One year I sat on three panels making decisions on grants. Most of these funders had recently aligned their priorities to be focused on specific outcomes. On paper it seemed like a great idea to have funders align outcomes in a results-focused way. But, unfortunately, those outcomes were very specific—reading and math scores—and there were unintended consequences. One was that, as is typical in funding world, nonprofits with big enough budgets to hire professional grant writers were able to make the argument that their seemingly unrelated programs could impact reading and math scores. Smaller, but similarly unrelated programs, with fewer resources were less able to make that argument. And, so many of the smaller, rural programs did not get funded, although they may have been just as worthy.

Dom's Journal

I've had the good fortune to work with many nonprofits that are all about results. Many are successful with their mission to make meaningful improvements. The challenge facing the 100% Community initiative is going to be linking each nongovernmental organization within a county through information technology (and good will). Once linked, alignment of services can be almost automatic (with the blessing of the organization's management). With collaborative agency leadership, the power of the nonprofit sector can dramatically increase.

Bottom line: Results are what matter most, and nonprofits can collaborate to create a countywide coordinated and seamless system of care, safety, learning and empowerment for every resident. This will require a commitment to a data-driven process.

Insights: See tips for making effective connections in our “Engaging with Elected Lawmakers” in the Appendices.

Health Care, Inc. in Your State and Cities Controls Your Health—by Action and Inaction

It's time to implement a cost-effective, results-focused system on the state level.

When we “Google it,” how many results come up?

- how do we fix our broken health care system: 64,100,000
- is our health care system ready for a public health crisis: 167,000
- does Medicaid really work: 33,500,000
- role of state government in health care: 939,000,000
- government involvement in health care pros and cons: 19,800,000

Amid the clutter, solutions await

THE ELEPHANT IN the room is the lack of a statewide health care system that can confront a public health crisis. In times of chaos, suddenly everyone worries about their access to timely care. As the only developed country that has no system to provide all residents with health care, each state and county has patched together an imperfect collection of agencies to address health needs. Even with health insurance, the result can be co-pays that are too expensive and wait times that are exasperating, with vastly overworked providers being timed to dole out services in 15 minutes.

With a public health crisis like COVID-19, we woke up to the reality that we don't have nearly enough hospitals, clinics, providers, masks, protective clothing, tests and medicine. Our first responders also lack the equipment needed to address a fast-moving viral threat.

Everyone has had an opinion about health care and health disparities for many decades in the US. And, that's great, but we prefer to use cold hard data when it comes to identifying what works and what does not when it comes to providing care, especially to our most vulnerable populations in the middle of a global pandemic. We are not invested in how it works or what role the private sector and public sector play. We just have one criteria: ***The state system must ensure that all residents have the timely care they need, regardless of their income level or geographic location. And this care needs to be put in place as soon as possible before the next public health crisis. And, to ensure funds are spent wisely, we need systems in place for measuring progress, user-friendliness and effectiveness.***

More than 60 years ago, the countries of western Europe began instituting universal health care, single payer systems, and private/public solutions that guarantee everyone is covered by insurance to meet all medical needs. And, people in these countries rate these systems quite favorably. Yes, these systems are imperfect, but few would trade them for what exists in the United States—which is not actually a “system” but a patchwork of organizations that can heal illness and injury only if you have the cash. We implore everyone of all political stripes to get in a room and bring us a solution.

But we are getting ahead of ourselves. Let us take a step back to the county level.

Our health care “system” (an assortment of disconnected hospitals and clinics)—on every level, from national to local—is about as complicated as one can imagine. Each state operates rather like a country, with a unique way of setting standards, payments and hospital protocols for ER visitors and addressing the supply and demand of health care providers. Each state can quickly identify what percentage of their residents has health insurance provided by their employers, which are getting Medicaid, Medicare, VA or Tribal Health. Yet, this does not tell us if residents actually have easy or timely access to quality care. Issues like waiting lists, criteria that must be met and cash for co-pays and deductibles can be very difficult to measure and assess.

In our 100% Community initiative, we start by asking family members and community members if they have access to medical care. The results thus far indicate that many families struggle to access care in so-called normal times. In times of a public health crisis, the numbers might sky rocket in certain urban and rural communities.

From there we can help communities identify the players across various medical sectors—our GPs, behavioral health care leaders, school nurses, dentists and all the other medical specialists.

What's needed in each county is a convening of all leaders of health-related organizations and business to share data on how difficult it is for parents and youth to access medical and dental care—and how to make easy and timely access our goal.

Meanwhile, back on the local level

What does this mean to folks working in the county? While a county won't be developing its own system of single payer health care, it can ensure that there are enough providers and agencies to meet the needs of its residents. We will learn a lot about gaps in access to medical, dental and mental health care by surveying parents and youth. From there, we bring together all the players in Health Care, Inc and those working as health equity advocates to fix those gaps.

How do I identify and talk with leaders in health care?

This is admittedly a challenge. As you make your call to action when setting up the 100% Community initiative, you will definitely attract the attention of those working in health care. Most likely, health educators will be able to attend meetings. Hospital directors or community outreach staff are another good place to start. Begin where you have connections, with the goal of eventually getting to leaders of both nonprofit and for-profit health organizations. The goal is to start a dialogue about their role in preventing, treating and ending an epidemic of trauma.

Dom's Journal

In each county where we launch a 100% Community initiative, one Google search will reveal every health care provider serving people in the county. Then comes the hard part, identifying which ones accept new patients, have a sliding fee scale, accept those on Medicaid or can treat people in a timely manner. (One day we will launch our 100% Community app, which, along with other vital functions, will work like Tripadvisor, rating health care providers like hotels and includes all of that "access" information.)

With our county survey on access to services, we do learn what percentage of youth and adults report easy or difficult access and why it's hard to get care. From there our task is straightforward. The job of the Medical/Dental Care Action Team is to ensure that 100% of residents have access, with a special emphasis on treating moms with newborns, parents with kids in early childhood education age, families with students in K-12, and residents in vocational education or higher education programs. This is why it's vital to have good relationships with those leading Health Care, Inc.

Bottom line: As we wait for some sort of statewide access-for-all solution to kick in, states and localities can ensure care through strategic investments in community and school health care clinics. Our immediately job is to advocate that all clinics and care facilities have the resources they need to address a public health challenge.

Insights: See tips for making effective connections in our "Engaging with Elected Lawmakers" in the Appendices.

National Lawmakers Must Battle Those in the Nation's Capital to Serve the Most Vulnerable at Home

How can we support our representatives staying above the fray and making positive change at home?

When we “Google it,” how many results come up?

- congress demographics: 29,900,000
- what role do congressional aides have: 79,100,000
- how do you get an appointment with a congressperson: 87,500
- where are voting records for Congress: 20,500,000
- what percentage of Congress says children are the number one priority: 24,700,000

Amid the clutter, solutions await

EACH STATE SENDS senators and congresspeople to Washington D.C. to support the state's residents, at least in theory. Why does it all start to appear like scenes from *The Hunger Games*, in which the impoverished districts must pay tribute to the totalitarian, militaristic, wealthy capital? What can we expect at the federal level, notably from your representatives? We say, “A lot.”

Congress was once a body that managed to send us to the moon and create a universal single-payer plan for those 65 and over called Medicare. These were significant accomplishments. We have heroes in Congress. And, yet they have to sit next to colleagues who are less than supportive of ensuring that all residents have access to the services for surviving and thriving. Instead, in the middle of a global pandemic, many leaders focused on bailing out industries like cruise ships and airlines.

The first problem is with the scale of working on a national level, as our representatives do. Take, for an example, the national statistics on child abuse and neglect. We are talking about a nation of 350 million people with one in eight substantiated as maltreated by age eighteen. That's 43,750,000 kids. What do we, including our representatives, do with a figure like that? There has been no national outcry. We all hear the horrifying numbers but we have no strategic national plans. We could also look at survey data on residents reporting lacking access to timely medical care if we wish to be really mortified by the magnitude of health disparities across the nation. From access to health care to the vulnerability of our children, our national lawmakers don't lack for problems to solve.

Ultimately, it's about relationships, so you have to get to know your congressional representatives and their staff. Yes, many people are vying for your senator or congressperson's time, so you will need a strong message, a reason and a plan to pitch. And, you have a well-reasoned, data-driven plan with 100% Community.

How do I meet my state's US representatives and senators—or at least their aides?

All congresspeople have aides who are responsive to constituents, and some have pretty sophisticated websites that allow you to leave messages on particular topics and ask for responses. Like all elected leaders, they are charged with being responsive, and of course they have their keen interests. Your job is to connect with aides to assess alignment of your work and theirs.

Katherine's Journal

We were once invited to a community roundtable on the opioid epidemic hosted by Congressman Ben Ray Lujan. Of the twenty people there, we were the only ones promoting a data-driven and cross-sector strategy for preventing drug misuse before it started. We also shared the belief that a root cause of substance misuse was adverse childhood experiences and lack of a seamless system of accessible surviving and thriving services. The congressman and his staff listened attentively, and after the meeting we had time for a brief conversation and gave the congressman our book.

Congressman Lujan had been significantly involved in securing large funds for local work in the arena of substance misuse. Being able to share a new perspective mattered. And, as a result of attending the meeting, we were able to start a dialogue with the congressman's staff. It's really all about establishing relationships that may become strategic as the congressman seeks to spend money wisely and we have a strategy and hypothesis that could yield meaningful and measurable results.

Bottom line: Our representatives serving in the nation's capital are important resources to tap as they know where the money is and the dance needed to access it.

Insights: See tips for making effective connections in our “Engaging with Elected Lawmakers” in the Appendices.

The Chamber of Commerce and the Private Sector Must Be Full Partners in Ensuring Surviving and Thriving Services

We need the energy and urgency of business people who must innovate to reach their goals

When we “Google it,” how many results come up?

- how entrepreneurs help the economy: 128,000,000
- what is social entrepreneurship: 137,000,000
- what does a chamber of commerce do: 211,000,000
- how businesses can solve social problems: 357,000,000
- what are innovation centers: 221,000,000

Amid the clutter, solutions await

TWO EARTHS EXIST. One is called the private sector, populated with those engaged in commerce and focused on accumulating wealth, while the other is called the public sector, focused on addressing health, education and opportunity disparities. They do speak the same language but in reality, they rarely understand each other.

This is a problem to be remedied by our cross-sector work, because the business leaders in our counties are key players ensuring ten services for surviving and thriving, even if they don’t yet know it.

At our community forums, we will often get a participant standing up and saying “What about the private sector? What’s the role of business all this?”

We love this question. Health disparities and lack of access to care during a public health crisis is impacting families, education and the workplace. This challenge certainly requires the participation and creative thinking of the business community. There are entire communities, cities and counties that can’t get businesses to thrive because of factors related to the (lack of) health and safety of their workforce.

When a public health crisis impact the workplace

We can connect the dots from a public health crisis like the COVID-19 to an economic downturn that is crushing for local businesses. How best to prepare is a question the private sector needs to be engaged with.

We need business leaders in our 100% Community initiative to invest in improving the quality of services and increase the quantity of ten vital sectors. In an era when technology and artificial intelligence is radically reinventing every product and service on the planet, now is the time for innovative socially-engaged business thinking.

We may need business people to help invent pop-up family services or web-based services or app-ordered mental health coaching. There are countless ways to improve the services and improve family and community life, and some of that thinking will come from the private sector.

How do I get in touch with the chamber of commerce or put out the word to business leaders—especially those in technology fields?

Reaching out can start with an email and a phone call to inquire about attending a meeting. From there you build relationships and begin to assess interest on socially-engaged initiatives.

Bottom line: The private sector can teach the public sector a lot about getting to results, so those of us working in the field must pay close attention to their strategies. The public sector can share with business leaders the health challenges that diminish entire communities, cities and counties. The 100% Community initiative will succeed as a public and private sector partnership.

The Publishing and Thought Leaders Industry—Helping or Hurting?

The national publishing and media industry are part of multinational corporations—but not yet part of addressing root causes of challenges. It's time to focus on local sources.

When we “Google it,” how many results come up?

- is there software to identify lying: 276,000,000
- who owns the national media in the US: 7,620,000,000
- who fact checks newspapers: 750,000,000
- do news agencies use fact checkers: 43,300

Amid the clutter, solutions await

TWO REALITIES EXIST. There's the reality we live, and then there's the one that's broadcast to your television, radio, social media and mobile devices. It's best not to confuse the two.

When it comes to any insights provided by the mass media into the root causes of our public health challenges, including being warned far in advance of impending viral infections, we report a big failure.

So where does that leave those of us who want to use the mass media and global technology to engage residents in mobilizing around access to surviving and thriving services, and the prevention and treatment of health challenges during a public health crisis?

An endless stream of clutter

We would venture to guess that of all the content coming at you on your various devices, 90% is just noise. And, that's not news to you. The biggest problem is the content that claims to be doing “something”—promoting organizations or individuals that purport to be involved in addressing social challenges but, sadly, producing few documented results. For this reason, we must be critical consumers and always seek data that indicate measurable and meaningful change.

The only way to know if problems are real, or solutions are actually helping your community, is to identify reliable data and, quite honestly, go see for yourself. The work of 100% Community is county-based for a number of important reasons, and one is that you can simply drive to most communities to see how people are doing and what services exists.

You and your colleagues within the 100% Community initiative will be working onsite and engaging with local residents of all ages. You have what you need to proceed with the work. You don't require any content from news and media agencies to explain how your local world works.

We interrupt this chapter with breaking news—

In this giant convoluted and mostly mindless world of media, we suggest you start small and local. Our best bet getting good press for our 100% Community work is working with local media—with newspapers whose owners and editors live in our region and can be held to task for misleading stories or lack of coverage. As you can see from the Google searches starting all of the chapters in this book, no one today lacks information on anything. But, volumes of books, articles, TED Talks and symposia have led to what might be seen as clutter, rather than evidence-based strategies to protect all our families and community residents. To share news that matters about our public health and safety, we need to be both very careful consumers and active producers.

Where to begin

Many of us are doing our darndest to keep up and make a difference. So why is it so difficult to create a national and sustained dialogue about improving systems? Why can't our so-called progressive shows engage in sustained commentary on the collapse of a safety net for our most vulnerable families, with to-do lists on how to fix this mess? Why don't national publishing companies publish books that inspire change on a national level instead of self-help books asking folks to fix themselves without resources? And as for movers, shakers and innovators, why don't entities like TED promote ideas that take on systemic challenges, instead of talks that tackle only a sliver of a problem? We don't doubt the good intentions of folks in the media, we just need them to move to what we call systems thinking.

We take on just one national company to provide an insight on why we can't seem to get to the root cause of any social challenge.

A quick sweep of the *New York Times* and up pops this startling headline:

Inside the Elementary School Where Drug Addiction Sets the Curriculum.

The headline is followed by this descriptive subtitle:

About half of the student body at one Ohio elementary school has witnessed drug use at home. Educators spend time every day teaching the children how to cope.

As you read, you discover that our children and their parents in some communities are in serious trouble. They are involved in domestic violence, and living with untreated mental health challenges. OK. So far, we have good (and heartbreaking) information. Then comes the crazy-making part. Instead of something like, “The governor agrees to increase funding for mental health care, medical care, housing and food pantries to ensure the safety and health of every family,” we get:

Earlier this year, Gov. Mike DeWine proposed \$550 million in student wellness funding for schools like Minford Elementary, including a drug prevention curriculum that focuses on “social and emotional” learning—exercises intended to teach students how to cope with the consequences of an opioid epidemic that has ravaged their community and shows no signs of abating.

If we understand this story correctly, instead of investing in the services that prevent and treat substance misuse, the government is going to fund programs so kids can talk about how frightening it all is. Are we against students being able to identify and discuss their feelings? No. Absolutely not. Do we think the priority of every governor and mayor should be ensuring access to health care, food and shelter and a school-based wellness centers in every public school that can serve students and their parents with behavioral health care? That’s a big, “Yes.”

Consume but with caution

Are we saying you should not keep up with current affairs? No. You should. But, do your research using reliable sources and read with a critical eye. Even when you read an article about health policy or an evidence-based health program, you have to scrutinize every paragraph, check all data sources and find similar articles to compare and contrast. Being informed is difficult, time-consuming work.

In the future, we're all media producers

With the advent of the web, people are seeking out their own media. That sounds good until you realize people are gravitating only to media that supports their world view, with the result that people mentally live in small customized worlds, supported by a few websites and lots of people reading them and clicking "like." There's little to be done about this phase of the information age in which people may define their reality by posting on Facebook and many industries supply self-medication in the form of alcohol, prescription drugs, recreational drugs, games to play, movies to watch, pornography and celebrity stalking. If people spent just a quarter of the time they currently devote to arguing about the last episode of an HBO show on Reddit, we would have solved health disparities by now.

How do I connect with "thought leaders," producers, editors and all those media-makers on the net?

You and everyone else are seeking out people who control media in one form or another. Op-eds might be the easiest starting point in your city and from there you might look to state publications. New media and technologies are turning everyone into a media producer, so it's time to turn all of this into social engagement.

Dom's Journal

Decades ago, the producers of The Oprah Winfrey Show called me. I was featured on her show, discussing my Ten Talks book series on family communication, promoting healthy families. As a result of my appearance, I made many more news segments and was offered keynotes and training gigs all over the country. The foreign rights to the books were hotly negotiated and versions in Spanish, Vietnamese and Japanese rolled off the presses. I learned that 45 minutes with a media celebrity and philanthropist like Oprah has the power to educate and inspire a nation. If there was ever a time we needed someone with Oprah's star power, caring and intelligence to advocate for addressing health disparities and social injustice, this is it.

Katherine's Journal

I never imagined that I would be a regular guest on a radio show. We were very lucky to find a champion in a local talk radio show host Richard Eeds. He read our first book Anna Age Eight very early on and became one of our biggest champions. He happily offered to have us on his show monthly in an hour he nicknamed "The Doc and the Dom" and also volunteered to keep a stack of books in his studio to hand out to guests he thought needed to read it. Our monthly hour on the radio helped connect us with many important stakeholders. In that way media is very similar to government. The national outlets get a lot of the attention, but a lot of the time important change happens at the state and local level because that's where real power can exist.

Bottom line: As we are bombarded 24/7 with rapid (and mostly unreliable and distracting) messages vying for attention, your calls for health equity, resourced communities, justice, fairness and compassion need to be respectful, truthful and strategically placed. If at all possible, reduce the social media and streaming information in order to create more time to read a good book, share a good conversation with a trusted friend, and make your corner of the world a better place.



Q+A: Perspectives from the real world

Through the course of promoting our books *Anna, Age Eight and 100% Community*, and to offer updates on the implementation of local work, we became monthly guests of Richard Eeds, who hosts a radio show in Santa Fe, New Mexico. We finally reversed roles and got a chance to interview him.

What impact does a public health crisis have on local radio and media producers?

As the COVID-19 crises came to the public's attention, our role as a local radio and internet company shifted from general topics and a wide look at the news to a much narrower perspective. Accuracy in reporting the local news coming from governmental sources, collating the many links to resources on health, economic and recovery platforms and allowing the needed leadership access to our airwaves became critical. We air not only local talk radio but also many national talk shows and this allows our listeners the opportunity to gather vast amounts of important information. Our local talk radio show also gives listeners the opportunity to call in and express opinions, frustrations and experiences. Radio is still the most accessed source for local news and opinion and we are in the studio every day as part of the response to this pandemic.

Preventing childhood trauma by ensuring survival and thriving services will require public education on a huge scale—locally, state and nationally. What role does radio have in this?

With a topic like childhood health and safety, the medium of radio is ideal for discussing the many interconnected issues in detail. A local radio show can take its time and delve deeply into the root causes and proposed solutions. With extremely complex issues like poverty, education, substance abuse, and generational child neglect and abuse, we have been taking a very long range view and speaking with a large group of leaders working to understand and tackle these challenges.

How does one get on a radio show to talk about social issues that truly matter?

My radio show invites interested parties to just email me and provide me with some basic information and then we work to schedule guests on the show. I also reach out to prospective guests and invite them to participate on the show.

Who makes the best type of guests on radio? What do guests need to know about getting their message out and being clear and engaging?

The best guests on radio tend to be anyone with a stake in the topic. Not necessarily experts, who have rehearsed and too often repeat themes and talking points, but people who are involved with an issue on a daily basis and who can discuss the problems and solutions based on real life, first hand knowledge. I conduct interviews and elicit responses as part of a casual conversation and a give and take format allows the guests and the listeners to listen and understand the topic in a more natural way.

What motivated you to create a monthly “The Doc and Dom Show” where we (Dr. Katherine Ortega Courtney and Dominic “Dom” Cappello) were able to discuss our book, the development of the senate bill to fund the Anna, Age Eight Institute and our ongoing work which includes seeking change agents in Santa Fe to sponsor our 100% Community initiative?

The Doc and The Dom monthly shows grew out of our early interviews and sharing of information that couldn't help but touch the host and guests in personal and profound ways. As I listened to the central ideas and research on ACEs, I made the connections to my own childhood and family and it was easy to see how all children, all generations, and all communities experience similar trauma and how these events and emotional memories are at the core of understanding and correcting deep seated issues. The regular, monthly hour-long shows have allowed us to approach the ACEs challenges in a deliberate and meaningful way. With such complex and fundamental topics, the long form, personal and intimate medium of radio is ideally suited to tackle these problems and solutions.

Part Two Review: This Is Another Test

Need to Know

Consider these questions before proceeding.

(We really do have a reason for this.)

1. In chapter 11, we described county (and all) leaders as falling along a continuum, from courageous champions to keepers of the status quo. How would you describe the leaders in your county?
2. In chapter 12, we discussed the power of your governor. To what degree do you have access to your governor and staff?
3. In chapter 13, we described a State Early Childhood Education and Care Department (which we hope your state has). If you have one, to what degree do you have access to the department leaders and their staff? If you don't have one, who are considered experts in the field to connect with?
4. In chapter 14, we described your heroic (yet more-than-likely struggling and misunderstood) child welfare system. To what degree are they data-driven and trained in quality improvement? To what degree do you have access to the department leaders and their county staff?
5. In chapter 15, we described the state department of education and state department of higher education. To what degree are they working to empower school districts and campuses to ensure the health and safety of students. To what degree do you have access to the department leaders and their staff?
6. In chapter 16, we described state department of public health and state department of human services. These departments may control state surveys that can assess public health and safety challenges. They may also be responsible for public health readiness in a crisis. To what degree do you have access to the department leaders and their staff?
7. In chapter 17, we described your state department of economic development. To what degree do they empower local problem-solving focused on economic issues? To what degree do you have access to the department leaders and their staff?
8. In chapter 18, we described state lawmakers. To what degree do they empower local problem-solving focused on health, safety, crisis readiness and economic recovery issues? To what degree do you have access to these lawmakers and their staff?
9. In chapter 19, we described county lawmakers. To what degree do they empower local problem-solving focused on health, safety, crisis readiness and economic recovery issues? To what degree do you have access to these people and their staff?

10. In chapter 20, we described city lawmakers. To what degree do they empower local problem-solving focused on health, safety, crisis readiness and economic recovery issues? To what degree do you have access to your mayor, city council members and their staff?
11. In chapter 21, we described school board members. To what degree do they focus on the capacity of schools to address health and safety issues and become fully resourced to serve families and the community? To what degree do you have access to these people and their staff?
12. In chapter 22, we described college and university presidents, educators and staff. To what degree are they engaged with community health, safety, crisis readiness and economic recovery? Do you have access to these people and their staff?
13. In chapter 23, we describe foundations, charities and their boards. To what degree are they data-driven and result-focused? To what degree are they engaged with community health, safety, crisis readiness and economic recovery? Do you have access to these people and their staff?
14. In chapter 24, we described nonprofit organization staff and boards. To what degree are they data-driven and result-focused? To what degree do you have access to these people and their staff?
15. In chapter 25, we described Health Care, Inc. This is a term used to describe the tangled and confusing national, state and local “systems” of health care. To what degree do you have access to these health care organization leaders in the public and private sectors and their staff?
16. In chapter 26, we described US lawmakers. To what degree are they engaged with community health, safety, crisis readiness and economic recovery? To what degree do you have access to these leaders and their staff?
17. In chapter 27, we described the Chamber of Commerce. To what degree are they socially-engaged, data-driven and result-focused? To what degree do you have access to these business people and those entrepreneurs who are outside-the-box problem solvers that fuel startups and thrive on challenges?
18. In chapter 28, we described the publishing and thought-leaders industry. To what degree are they engaged with community health, safety, crisis readiness and economic recovery? To what degree are they a time-wasting distraction from things that matter? To what degree do you have access to these people and their staff? To what degree can you produce your own local messages about the benefits of ensuring surviving and thriving services?

PART THREE

Countdown to 100%

*Our Community-Empowered and
Data-Driven Strategy*

Continuous Quality Improvement Guides Us with Data

How the data-driven framework of continuous quality improvement gets us to results

When we “Google it,” how many results come up?

- without data you’re just a person with an opinion: 813,000,000
- without an opinion you’re just another person with data: 224,000,000
- facts often kill a good argument: 757,000,000
- predictive analytics world: 44,500,000
- why data scares people: 12,200,000

Amid the clutter, solutions await

WHO NEEDS DATA when you have three million dollars burning a hole in your pocket? Imagine you have three million dollars to spend as part of your job as a high level state government director. Imagine you are in charge of a \$500 million government agency that serves the state’s most vulnerable families, many of whom are struggling with long, painful histories of substance misuse, domestic violence and untreated mental health challenges. Many have felt the harshness of health and education disparities, of growing up and living in communities bereft of easy to access mental healthcare and other vital services.

So, back to that three million tax dollars—yours to spend.

You could use a slice of that money to gather and analyze data to better understand to what degree these families can’t access vital services and, equally important, why these parents and youth can’t access them. You could use data to survey local elected leaders about what keeps them from funding services. You could use the data-driven framework of continuous quality improvement (CQI) to assess the root causes that lead family members and entire communities to put their kids at risk for entering the child welfare system.

Or you could invest three million into a slick public relations media campaign.

Yes indeed, you can pay to have a very polished one-minute public service announcement that essentially says, “Get it together and fix yourselves.” This campaign will not be tied to any capacity-building process, nor will any funding be spent on actually improving services in any significant ways. But, there are high hopes that this message of empowerment will do...something.

This hypothetical three million dollar media campaign, or ones like it produced all over the nation, didn’t build in any funds for evaluation. We can’t know what happened as a result of telling traumatized families to fix themselves, if they even saw the media. We can hazard a guess that slick media messages ring pretty hollow to not only our most vulnerable populations, but also to the hard-working community service people who struggle to keep their agency doors open to keep homelessness, hunger and lack of health care to a minimum.

The era of wastefulness is over

Our point is that any governments or businesses that fail to use data to understand a problem won’t be fixing those problems any time soon, and all the slick media we can produce does not have the power to change the behaviors of those trapped, generation after generation, in a world of health disparities and social adversity.

“Without data you’re just a person with an opinion” is a quote from Edwards Deming, a leader of the Continuous Quality Improvement (CQI) movement.

On the other hand, *“Without an opinion, you’re just a person with data”* is a quote that counters Deming and is used often by those who feel that we are currently awash in data, while what’s required is critical thinking to guide us.

Can both quotes be right, or at least be instructive? If so, where does that leave you, our readers, who should be gearing up to take on some pretty serious challenges with only the guidance of data and strong opinions about social justice?

In our work with CQI, you don’t want to start with opinions: you want to look at what we call “objective facts,” supported by repeated experiments, studies or real-world examples. For example, the original 1990s ACEs study revealed that when children have been traumatized by adults, we can document and track their physical and mental health challenges. And, if we provide to people the basic services shown to eliminate health, education and opportunity disparities, we must gather data to document higher rates of health, safety, school achievement and job readiness, along with effective parenting skills in caring households.

Today, we have more data than we know what to do with. As you read this, most likely your credit card history is telling the Internet your buying habits which is preparing all sorts of customized advertising to scream for your attention. We are now entering the era of artificial intelligence, where data drives thinking machines that tell us everything from who we should date to which cat litter box to buy, but what about telling us which children are most at risk for child abuse?

Truth be told, even before this era of peak data, we had all the information we needed to understand that if you allow entire communities to live in areas where jobs are scarce, family resources near non-existent, schools are failing, behavioral health care is unaffordable, and only a local economy of drug dealing provides families with revenue, we should know how it all plays out: health disparities and social adversity.

So data tell us precisely where in a county our most vulnerable families live. We've had it mapped out for years, thanks to census data and the work of epidemiologists within Public Health. Our survey tells us why services are so hard to connect with, since both parents and youth share with us their daily challenges to find support.

So if data already tell us the why and where, it's now time to use data to answer the question: "What the hell should we do to finally turn this all around?" Given that the solutions are staring us in the face, that question shouldn't be too hard to answer.

Data are tools, but they require smart and caring people to use them

Our work with 100% Community is focused on a very specific strategy: ensure that five "surviving services" and five "thriving services" are accessible to 100% of county residents in order to ensure access to medical care and other vital services in times both calm and chaotic. It's darn simple. To provide those services, all we need is the political will, a hypothesis of how we can solve the problem, and the capacity to assess, plan, act and evaluate.

Our 100% Community course (and thousands of similar CQI trainings available online and face-to-face) will take you from a concern ("Which residents can't access medical care?") to a state of disbelief ("What? Families are actually living without electricity and water?") to what we hope is a combination of urgency and compassion ("I am so gonna get a 100% Community project going to fix that!").

The history of data-driven decision-making is still being written

If you are like most folks in most states, the term “data-driven” is plastered over almost everything we do within government, and it’s also what is guiding start-ups and established businesses. The trick is to actually use the data staring back at us on our screens—though that’s still a challenge in some localities. We have seen millions of dollars go to projects that are based on hunches, what’s been done before or the whim of the director.

Spending millions of tax dollars on nothing more than a whim should be illegal.

As you start your 100% Community innovations, focused on increasing access to services, you will enter a fascinating world of both quantitative data (intimidating numbers to some, candy to data-nerds) and qualitative data that come from the stories and inspiring life experiences of our friends, neighbors and all residents. Folks, especially those unfamiliar with data analysis, are often surprised to find out that the term “data-driven” means listening closely to residents and paying very good attention to the stories of children, parents and grandparents. Data folks know that all stories matter.

Once they are collected, analyzed and published, the stories of our diverse community members can provide the foundation for our CQI work. Yes indeed, we are in the story-telling business, and you are part of the story.

As we mentioned earlier in the book, our 100% Community initiative and all its training is focused on building systems—specifically ten systems that, if they are working well, significantly increase access to timely vital care and support while reducing the root causes of long-standing challenges that include health, education and opportunity disparities.

Our course graduates are not focused on raising awareness through workshops or public service announcements. Sure, there’s a place for workshops and lessons and awareness, but that is not our main focus, as that’s been tried for decades but rarely makes a dent in disparities.

We must commit to going upstream to supply current health care clinics, build new health care services and behavioral health care clinics and turn public schools into full-service community schools with new funding and staffing for school-based health clinics that serve students and family members. The necessity of this work is backed up by data and research. We also use data to guide us as we seek to turn dead downtowns into thriving centers for community meetings, arts districts and farmer's markets. Like all entrepreneurial innovators, we depend on research to guide us every step of the way, so that we can assess both what communities need and our capacity to meet that need. From there, we move to planning, action and evaluation. While there are hundreds of frameworks to use for implementing social change and innovations, we don't think there's anything clearer than good old-fashioned and time-tested CQI, a simple four-step process that has successfully reinvented entire industries on a global level and can most certainly guide your work with *100% Community*.

Your crash course in CQI

As we have discussed throughout the book, CQI is the ongoing process of identifying, describing and analyzing strengths and problems, then testing, implementing, learning from and revising solutions.

CQI is an ongoing effort to improve products, services, or processes. These efforts can seek small or incremental improvement over time or, in some cases, lead to a huge "breakthrough" improvement all at once. All aspects of an organization's processes, including co-worker's collaboration and serving clients, are constantly evaluated and improved in the light of their user-friendliness, efficiency and flexibility. Within the public sectors, CQI is seen as a tool used to provide changes that are both measurable and meaningful to the public.

Many people have contributed to the field of quality improvement, notably Edward Deming who is best known for his work in Japan with the leaders of Japanese automobile industry in the 1950s.

There are a number of key actions of the CQI Process. The following are those we find especially important:

- Identify an issue using data or some other reliable source of information.
- Research ideas around the reasoning behind that issue and the current level of performance.
- Set a time-bound, measurable goal the team wishes to achieve after reviewing the issue.
- Develop action steps to address the issue.

Action steps should include the person/people responsible and the target date for completion of the action step.

Track and adjust the action steps to determine if planned interventions are working.
Close the feedback loop by sharing the information learned with others.

CQI is our most favored model for quality improvement when working in the public sector with the goal of getting to results. Many people have invented various forms of quality improvement but if you scratch the service of most of them, you will see that improving a system or solving challenges comes down to four skills: assessing, planning, acting and evaluating.

CQI is the framework that will be guiding all action teams in the 100% Community Initiative. Every stakeholder involved in a particular sector should have at least a basic understanding of the CQI framework. With some projects the problem identified may be a lack of quality on the part of a particular agency. If this is the case, the action teams may propose to the agency leadership that CQI may be used to address agency's challenges. Action teams may discover in the assessment process that it's not the quality (or lack of quality) of an organization that's the problem, instead it may be that there is not an organization to provide the service.

The key components of the CQI cycle that we use are assess, plan, act and evaluate.

- **Assess:** Using data, a change agent or action team will identify the magnitude of a challenge, the capacity of local organizations to address a challenge.
- **Plan:** After analyzing data, a change agent or action team will build a measurable plan. This planning starts with researching evidence-informed solutions (to problems associated with lack of timely access to vital services or services lacking user-friendliness). We recommend using a planning tool called a logic model that identifies the goal, inputs/partners needed, activities and measurable outcomes.
- **Act:** Implement plan, working with strategic partnerships, with measurable short term, intermediate and long-term outcomes.
- **Evaluate:** Monitor progress with all stakeholders.

Each of these four components, or phases, comes with a set of questions to ensure that the change agent or action team is using data to support the improvement process every step of the way.

CQI is a Team Process

CQI cannot operate in a vacuum. Objectives, goals, and implementation are shared responsibilities and activities. When the team shares an understanding of the process, the team can move forward as one. When an action team works together, CQI is fully supported.

Quality Data and the CQI process

We need quality data that is accurate and timely in order to assess a challenge. Data need to be current and analyzed with care to support the entire CQI process. Our action teams focused on the surviving and thriving services will be in contact with a wide variety of agencies providing specific services. Data will need to guide all attempts at improvement.

Who Wants CQI and Who Doesn't

State and local stakeholders, including elected leaders, have a wide range of reactions to both CQI and a data-driven process. Data, used correctly, will show where systems aren't working or don't exist where they should. Many want this information in the fields of health, safety, education and economic development—and across the public sector. There are also those who prefer to use hunches or opinions to guide work, rather than data.

POSITIVE RESPONSES

- Opens up all aspects of work to possible improvement
- Frees up ways of thinking about work (we've never done it that way before)
- Reframes the idea of failure and turns it into an experiment.
- Makes it a process of discovery and adaptation
- Allows for growth and encourages growth
- Helps to keep priorities upfront
- Can change the culture of the office/organization
- Improves organizational accountability
- Refines service delivery process
- Supports flexibility when services need to change
- Enhances information management, client tracking and documentation
- Lends itself to design of new programs and program components
- Allows creative/innovative solutions

▪ **NEGATIVE REACTIONS OR DISRUPTIVE RESPONSES**

- People may feel threatened by CQI and use of data to assess their work, leading to fears of being judged.
- People feel a sense of loss as the old way of making decisions (by hunch, or idea of a higher up) is traded in for a data-driven process.
- It spotlights processes, services or products that aren't working, and this may shine light on ineffective investments and investors.
- It may show how certain populations are experiencing social adversity, injustices and health, education and opportunity disparities.

We provide more information about the CQI process in the Appendices, including sample answers to all the CQI questions focused on assessing, planning, acting and evaluating. We use the example of an action team considering the development of a school-based behavioral health center to illustrate how CQI works.

Dom's Journal

I was once offered what appeared to be a dream job in Seattle, thanks to my work designing data-driven continuous quality improvement programs in the child welfare systems of New York City, Connecticut and New Mexico. I would be the Senior Director of Quality Improvement and Design at a well-endowed nonprofit agency devoted to, as their PR and executive director promised, "eradicating health disparities." I would design new training and mobilize strategies to help each county in the state of Washington work towards health equity. In my entrepreneurial mind, I thought, "If I can get this model working on a statewide level, it could become a national model." For someone seeking to have an agency backing up my work, this was too good an offer to pass up. So, after meeting with the agency's leadership in Seattle, I jumped at the chance to finally work as a team (rather than as a solo consultant as I have done most of my life) and have the resources of a well-established agency to support what I hoped would be groundbreaking work.

I have to blame myself for what happened, as I utterly failed to do due diligence and review the organization's reports that evaluated their work over the last five years. Had I done so, it would have been clear that they had not moved the needle regarding health equity work in any significant way. After a month on the job, it all started to fall apart. The executive director was not interested in measurable social change and had absolutely no interest in doing data-driven work. At one point she said, "Can you design your training—based on your 'data leaders' programs—without using the word data?"

Things went downhill very quickly from there. To sum it all up, when listening to a director's rhetoric and looking at an agency's slickest websites showcasing noble visions and endeavors serving the the public, scratch the surface to see if there's really anything of substance there. If not, run.

Katherine's Journal

I was meeting with a friend who had recently attended a “community conversation” hosted by a foundation, which was in the process of trying to identify their priorities so they could fund and award grants accordingly. When I asked her how it went, she had a funny look on her face. She said, “I don’t know how to describe it. It was like they were fishing for certain information, and if someone offered something that didn’t align with what they wanted, they would either change the subject or ask leading questions. It was really strange, since the invite for the meeting said the goal was ‘authentic community feedback,’ but they clearly just wanted to be able to say they had engaged the community even though they really didn’t want to hear what we had to say.” Unfortunately, this is something I have seen and heard about a lot as a researcher. As we’ve been talking to the communities we are working with, one thing I have heard in almost every community is that they are tired of people pretending to listen to them. Community members are very perceptive, and can tell when outreach is authentic and when it is something they need to check off a list. When you gather stories and qualitative data, it is so important to actually listen.

Bottom line: To create a seamless system of care, safety and education, your county, and all those providing the services for surviving and thriving, will need to invest in the process of continuous quality improvement.

Loss and Change: Understanding the Difference between Technical and Adaptive Challenges

Adaptive Leadership is a way of addressing and facilitating change. It's a model that we avoid at our peril.

When we “Google it,” how many results come up?

- adaptive leadership framework: 24,500,000
- loss aversion definition: 13,000,000
- technical vs. adaptive challenges: 136,000,000
- the single biggest failure of leadership is to treat adaptive challenges like technical problems: 29,600,000

Amid the clutter, solutions await

LOSS VERSUS CHANGE is a concept that is fundamental to our work with 100% Community, but you really, really need to read yet another book to fully understand why. To understand why, let's talk about Dennis, who did not read *Adaptive Leadership* by Heifetz, Grashow and Linsky and suffered a huge professional defeat.

Picture young, bright and energetic Dennis, who is an avid bike enthusiast. He works for a local government, and he's been given the go-ahead and budget to implement a dream project: implementing bike paths throughout the city. He's done his homework on all the technical aspects of the project, and researched studies on how other cities have achieved this same objective. Key staff are on board to begin creating barriers between the car lanes and new bike lanes on the main street downtown. For Dennis and his colleagues, this means there's less room for polluting cars and a delineated path for the city's environmentally-conscious bike community. What's not to love? Well, as the construction begins, some very well connected business people based downtown start placing angry calls to the mayor's office. Turns out that the “review” process was so badly publicized and attended that few of the stakeholders downtown along the proposed bike paths had heard about this project and what it would do for their businesses. To them, bike paths meant losing customer parking. Long story short, some wealthy, well-connected people got the mayor and city council to halt the project for an undefined cooling-off period to allow time for further community input.

So what happened here? Dennis had the technical part of the proposed project down perfectly, from the cooperation of the contractors and city workers to the budget, time-line and even environmentally safe road paint. However, he failed to understand that bike paths meant change and loss for those next to them. Business owners feared losing business due to less parking, and, just as important, they and local residents felt as though they had lost control of their neighborhood. Their tiny part of planet Earth had been destabilized by the Death Star. To them, it was all happening too fast, and nobody had bothered to explain the positive effects of bike paths, like bringing new clients into their neighborhood. The ultimate goal should be to create a neighborhood people wanted to visit and linger in—designed for people, not cars.

This entire process is summed up expertly in a book with the inspiring full title *The Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization and World* by Ronald Heifetz, Alexander Grashow and Marty Linsky. Its main thesis is that there are two types of challenges: one type is “technical,” like how Dennis had his plans and paints in line, while the other is “adaptive” and focuses on how humans fear loss and must be convinced to buy into change in a very thoughtful way, lest they push back as they did to unprepared Dennis.

Trust us, you’ll really want to know this stuff

Before we can proceed with our bold plans for the 100% Community initiative, which in many ways represents a huge change from the status quo, we need to pause. We’re talking about redesigning communities, cities and counties so they have ten vital user-friendly services to provide vital care in times both calm and chaotic.

You may be thinking, “Who wouldn’t love our vision and plans?” or “Who doesn’t want to support surviving and thriving services?” but, unless we explain why we’re doing what we’re doing, lots of people won’t feel the love.

Instead, they’ll ask:

- “Who’s paying for this?”
- “Do all residents really deserve services?”
- “Don’t you know we’re already doing all this?”
- “Why spend time, energy and money on this when most folks are OK?”
- “Why revitalize our downtown when people probably won’t visit anyway?”
- “Who’s gonna make money off any of this?”
- “If this project gets funding, then won’t that mean less funding for my agency?”
- Lastly, “I just don’t understand how this is even possible?”

Change, to many people, is just plain loss, which can be scary. We already live in a culture that tells us at every possible opportunity that the world is falling apart. For people over 60, who happen to represent a huge voting bloc, as well as people in positions of local and state power, things are moving far too fast to keep up.

The field of study that focuses on change, called Adaptive Leadership, is one we all would benefit greatly from, even if we just had a basic understanding of the difference between a technical challenge and an adaptive one. Confusing the two can set projects back—sometimes indefinitely.

It's adaptive challenges that cause leadership and followers to retreat from (and at times actively fight against) change, unless there is a process to help them see the benefits. If you only buy one book this year, it should probably be this one, since you've already read most of it. But, if you want to splurge and get another, it should be *Adaptive Leadership*. (And if you take our 100% Community course, it's required reading, so you'll be ahead of the curve.)

Some things we promise you'll be gratified to learn and/or have reinforced by reading the book:

- Understanding the root causes of the challenge you seek to solve.
- Reflecting on why your agency or community hasn't been able to move the needle on the challenge for decades or forever.
- Identifying those in power on the city council, county commission, school board or chamber of commerce who could be allies, as well as who may initially attempt to block your progress.
- Assessing your own personal, professional and political power, and how you might leverage it.
- Designing what we call a change initiative, innovation or experiment to test out a new protocol, program or policy to improve the quality of a service or expand services.
- Adapt to changing political, cultural and commercial landscapes and focus on building trusting relationships.
- Using push-back and resistance as teachable moments, moving forward with compassion and understanding.

The “balcony”

One key element of *Adaptive Leadership* is the idea of “getting on the balcony,” i.e. stepping back from a challenge to get the big picture. Assessing the history of the problem, the active players on both sides of an issue related to your project and everyone who might be impacted directly or indirectly by your proposed changes will be invaluable when you’re trying to determine what to do next. Trust us, the authors really know their stuff, and there’s an entire industry built around *Adaptive Leadership*, one which we fully support. You can even order audio versions of the book and supplemental resources with Kate Winslet narrating.

Participants from our pilot site in Las Cruces, NM have learned effective strategies based, in part, on the key elements of adaptive leadership in order to create buy-in for change initiatives designed to service communities, cities and towns. They have formed ten action teams, each one focused on a surviving and thriving sector, in order to assess gaps in services in order to begin fixing them. In your tool box of frameworks, models and all around inspiring concepts, *Adaptive Leadership* is one invaluable tool.

Qualities to aspire to

Out of respect for the authors of *Adaptive Leadership*, we can’t reproduce all their brilliance on these pages, but let us end by reflecting on qualities related to being an adaptive leader. Adaptive leaders are self-aware and committed to understanding others. They speak truth—often uncomfortable truths—but always with respect so those being led feel valued. They’re transparent and lead by example. Our favorite is that they’re lifelong learners and support that same quality in those they lead.

Dom’s Journal

We once went into a county and co-sponsored, with a local committee, two community forums on addressing childhood trauma and getting the county, as we like to say, “to 100% (getting buy-in for the 100% Community initiative).” The reaction from the attendees was, for the most part, positive, and locals indicated interest in continuing dialogue and joining committees, task forces and action teams.

This forum coincided with an article that came out and painted a very distressing picture of local high school students, who had been traumatized and marginalized by the school district. The result was that a school superintendent told the organizer of the forums and blossoming committees that she could no longer work on anything associated with ACEs or trauma. Calls came into us from forum organizers asking what to do, as they felt their community had separated into those seeking change and those just wanting to stay “out of the papers” and news media—especially since the less than flattering article had gone viral and been reposted to almost every county’s local paper’s website. This was a classic adaptive challenge.

Katherine's Journal

Just like people, entire organizations can be traumatized, which can make change even harder—especially when bringing up adaptive challenges. You might be surprised when people respond to seemingly straightforward questions in dramatic and sometimes very surprising ways. More often than not, it is because they have been conditioned to avoid anything that might rock the boat, and the implication of change triggers a fear response.

I was once having lunch with a colleague I had known for a long time, who worked for the state's department of health. She had always been supportive of our work and I wanted to talk to her about the idea of bringing behavioral health clinics into the schools.

Me: Given that in four high school classes (at a mixed income school) more than 3/4 of the class had more than three ACEs—many with 7, 8, 9 and a heartbreaking 10, might we assume students in a neighboring county could also be enduring high rates of abuse, neglect, trauma and adversity?

Colleague: Possibly.

Me: Would it be helpful for these students and their parents to have easy access to behavioral health care, in the form of school-based mental health care?

Colleague: I don't think I am qualified to answer that question.

What I sensed was fear. And, this makes sense. For a government agency where most of the staff are just trying to make it through the day, even bringing up ACEs can trigger a fear response. Acknowledging ACEs within students starts down the path of what might seem a daunting task, making school-based behavioral health care available for students and their family members. What was happening in this exchange was a classic adaptive challenge. Yes, there are manuals on how to develop a school-based behavioral health care center—technical guidelines on how to find funding and secure staffing. But, we can't get to even talking about the "how" to address the challenge, because of fear.

Bottom line: To facilitate urgently needed change we must know the difference between a technical challenge (where the path is clear) and an adaptive challenge (where there are no guides or maps and we enter uncharted waters). We can only ensure surviving and thriving services for all residents by addressing a mountain of adaptive challenges, especially in times of crisis and rapid change.

Sharing the Vision to Achieve Collective Impact

Why the collective impact model is the best for producing collaborative innovation

When we “Google it,” how many results come up?

- what is the collective impact model: 172,000,000
- what are examples of collective impact success: 126,000,000
- how did collective impact improve reading skills: 56,200,000
- how did collective impact save a river: 18,500,000
- collective impact vs collaboration: 64,500,00

Amid the clutter, solutions await

A SHARED VISION is required for any successful social movement—and *100% Community* is as much a movement as it is a mobilizing strategy.

In the last few decades, our nation learned to mobilize around two costly health and safety challenges: motor vehicle injury by wearing seat belts and reducing respiratory problems and cancer by ending smoking on planes and in share work and public buildings.

We were even pretty “Johnny on the spot” when we thought Ebola might enter the US. We as a nation knew exactly how to focus on our collective attention and millions of dollars on that particular health threat and solve it. Another virus presented different challenges to a different set of leaders.

What is baffling to many health advocates is that after decades of health and safety crises, from AIDS to COVID-19, ensuring that all residents have access to services for surviving and thriving, including timely medical care, has not been a priority.

Until now.

Our work detailed in *100% Community*, uses two lenses. One is the lens of the social determinants of health and decades of research on reducing health and education disparities to guide local mobilization around ten vital services shown to empower families and increase health, safety and education. The other lens is that of emergency preparedness, learning from previous crises, that we are all much more vulnerable than we think.

Local leaders engaged with the 100% Community initiative are committed to thriving children, students, families and all community members. They are doing the data-driven and collaborative work of setting up ten action teams (each team focused on a surviving and thriving service) in each county to do both small-scale and large-scale, long-term projects. The 100% Community initiative is building the capacity to increase the services of health clinics, food banks and other vital services. They are working to support the development of full service community schools with health care for students and families. This community mobilizing work requires a framework shown to move people toward a shared goal and vision.

This process of sharing a vision has been packaged as a process called Collective Impact. It has decades of research behind it, and many meaningful projects have been completed by following its guidelines

In the article “Collective Impact,” written by John Kania and Mark Kramer and published in the *Stanford Social Innovation Review*, developers of the collective impact model discuss how large-scale social change requires broad cross-sector coordination and the importance of social sector focused collaboration instead of the isolated intervention of individual organizations. They describe how successful collective impact initiatives typically have five conditions that together produce true alignment and lead to powerful results: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and backbone support organizations.

The 100% Community initiative uses the collective impact model because it focuses on the power of strong leadership to get results through a shared vision and goals. The philosophy of collective impact can be applied to many large scale projects, such as creating a system of mental health services across the county to reduce childhood trauma, so we empower our 100% Community action teams with the collective impact model, along with the other tools in our toolbox.

As you mobilize around an innovation, you will find the collective impact model essential. Like so many of the frameworks that guide our 100% Community initiative, the best ones are the simplest. And, what could be simpler (and more powerful) than sharing a vision?

10 Visions within a One Shared Vision

The 100% Community initiative, as you well know by now, envisions a county where all residents have access to ten vital services. Within that process are a thousand different moving parts. Some of those components of the initiative are the ten action teams, each focused on one vital service/service sector. They function, in some ways, as county coalitions within one mothership coalition. Within each action team are innovations in various stages of development and implementation. These innovations have one purpose: ensure access to quality services for all county residents. The goal is to ensure that all activities are transparent and in alignment.

Katherine's Journal

I managed a large collective impact project for almost three years. During that time I had a close-up view of what does and doesn't work in collective impact. The good news is that it does, in general, work. People from different institutions can come together and focus on one problem, and when that happens, it can have a huge impact. But, just like everything else, it is really easy for collective impact to become a buzzword. Much like "trauma-informed," collective impact seems to be something everyone is doing right now, but unless those five components are in place, it can be really difficult to actually make a difference. Just like you can't force a couple of two-year-olds to play in the sandbox together if they don't want to, you can't force organizations to either. That is why the shared agenda is so important. If people are able to set aside egos, scarcity mentality and let go of past bad experiences, it becomes apparent that so many of our government and nonprofit institutions have the same goal: safe and successful kids and families. When organizations can agree on a shared agenda, powerful things can happen.

Dom's Journal

We need to build a collective vision of how we all benefit from ensuring every family has the resources needed to thrive. But, this will take time and patience. At one community forum that managed to attract about seventy residents—despite competing with a local softball game—there was a lively discussion about the ten sectors needed to keep kids safe. There was total agreement in favor of the argument that yes, these ten services did indeed help families become stronger and healthier. The disagreement came when some folks shared the sentiment, "Our county's parents should have access to services, but only if they 'deserve' them." "Deserve" was the hot button word, and it represents an attitude you will find in most places. Without meaning to sound glib, we figured that committing to 100% of parents makes it all pretty straight-forward. All parents merit support because all children are a priority.

Bottom line: With a shared vision and goals, a stable economic base and an understanding of how to use data and communication, you can achieve collective impact to solve the biggest challenges.

Getting to the 100% Community Goal, Step-by-Step

The nuts, bolts and algorithms of 100% Community initiative

When we “Google it,” how many results come up?

- groundbreaking work: 58,700,000
- seeing things more clearly: 417,000,000
- getting a new perspective: 491,000,000
- how do trainings motivate: 673,000,000
- how do people become activists: 79,500,000

Amid the clutter, solutions await

Eric's story

From talking with fourteen-year-old Eric and his mom, we know that near the end of the month, money gets very tight. Services like food banks, medical care and mental health care could help, but are not readily available for a host of reasons. Eric's feeling good because he's not at school today, as he considers his time there a form of mind-numbing torture. He knows of many other families like his, struggling with all sorts of problems, but he also feels as though everyone just walks along in their own private hell, without any understanding that his challenges.

Cross-sector and connected vs. isolated in silos

While the following steps of the 100% Community initiative may sound simple, it can take lots of constant mobilization to introduce all of a county's elected leaders and stakeholders to the concepts featured in 100% Community. This constant social marketing and training focused on the goal of ensuring all residents have access to ten key surviving and thriving service sectors. It all starts with ten services shown to empower families and entire communities. It should go without saying that, depending on the level of crisis or long standing disparities, the steps may change to meet the needs of a county.

5 SURVIVAL SERVICES

- Medical/Dental Care
- Behavioral Health Care
- Housing
- Food
- Transport

5 THRIVING SERVICES

- Parent Supports
- Early Childhood Learning Programs/Child Care
- Community Schools
- Youth Mentors
- Job Training

10 Steps

We provide to you our step-by-step process, with the understanding that each county may wish to customize it to meet their unique needs. You may be wondering, “Is my county ready for the 100% Community initiative?” We always wonder that after we talk on the phone with a potential county champion.

Here is one inspiring story from months before the pandemic hit New Mexico. In one county, a health clinic medical clinic director named Matt Probst reached out to us. He asked what the first step was. We said reading the 500-plus page *100% Community* was a good start. Within a week he had read it and emailed, “What’s next?” We responded, “Can you identify two community organizers and ten action team leaders all willing to read the book and commit eight hours a week of community service time to the initiative?” Two weeks later an email arrived from this highly-motivated champion with bios of the twelve person team. Again, he asked, “Now what?” We replied, “How about our 100% Readiness Workshop?” True, other counties may evolve a bit slower and that’s perfectly understandable. What matters most is that we start a dialogue about the goals of the initiative and include as many potential change agents as possible. From there, everything falls into place.

Step 1: Creating the Backbone

We connect with the core team of local champions who wish to serve as the backbone for a county-focused 100% Community initiative. Ideally, these people represent each of our ten key sectors, along with leadership from public health, emergency response, higher education, child welfare and the business community. The team will eventually be comprised of two community organizers and ten action team leaders. Sometimes these teams come together very quickly. Depending on many factors, teams emerge in weeks or months.

We work with this local team using the collective impact model that promotes:

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

Your messaging: The local team creates an email list of all elected officials in the county and all directors of nonprofits who work in the arena of health, safety and education, including leadership within public health and higher education. The team should also communicate at least monthly with all local news and media professionals (especially online media producers such as local podcasters, bloggers, vloggers, etc) and the members of the chamber of commerce. This email list is the official communication tool of the campaign to win hearts, minds and funding.

Step 2: Sponsoring Book Clubs, Community Forums and Great Conversations

We support the local team in sponsoring community forums across the county to gather feedback from those working in the ten sectors, as well as the county's youth and adult populations.

We recommend that the 100% Community team start a book club to discuss this book. In San Miguel County, NM, the initiative's team met in person and via video conference four times to discuss all four parts of the book. Each part of the book ends with discussion question to help guide the book club team.

There is also a wonderful resource in the form of a "Great Conversation" where twenty residents are invited to sit in a circle and answer a question that is the focus of the event (these are questions of relevance to the 100% Community initiative's goals). This process of community engagement, by the powerful process of listening, is quite engaging and can be a stepping stone for residents becoming change agents within the 100% community initiative.

Through a series of forums and events, the local 100% Community teams listen carefully to all comments, concerns, suggestions and ideas, creating a report that details the wide range of perspectives on how ensuring access to vital services can address public health concerns. The more dialogue that can take place across the county, the more informed program staff will be about the change that the 100% Community program may represent. To many, change can mean loss, and any successful initiative like ours must acknowledge their feelings with respect and patience.

Step 3: Convening Leaders in 10 Sectors

As we noted in Step 1, sometimes a local twelve-person team comes together very quickly. If not, local team leaders convene a series of meetings of agency leaders from all ten sectors to assess their interest in 100% Community and their capacity to devote time to project development. Eventually, the plan is that they will commit to leading or joining an action team (with the goal of developing their in-agency projects or collective projects). Buy-in is what matters most, either as supporters of the 100% Community initiative or actual participants. 100% Community action teams are comprised of members who commit to weekly work, and completing the 100% Community course. The goal of the action teams is to strengthen services so that 100% of residents have access to them in a timely manner.

Step 4: Conduct the 100% Community Survey

This county-wide survey assesses to what degree local county residents have access to the ten key service areas/programs. These data will identify gaps in services in specific areas of the county and why there are challenges accessing services. This survey data provides the 100% Community initiative with focus areas for innovations and projects. Additional informational interviews with governmental and non-governmental organization leadership can provide valuable insights into the capacity to increase services.

Step 5: Sponsor a 100% Community Town Hall or Summit to Share Survey Results

Local team leaders invite all county leaders, stakeholders and the public to an event where they share the findings of the survey, detailing where gaps in services exist and why residents reported they had challenges accessing services. Leaders from all ten “surviving” and “thriving” sectors share their current work to address gaps and offer opportunities for residents to work in alignment with the efforts of public health, city and county government, school boards, nonprofit agencies, child welfare, higher education, and the business sector.

Step 6: Recruit for and Launch the 100% Community Course

The team leadership and current (or prospective) action team members take the 100% Community course that is customized to meet local needs:

- Lesson One: Engage with the Community
- Lesson Two: Assess the Challenge
- Lesson Three: Plan with Research and Logic
- Lesson Four: Act with Partnerships
- Lesson Five: Evaluate Progress
- Lesson Six: Partner and Build Strategic Relationships
- Lesson Seven: Program for Results

This 100% Community course prepares both the county initiative co-organizers and the leaders of the ten action teams to work in alignment. As we have shared earlier, the 100% Community initiative is unique in that it is actually ten county coalitions—each one focused on one vital services sector—working together to get all ten sectors serving 100% of county residents.

Step 7: Planning

Once our action teams have the survey data and have been through the 100% community training, they are ready for finalizing the assessment phase (analysis of survey data) before beginning the planning stage. All too often, nonprofit and government initiatives skip this step. Teams will review the research for each sector, much of which is outlined in this book and on our website. Teams will then consider possible funding sources and develop a detailed action plan, including who is responsible for what and when each step can be expected to be completed. We will also develop a logic model (see Appendix L) so that everyone can see how the plans will lead to the desired outcomes.

Step 8: Implement and Support all 100% Community Projects/Innovations

Team leadership support the 100% Community projects designed by course graduates, who are now action team members. These will be projects in all ten sectors with varying timelines, from a few months to years. While projects unfold, program leadership continues to build relationships and a common language that describes the data-driven process of increasing vital services with all county elected leaders and stakeholders in ten sectors, along with those in public health, higher education and child welfare.

Our community projects are all backed by data and research, following the data-driven four-step process of CQI: assessment, planning, action and evaluation. Our 100% Community course graduates take on big systems-level change projects, as well as on-going public awareness building. As a result of their short, intermediate and long-term work, we can measure improvement in ten vital services, with an emphasis on access to medical care, food and transportation to services.

Our long-term projects have the power to create a system of medical, dental and behavioral health care where none existed before, as well as address all forms of health, education and opportunity disparities. We can pass policies that create new funding streams for family-focused and student-focused services, or focus on economic development to work on revitalizing an abandoned downtown.

Step 9: Sponsor a “Sharing Progress” 100% Community Summit on Thriving Communities

Local team leaders invite all county leaders, stakeholders and the public to an event to share the findings of the survey, which details how 100% Community projects are reducing gaps in services and other accomplishments. This event provides an opportunity for community dialogue, brainstorming and reflection as the project gets ready for year two. Because this is a CQI process, we move from evaluation back to the assessment process. As the 100% Community initiative continues, improvements and enhancements are ongoing.

We should note that each action team’s co-community organizers, action team leaders and participants should be involved in the main county summit, which creates a report back to the community on progress made within each sector. Action teams may also wish to sponsor their own summits, focused on their unique areas. These summits provide opportunities for deep discussions, data sharing, providing innovation updates, brainstorming on funding and institutional support, and recruitment.

Step 10: Celebrate small successes while working on big ones

Team leaders convene all action team members to acknowledge all the work they have done, sharing the successes and challenges. The team reaches out to other similar capacity-building programs (in the county or other counties in the state) to compare notes. Though we have an eye on long-term outcomes, we should also celebrate our small successes. This initiative is all about showcasing innovation that increases the health and safety of all county residents. Over the years, the initiative will become part of local government, institutionalized like the departments of police, fire and parks. Ideally, this will be in the form of a “City Department of Family Resilience.”

A Customizable Process

The process detailed above can be customized to meet the unique needs of your county residents. With your energy and insights, we can create a county with the vital services to meet all resident's needs during normal times and in times of crisis.

Not Tinkering Around the Edges

The 100% Community is not business as usual, which should be clear by now. Our initiative is unlike most other ventures that seek to ensure healthy, safe and resilient lives of all residents, because:

1. We are not a short term fix: instead, we are a process that will change how all your local government and nonprofit agencies view their role of serving all residents.
2. We are seeking solutions and wide support from both the public and private sectors, harnessing human and technological ingenuity.
3. We are, by the nature of our work and philosophy, a movement to ensure vital health services for all residents. We are joining a long list of collective action movements to ensure equity and end health disparities.

Through relationship-building, community mobilization and communication, you will be able to do three things:

- **Engage:** Dialogue with leaders and the public to share the importance of having access to the vital services that keep 100% healthy.
- **Mobilize:** Invite county residents to become involved in promoting health, safety and resilience for all residents.
- **Solve:** Empower and activate the change agents through the 100% Community process. Through research focused on the social determinants of health, innovations in every family and student-serving sector, and advances in technology, we address our long-standing health and safety challenges.

The Roles and Wearing Many Hats

Whether you are currently leading a 100% Community initiative or taking a course within one, here are the basic roles to keep in mind.

Initiative leadership: In most counties, leadership starts with one or two people who see the promise of our strategy—and can connect the dots. They most likely become the initiative's co-community organizers.

Communications and tech guru: In so-called “normal” times, communicating with agency leadership is important. In times of crisis, communication becomes vital. You can visit Appendix L to view our Readiness Checklist in times of a public health crisis. The county initiative requires a very organized person who can organize all the emails and contacts of county stakeholders. The first step of the initiative’s communication strategy is to achieve the capacity to reach all key players in your county’s unique world of local health, safety and education. An initiative list-serve includes all task forces and action team members, partners and gatekeepers.

Task forces vs. action teams: We have found that there are two types of participants in the initiative. First, there are those who want to be kept abreast of all initiative activities and enjoy some professional development in monthly meetings. These folks meet in the sector they are interested in, sharing a table with colleagues. (For some community groups and initiatives, the very act of meeting is a huge accomplishment.) We wish to support all those who commit to attending monthly meetings, but may lack the capacity to do more than share updates during meetings.

Then, there are also county stakeholders who are committed to action, turning data into solutions. These are the folks committed to being action team members, taking the 100% Community course and reading this book. Action team members also enjoy monthly meetings, which share a table with local residents interested in initiative updates, but are actively engaged in developing initiatives and projects focused on improving the quality of ten services or expanding those services. Action team members meet weekly (face-to-face or virtually, through video or phone conferencing, to check in on progress).

In order to make progress in ensuring a reduction in health disparities throughout the county, we will need a large number of community stakeholders committed to measurable and meaningful action, utilizing systems of data-driven innovations designed to build infrastructure.

Action team leadership: Your community organizers will want to ensure that each action team is led by a committed and communicative leader. To work in alignment with the other nine action teams and with those entities and agencies outside of the 100% Community initiative requires expert communications skills, although technology can help here.

The Task force on historical trauma and cultures: Ideally, these are folks with knowledge of past challenges that have historically affected the area and can share findings with initiative members and the public. This team can create a safe space to talk about race, class, gender, age and all the ways we are different and alike.

Survey and data team: These may be representatives from the research department of a local university who can help implement the 100% Community survey, as well as other tasks related to data collection, analysis and publication. This person or team will also help track the progress of the action team’s initiatives and experiments.

Trainers and facilitators: You will most likely have engaging trainers and facilitators as part of your initiative. If not, reach out to the developers of 100% Community. Workshops on a wide variety of skills can also be offered at monthly initiative meetings.

Evaluators: These people may be part of the survey and data team, or may be outside contractors hired to assess the work of the initiative. We are very clear about moving toward specific short-term, intermediate and long-term outcomes. Therefore, evaluation is a vital component of the initiative, and who better to evaluate than an dedicated evaluator?

Grant writers and developers: These are people who may or may not be part of your initiative, yet they are vital. Until the 100% Community initiative work is institutionalized by city and county government), each initiative needs funding to operate. While most participants already have full-time work in agencies to serve on action teams, resources will be needed to support daily management, supplies, and a yearly county summit to share all findings and progress. Outreach to foundations, the chamber of commerce, and state, county and city entities will be of value here.

Our destination

This book is intended to serve as an introduction between you and your community and us, the authors and co-developers of 100% Community. It is designed to be a blueprint for taking a county from a place of health disparities and social adversity to one of health access, resilience and opportunity. Ultimately, our work in ten sectors leads to buy-in from city governments, county governments and school government so that elected leaders can quickly see the cost-benefit of institutionalizing the ten “surviving and thriving” community services.

“What does institutionalizing all this look like?” is a question we get a lot. The answer is: a future where any youth, student, mom, dad or grandparent can visit the website of the city or county in which they live to find a “Department of Family and Community Resilience” providing links to user-friendly services in their ZIP code. This future “department” will assess yearly to what level families and all community members have access to services and support to reduce all disparities. It will ensure that all ten sectors are able to meet the needs of 100% of county residents.

It's a future "department" that is also staffed to support the implementation of a variety of surveys to assess the health and safety of residents. Essentially, our 100% Community work is the catalyst for governments and non-governmental agencies to start prioritizing the safety and success of 100% of our families and all community residents. It's as radically simple as that.

Dom's Journal

It comes as a surprise to some participants in our 100% Community course and data leaders programs that they can't just pick any old project they wish to focus on. They need to follow criteria based on the key components of continuous quality improvement (CQI) and answer questions related to their prospective project as they slowly move through assessment, planning, action and evaluation stages. We ask our teams, "If this project is a go, what is the projected change, as described by a measurable and meaning metric?" We refer back to our fourteen-year-old Eric and his family during our training to challenge our teams to tell us, using data and research, how their project has a good chance of making the life of Eric and his entire family better in significant ways.

Katherine's Journal

When we were developing the 100% Community model, I had really hoped I would come across a mobilizing process, a step-by-step guide to the data-driven reduction of health disparities that was already published in an easy-to-use training manual. Indeed, we found many brilliant scientists and thinker who had done amazing work, and including those who refined the process of continuous quality improvement, collective impact and adaptive leadership. We also benefited greatly by reviewing the decades of research focused on the social determinants of health. Unfortunately, we could not find any training process that had been invented to truly mobilize county leaders so that every resident had access to the services for surviving and thriving. Based on our work with CQI's assess-plan-act-evaluate process that we had tested in our Data Leaders for Child Welfare training, we worked to take what we tested on a state agency level (Child Welfare) and apply it the capacity-building process on a county level. What we offer is not a quick fix training. Instead, we offer a way to mobilize for a systematic long-term project, a groundbreaking 100% Community initiative.

Bottom line: With a deeply committed team, a sense of urgency and clear practical steps, the 100% Community unfolds with the capacity to do groundbreaking work that can impact all county residents in measurable and meaningful ways.

Knowing Historical Disparities, Historical Trauma and Resilience

Our action team on historical disparities and trauma can create an ongoing dialogue about history to right wrongs and ensure health disparities and injustices are addressed

When we “Google it,” how many results come up?

- Historical trauma theory: 30,500,000
- Native American historical trauma timeline: 2,320,000
- Social class and oppression: 45,300,000
- How do race, class and gender intersect in contributing to social inequality: 6,630,000
- Sexism and homophobia: 15,700,000
- Oppression of children: 47,200,000

Amid the clutter, solutions await

WE ASK THAT you take a long, quiet pause to reflect on the centuries long list of crises our diverse society has endured. While a public health crisis may disrupt our lives today, a long painful history of man-made challenges has diminished the lives of many residents for as long as we have been tracking crises. We live in a country that, for the most part, gave only lip service to social justice and equality by requiring this disclaimer in an organization’s policy guidelines for employees and clients:

Non-discrimination Statement and Policy. We do not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation or military status, in any of our activities or operations.

The above statement is a vital first step in addressing disparities and requires hard work and vigilance to bring into reality. Our goal, through our 100% Community initiative, is to make sure these powerful words are far more than spin.

The citizens of these fifty “united” states that many would argue are more fractured than cohesive, have a long history of traumatizing each other. While we may focus on creating services to support community health, trauma has been a reality for many people across this continent for as long as this country has existed, and long before it became known as the United States.

Many identities, many disparities and many traumas

People are complicated. We have many identities based on a host of factors: race, class, gender, age, sexual orientation and religion, to name only a few. While our differences and diversity are cause for celebration, they have also been (and continue to be) catalysts for conflict, leading to trauma and other challenges.

A quick Google search on racism alone reveals 135,000 articles. We don't lack information on how differences have hurt us, and this painful history in the US goes back centuries. We do not have a way to have difficult conversations about our hurts and what we need to heal.

We need to create a safe space for community members to discuss each of these forms of trauma. We need ground rules and guidelines so that our pasts and presents can be explored with candor and compassion. Let's take a look at some of the historical and ongoing traumas your community might want to discuss here:

1. Colonists traumatizing the indigenous/native populations
2. Men traumatizing women
3. Rich traumatizing the poor
4. Adults traumatizing children and youth
5. One race traumatizing other races
6. Heterosexuals traumatizing homosexuals
7. Long-term residents traumatizing immigrants and newcomers
8. Religious majorities traumatizing religious minorities
9. The formally educated traumatizing those with less formal education
10. People without disabilities traumatizing those with disabilities

Each of these forms of trauma come with very complicated histories. Our roles have also changed dramatically, so exceptions and entire role reversals in power structures also exist in some circles. For example, it is entirely possible for a female to harass a male in both the personal and professional world. People with lower incomes can intimidate those with higher incomes. Unwelcome romantic advances can come from people with any sexual orientation. These are only a few of the many aspects of trauma that make any conversation complicated, difficult and very necessary.

Racial trauma is a real phenomenon, and just like childhood trauma, the research is showing that incidents of racism are related to poor health outcomes. Though this is a difficult conversation and will make many people uncomfortable, it cannot be ignored if we want to prevent trauma and truly support every community member in thriving.

A County task force on disparities and historical trauma

While we want our ten action teams to be working hard across the country, increasing access to services and making quality improvement a goal within each family-serving agency, we also wish to create a culture that is deeply respectful of the past.

Those of us working to create communities that serve 100% must do the due diligence to understand our long and painful history of trauma. In addition to our 100% Community action teams working in each county to improve services in ten sectors, we also have a Task Force on Historical Trauma and Cultures. This task force, guided by historians, ensures that each county resident has a comprehensive background on our painful past in order to find healing in the present.

Ongoing courageous conversations

We will engage in what the authors of Adaptive Leadership call “courageous conversations,” or community dialogue in a safe and respectful environment that allows participants to share their histories and stories. 100% Community can only heal a community if it provides a space to discuss our histories and our very, very long road to acknowledging and ending trauma and disparities.

Katherine’s Journal

I grew up in Española, New Mexico, one of the most traumatized and historically marginalized communities in the state, and probably the nation. Through my work, I have had the opportunity to participate in many trainings and workshops on the topic of equity and racism. It is only through these trainings and years of studying psychology that I have begun to realize how much of an impact the community I grew up in has had on my life’s trajectory. I could fill a book with these stories (and some day I probably will), but for now I’ll give one example. When I was working for the Children, Youth and Families Department (CYFD) as a Bureau Chief, there was a deputy director, someone in a position higher up the chain of command than me, who thought it was really funny to make Española jokes. She would say things like “watch out, the girls from Española are going to start fighting,” or “better lock up your stuff, the girls from Española are here.” It wasn’t until I attended a training that specifically described microaggressions and the impact that microaggressions can have, that I realized how much harm this person had been doing to me. At the time, I only knew it was annoying and offensive.

Now, I realize that microaggressions like this have hurt me my whole life. When we are constantly told that we are inferior because of where we come from, or what we look like, no matter how much education we have or what we have accomplished, we start to internalize it and eventually start to believe it. This can have huge impacts on our mental and physical health, but it can also cause us to hold ourselves back from opportunities—which are already probably lacking for those of us who grew up in marginalized communities.

Dom's Journal

I grew up in what most of my fellow high school students would call “the other side of town.” In working class Costa Mesa, California we had one high school until nearby Irvine and Newport Beach became boom towns for the engineering industry. These engineers wanted nice homes with pools and a state-of-the-art high school. This new school would serve the students living in the housing tracts of the upper middle and upper classes with only a few neighborhoods of “old Costa Mesa” in a zone where students would be allowed to attend. I was thrust into another world, in classes where students would talk about spending weekends in Lake Tahoe or Palm Springs and week vacations on Hawaii.

I will never forget watching my new friend Lauren write a check for clothes and not bothering to enter the amount in the registry. I asked her, “Don’t you need to keep track of what you spend?” “Oh no,” she said with a smile, “my dad does that for me.” It was then I realized that Lauren and her neighbors with the pools lived in a very different world than mine. I didn’t have a name for it then, as my next door neighbors in my apartment complex just called the Laurens of the school, “the rich kids.” Truth be told, I mixed easily with all sorts of students, including Lauren and her very caring and generous family, but as high school graduation came my wealthy friends talked about the private colleges they would be flying off to. I had no clue about college because that topic never came up in my traumatized home. And, no school counselors ever pulled me in to their offices to explain how college worked, what it could do for me and my future, that I might be a good candidate for higher ed, and that there were even scholarships.

Looking back, what I experienced was a class divide. While my pal Lauren went on a whim to shop in malls with ocean views, my deeply troubled and isolated mom would occasionally buy me clothes at Goodwill. My point is that class, along with race and gender, need to be discussed and explored openly and respectfully. We need to talk candidly about resources, challenges and opportunities that help all students, especially those “from the other side of town.”

Bottom line: Once we acknowledge our long history of trauma, adversity and disparities, we can start to heal those who are still hurting and provide a path forward where opportunities for health, safety, resilience and success await.

Measurable and Meaningful Progress: A Timeline

We propose a realistic yet urgent timeline, based on our current capacity for change

When we “Google it,” how many results come up?

- how long does it take to build a hospital: 802,000,000
- how long does it take to create a community school: 8,420,000,000
- how long does it take to address a public health crisis: 1,150,000,000
- how long does it take to create a food bank: 4,210,000,000
- how long does it take for emergency preparedness: 137,000,000

Amid the clutter, solutions await

WE KNOW FROM using continuous quality improvement in our work within government agencies of New Mexico, Connecticut, New York City and Pennsylvania, that all successful change initiatives require the time to completely assess what challenges are being faced. We also know that in times of crisis, all phases of continuous quality improvement can be accelerated for rapid response.

Not all states share the same unique struggles or collective health disparities, nor have the same visionary leadership and commitment to public health. Yet as a nation, all fifty states face daunting challenges in the form of economic disruption and an overburdened health care system. On the positive side, all fifty states have incredible opportunities to become places where 100% of residents benefit from health, safety and opportunities.

How are we doing: a self-assessment

A key part of our work with the 100% Community initiative is not only assessing challenges that surround us, but also measuring the capacity of our own organizations to address those challenges. We must often pause for deep self-reflection during this long-term process of change and improvement.

From our review of collective impact projects, we know that initiatives taking on large social challenges may take five to ten years to meet their long-term goals. However, we fully expect to see changes far quicker than that among our city, county and state elected leaders. Within year one of a 100% Community initiative starting, we can expect to see mobilizing across a county, leading to more support for policies and programs to ensure the health and safety of all residents.

The timing may never be better

We can't quite estimate how long it might take one county to ensure that its residents have access to quality medical care in a timely fashion—along with our nine other vital services—but we are optimistic. Many factors are on our side:

1. The Internet pushes ideas and solutions. We can easily see how a city solves a problem, what it costs, how it was implemented, who it serves and how it benefits residents.
2. A public health crisis shows how fragile we all are, especially in regards to timely medical care. Our goal is to harness this concern and discontent then focus it on creating solutions.
3. That very old saying, “think global, work local” is back with a vengeance, as we all can see quite clearly that solutions, in order to be sustainable, require the buy-in of elected leaders living in our community.
4. We can finally connect the dots between public health security and quality of life. We won't succeed in learning, working or community life without a stable health care system that can respond to a crisis.
5. You're reading this book along with many others, learning a step-by-step process for ensuring that our nation's systems of health and safety are the number one priority.

Phases to Consider: A (Rough) Plan of Action

We know that giving 100% of families and community members access to ten surviving and thriving services is not going to happen immediately. However, we also know that a lot can be accomplished in a few months. Sometimes a surge of philanthropic funding can mean a local health clinic can increase capacity to serve residents. Adding a food bank to a school can reduce food insecurity in a community. A vacant building can be made available quickly to become a youth mentoring center. Important solutions can happen fast if the right people collaborate.

We believe that with a committed 100% Community initiative team, each year of implementation can bring meaningful projects and measurable results. The following is a rough plan that should be iterative in nature, evolving as we learn more from each community and county.

In our experience, it all starts with champions of the 100% Community book, the shared vision, the coming together of ten action teams leaders, and the clearly articulated and supported initiative.

As mentioned earlier, action team leaders and members are professionals working in their respective areas of interest with the capacity to take on 100% Community innovations. In some counties, they have teamed up an experienced professional with a young student, creating intergenerational team leadership. This is an idea we like.

Project phases

Phase 1: Assessment

- Establish and populate the 100% Community county initiative with a twelve-person team of champions (two co-community organizers and ten action team leaders). Set rules of governance using the collective impact framework, including identifying a sponsoring organization (a governmental or non-governmental organization).
- The team reads *100% Community*, ideally in a collective book club format and answers all questions at the end of each of four parts. This is followed by a readiness workshop.
- Support county assessments using the 100% Community survey to measure gaps in access to ten vital services (reported by parents, youth and all community residents). Analyze survey results to pinpoint where gaps in services exist and determine why.
- Form collaborations within the county with leadership within county government, city government, public health, private health providers, school districts, higher education and child welfare leadership to develop action teams that will address gaps in services.

Phase 2: Planning

- The team completes the 100% Community course, increasing their skills in all four phases of continuous quality improvement: assessing, planning, acting and evaluating.
- Each action team identifies all service providers in their sectors, including names of directors and contact information, building a database of resources.
- Each action team identifies all local committees, task forces and local programs currently doing work in their specific service area. Team leaders reach out to other groups to work in alignment and share resources.
- Ten action teams research into challenges identified by the 100% Community survey and data-driven solutions (identified in Part Four of the book).
- Create and support a task force on historical trauma and cultures.
- Create and support a task force on economic development.
- Action team members are provided with ongoing technical assistance and professional development focused on how to develop innovations and projects, all designed to increase accessibility and quality of services and emergency readiness. Each project is guided by a logic model. (See Appendices.)

Phase 3: Project action and implementation

- Action team members begin development of short, intermediate and long-term projects with buy-in from local elected leaders and stakeholders. All work is guided by the following frameworks: collective impact, continuous quality improvement (CQI) and adaptive leadership.

Phase 4: Evaluation, scaling and sustainability

Conduct rigorous evaluation of all activities to do the following.

- Evaluate progress, identify community leaders who can support the CQI process for each sector in each county and provide technical assistance for these leaders.
- Work with county and local elected officials to integrate the 100% Community activities into their internal governmental work so that they can continue to institutionalize the capacity-building work in ten sectors and assess the population for health and safety challenges.

Your plan will be different

We have illustrated some aspects of our 100% Community initiative to give you a sense of the structure yours might take. Our 100% Community vision, our way of working, timelines, staffing, budgets and long-term objective of becoming sustainable and institutionalized should serve as a guideline for you and your community. We also acknowledge that each state and county is very different, requiring adaptation and customization to meet your local challenges.

Your challenge. Your opportunity.

Unfortunately, our national culture ignores incredible injustices while promoting a hall of mirrors where some government leaders produce slick public service announcements that ask, in the most moving way possible, for troubled families to fix themselves without help. There exist some foundations that produce spectacular annual reports on initiatives that fail to move the needle on meeting needs in any sustainable way. TED Talks gush with compassion and wisdom, yet rare is the three-minute spot for showcasing how to disrupt the soul-crushing class system and end centuries of disparities. And, many of the economically privileged make magnanimous donations to what we call charities (regardless of their track record or effectiveness), but most do not actively support systemic change that could end a host of inequities. We truly do wish to avoid making sweeping generalizations about our country's powerful elite, but we need to question why our current systems of care are left to crumble (or in some cases fail to exist).

Addressing crisis-readiness and long-standing disparities is challenging and vital work. Being part of the 100% Community initiative should help you see an imperfect world where solutions hide in plain sight or could be in reach with the right support of governmental leaders. If all goes according to plan, you'll be supporting change agents, guided by compassion, courage and a sense of community.

Dom's Journal

Many years ago, I was once pitching a proposal for reducing youth injury, violence and substance misuse to my boss and his boss at a meeting within a governmental department. I described my community mobilizing and education plan and my boss' boss asked, "So, can you get injury rates down fast?"

I responded, "Changing the behaviors of youth doesn't quite work that way. First, we need to engage with the local county leaders, working on buy-in. Then we assess injury rates and root causes. From there, we educate community stakeholders and elected officials on evidence-based policies and programs. Once we do implement new policies and programs, it could take years for rates to show significant reduction. But, if all goes well, we could see the needle move in few years or so."

“Oh, I see,” was the somewhat disappointed response from my supervisors. I was asked, “But what change can we get in this funding cycle? We need to show people we are doing something.”

“Right,” I said. “But remember how many decades it took for the public health world to get folks to use seat belts, once we got car manufacturers to install them? And then the decades it took to get everyone to stop smoking indoors or on planes.”

My boss and his boss pondered all of this and, to my surprise, gave me the funding to start my county initiative without having to guarantee unrealistic outcomes. They were on board as long as I could document short-term, intermediate and long-term outcomes.

Katherine’s Journal

I was bureau chief for the Child Protective Services: Research, Assessment and Data Bureau during a federal review process called Child and Family Services Review (CFSR). The process is basically a big CQI process. After a quality assurance review of several cases throughout the states, the feds come back with a list of what needs to be improved. Then the state develops and implements a plan for improvement, at which point it gets reviewed again. In theory, this is a great process—a way to help states improve their internal processes and, most importantly, outcomes for kids. The problem is that when deep systematic problems are spotted, sometimes the needed changes will not have an impact on outcomes for many years. We saw this happen during the CFSR in many states. Because they only had about two years to improve outcomes, states tried to focus on quick fixes, many of which wouldn’t have huge impacts on the safety of kids.

A similar phenomenon can be found throughout government, as elected officials and their appointees often have only four years to demonstrate results so they can get reelected. The problem is that, even if you plant the seeds of an effective solution now, it will only bear fruit for the next administration. That is why it is so important to collectively agree on a goal: it shouldn’t be only the mayor or the cabinet secretary who wants to see outcomes improve. If the entire community agrees that 100% of children should thrive, that will remain a focus regardless of election cycles.

Bottom line: We need a countdown to results—easy wins and tough long-term objectives. What helps is a sense of urgency, fueled by a passion for families and communities.

The Capacity to Train, Facilitate and Learn Is a Gift We Must Share

Our job is to create countywide systems of learning and empowerment for change agents, especially in times of crisis and uncertainty

When we “Google it,” how many results come up?

- how learning occurs in the brain: 79,100,000
- what changes in the brain when we learn: 478,000,000
- how lecturing doesn't work: 5,170,000
- why keynote speakers are not working: 34,100,000
- how artificial intelligence is changing teaching: 72,200,000

Amid the clutter, solutions await

LEARNING NEVER ENDS within the 100% Community world. In so-called normal times, training keeps us up to date on the best ways to work effectively. In times of crisis, we require new skills, tools and insights.

“The capacity to learn is a *gift*; the ability to learn is a *skill*; the willingness to learn is a *choice*.” So said American author Brian Herbert.

To ensure that all residents can access the services for surviving and thriving, we need to create both statewide and countywide systems of blended learning to educate, empower and inspire.

While we have at least four decades of public health and safety crises behind us, starting with the AIDS epidemic, we have yet to train all county stakeholders to ensure that all residents have access to health care and other services. We now have an opportunity to train community stakeholders to strengthen vital services in a data-driven and cross-sector manner. You are, quite literally, holding in your hands the first published guide to creating a seamless system of care, safety and learning that can end health and education disparities on a county level.

Learning from another epidemic

When AIDS hit the national news in the United States, you could hear a collective scream of terror and fear. Was the blood supply at risk? Should students who were infected be allowed in schools? What about doctors and nurses who might be exposed? Should we put the infected in isolated areas or camps? It was a very scary time.

A massive public and professional education campaign unfolded, including training for:

- Health care providers
- Hospital staff
- Police and fire departments
- Schools
- Colleges and universities
- Workplaces
- Social workers
- Parents

Today, solving the problem of vulnerability to a sudden public health crisis merits nothing less than what we did to prevent and treat AIDS. We must take the lessons of the past and develop new tools and approaches, then provide ongoing training for educators, health care providers, elected officials and nonprofit organizations staff.

What we teach, and how technology helps

100% Community action teams in all ten sectors will handle two opportunities and challenges:

1. If key services are not available and 100% accessible, we may need to improve access to services by expanding currently available related services or building new ones from scratch.
2. If services do exist, but their quality is poor, residents don't know about them, they are hard to get to, or they struggle with funding, staffing and incorporating technology, we need to support them with continuous quality improvement (CQI: assessing, planning, action and evaluation).

We know that folks in leadership and community work want to learn as quickly and efficiently as possible with the least amount of overhead, cost and organizational time. These days, that translates into online training. Fortunately, this is not untrod-den ground. The systems and processes for online training are well established and the material lends it self to both live and recorded video presentations by experts and real-time one-on-one video conferencing.

A menu of training

We offer a variety of in-person, print and online learning experiences to the 100% Community teams and community stakeholders to support the data-driven and cross-sector strengthening of community health and safety systems.

100% Readiness Workshop

The 100% Community Readiness workshop is for the twelve-person, local 100% Community initiative team, committed to the collaborative and data-driven strategies of capacity-building. This workshop, which can also be delivered virtually, gets all members of the county team and initiative developers on the same page and provides an instructional overview of how to implement the 100% Community survey. We are all about alignment and establishing a very clear shared vision.

100% Community Course

The 100% Community course is for change agents who are committed to a collaborative and data-driven strategy focused on preventing adverse childhood experiences.

The course is based on decades of research in childhood adversity, the social determinants of health, collective impact, continuous quality improvement and using state-of-the-art technology. Our course supports leaders from the community, government, nonprofit agencies, foundations, technology firms and businesses who believe our children's safety and success are our number one priority.

100% Community is focused on developing real-world projects and is based, in part, on the Data Leaders for Child Welfare course implemented in New Mexico, New York City, Connecticut and Pennsylvania over the last five years.

The seven-lesson course can be customized to adapt to the unique needs and scheduling of the workforce. The lessons include:

- Lesson One: Engage with the Community
- Lesson Two: Assess the Challenge
- Lesson Three: Plan with Research and Logic
- Lesson Four: Act with Partnerships
- Lesson Five: Evaluate Progress
- Lesson Six: Partner and Build Strategic Relationships
- Lesson Seven: Program for Results

An opportunity to work very differently

The 100% Community course, as well as additional CQI training available online, can be customized to meet the needs and schedules of local county participants, enabling you to offer face-to-face and online instruction and coaching. Course participation is for action team leaders and members, attending in teams of two or three. Each team develops a project to strengthen their agency's or community's work in their particular sector (such as medical care, food, transportation, etc). These projects focus on increasing access to vital services and may require changes to existing service organization policy, programming or protocols. It might also mean creating new organizations or projects. "Part Four: Workbook for Action Teams" offers a wide variety of projects focused on the ten "surviving" and "thriving" sectors.

Final thoughts on learning

100% Community supports life-long learning among its leaders and all the communities they serve. We envision each state having robust, state-wide systems of learning that infuse each county with the resources needed to make health, safety and resilience a priority now and into the future.

Take a moment to think about all the resources in your community and who carries out the most successful training programs in both the private and public sectors. Ideally, the higher education institutions in your county or region will be able to offer advice, support and solutions for your training efforts, which is why building a relationship with college and university leaders is important.

Dom's Journal

I once attended a software conference where the registration process blew me away. In addition to the basics (paying fees, providing contact information, etc), I was able to create a short bio on their conference site with a profile picture and a list of keywords (health programming, animation, blended learning, etc) that described my main interests. I could review other profiles and send attendees messages like, "Hey Janine, your program in Singapore sounds awesome! Please look at my bio and if you think we might be in alignment, let's meet during break #2."

Conference organizers had scheduled the two days with many "meet/greet" breaks designed specifically for this type of networking. I actually connected with four folks from across the globe and had inspiring thirty-minute chats. The keynote wasn't even that long: a high-energy software company owner welcomed us and encouraged us to not only attend workshops but to use the "meet/greet" feature and make connections. He half-joked that the idea to create a way for attendees to connect, which was a key component of the conference, had been inspired by speed dating and dating apps.

For yearly 100% Community Summits, we pitch events that are all about inspiration and motivation. We want “ah-ha” moments and epiphanies, and while we still want real content, we also feel the need to create an experience that invites people into the 100% Community process. We start with data, using infographics to show where the gaps in services are, as well as what parents and youth are telling us about why resources are hard to access. We suggest that each county program should identify one person for each of our ten sectors to give a motivational three-minute talk on their action team’s work. In less than an hour, the audience will have a global overview of survey results, identifying where gaps in our five survival and five thriving services are, and an overview of all ten sectors that action teams are working on. This hour is followed by a “meet/greet” where the audience is invited to talk with action teams members in a poster-session-like format. The goals are connection, networking and building relationships.

Katherine’s Journal

We spent years developing a process of learning and empowerment for some of the most stressed professionals in the nation: the managers of child protective services county offices. We combined highly interactive classroom days with open labs for brainstorming concepts introduced on day one and coaching from instructors with a web-based course that folks moved through at their own pace. We got high marks from participants and feel as though we blended just the right ingredients together, which also included using a very nice environment with state-of-the-art technologies and a free and healthy lunch, allowing folks to de-stress and network. We had more than a few conversations—which required us to lobby with upper management—about allowing us to keep using calming learning environments and to provide a complimentary lunch in a relaxed place. This was often the hardest battle to fight, as management was worried about spending money on something as seemingly trivial as lunch for their staff. But, we continued to fight the battle, because the data showed that the lunch and location enhanced the training. Participants felt that the location of the training gave them the opportunity to truly focus, and not risk getting pulled out of the training in a crisis. The lunches provided the opportunity to network, talk to colleagues from throughout the state and learn from each other. Sometimes, something as simple as providing food can make a huge difference. Our bottom line is that through years of experience, we know how to motivate, educate and inspire.

Bottom line: Each county can become a center for state-of-the-art training to meet urgent needs. Each 100% Community initiative becomes a living laboratory for life-long learning—empowering us to heal and improve all our residents’ lives.

Connecting, Improving, Surfing and Muting: Adventures in Tech

How to harness the power of the latest tech to reach people and project goals while avoiding distracting and disempowering clutter

Only a quick search on Google is needed to find these “facts” about the web:

- number of websites: approximately 1.7 billion
- number of email accounts: about 4 billion
- emails sent in a day: more than 200 billion
- number of users on YouTube: 1.3 billion
- 300 hours of video are uploaded to YouTube *every minute*

While we hesitate to overwhelm you with long lists, consider that we are a planet of 8 billion people where *almost 5 billion YouTube videos are watched every single day*.

- in an average month, eight out of ten 18–49 year-olds watch YouTube
- six out of ten people prefer online video platforms to cable TV
- podcasts: more than half a million podcasts with 29 million episodes
- social media: 3.2 billion users every day (42% of the world’s population)
- social media: over 90% of millennials and over 77% of generation X use social media
- social media: social media users average over 2 hours and 22 minutes of engagement per day
- social media: 90% of social media users access via a mobile device

Amid the clutter, solutions await

Eric’s Story

Eric’s mom, Noel, has two jobs: she’s part of the support staff for a nonprofit and she runs a household with her husband and kids. Noel is struggling with both. She knows her job well but finds herself distracted by what she calls, “surviving the day.” She often needs the services of behavioral health care providers and medical care for Eric and, sometimes, his siblings. Even with two incomes, resources get very tight and money for rent, food and gasoline grows scarce. She can spend hours a week trying to locate accessible support services that have family-friendly opening hours for a working parent.

Could an app help Noel and millions of moms like her? With a simple touch on a mobile screen, you can locate a boutique hotel with an available luxury room, so why not ten services for surviving and thriving? Clearly the tech exists to create an app to house all the user-friendly information that Noel needs. What's missing is for each county's leaders to mobilize, along with tech specialists, to ensure that those ten services really do exist and are accessible, affordable and have a standard of quality that will make Noel's family safer and healthier.

IN OUR RUSH to connect everyone on the planet, we forgot to encourage people to use technology to make their cities fairer, kinder and to instill a generosity of spirit.

In this chapter we focus on how technology can transform and vastly improve our capacity-building work in the public sector, learning very valuable lessons from the private sector's embrace of software, tech and systems thinking.

Not wasting tech's potential

We watched a global pandemic unfold using all forms of technology that were pure science fiction only decades ago. The book you're currently reading wouldn't exist without modern technology, so yes, we embrace it as a friend. This entire 100% Community initiative is only possible because of the power of modern technology, and for that we are grateful.

But what impact does technology have on capacity to address a public health challenge? Amazon's highly-efficient model shows that it is possible to deliver vital resources rapidly. The ubiquity and power of smart phones means we can share vital information across town and the planet instantaneously. Online conferencing technology allows us to offer virtual trainings from the comfort of our homes as well as check in the most vulnerable members of remote communities, providing advice and services without a three hour drive. And, rolling out solutions inspired by Tripadvisor's review model means we can identify and rate the quality and accessibility of vital services like a health clinic or food bank and work to fix those with the lowest rankings.

100% Community is a continuous experiment exploring how we use technology to launch and maintain a movement to ensure the health, safety and resilience of all residents, county by county.

We already provided a taste of the opportunities that evolving technologies can provide to a community ready to take advantage of them. Here is a list of how we are using that technology for 100% Community.

- Thanks to Amazon's self-publishing tools and distribution network, we were able to publish *100% Community* online and in print with lightning speed.
- Thanks to online collaboration software, we were able to combine the talents of individuals across the country (and in some cases, the world) in realtime to create additional resources, check facts and brainstorm innovative solutions.
- Thanks to email and newsletter management software providers, we were able to create and send weekly messages to state lawmakers and other stakeholders. One was a state senator who became our co-sponsor (with a state representative) of a senate bill to fund the Institute that sponsors the 100% Community initiative.
- Thanks to Facebook advertising, a city councilor in Las Cruces, NM took notice of our book, ordered and read it, becoming a leader in piloting some of its key policies and organizing ten action teams focused on ensuring surviving and thriving services.
- Online radio streaming and podcasting allowed our radio show to be sent to state lawmakers and stakeholders who became champions of our mission.
- Online learning management systems allowed us to create the 100% Community course to educate and empower community members everywhere, with links to effective innovations and problem solving strategies.
- Thanks to collaborative databases and analysis software, we are able to track all our work in the public sector and use our 100% Community Survey to identify what percentage of our county residents need resources (our ten "surviving" and "thriving" services), collecting data on why they are blocked from currently accessing support. We can also use the software to track our innovations and measure to what degree they are making the vital ten sectors more accessible and of higher quality.
- We use mapping software to take that data and visualize local services, gaps in services, progress toward solutions and alignment of all county stakeholder's work.
- We use widely available software to show the future in the form of innovation prototypes and create mini-documentaries and animated stories to demonstrate that if we do A (for example, invest in a school-based health clinic) we get B (more students, family members, and school staff having access to vital medical services).
- We use all our devices to take an inspiring idea (how to create a local system for ensuring students and the elderly get lunches), and go viral with it (friends telling friends tell friends x 1000), share our vision, to be transparent with our goals and activities and proposed outcomes, and gather support for our mission.

Tech and human ingenuity and energy

At first glance we see technology as a key component of our work. What you don't see are the literal years it took to write books, design courses, present at forums (driving four hours to share our story), attend government committee meetings, and engage with countless people to inspire them to help the books and our ideas go viral.

Clearly, the entire process of ensuring a county's surviving and thriving services, cannot be packaged neatly into one app but how about an app to help organize community mobilizers and services across a county, neighborhood by neighborhood? Would that move the meter?

One question we ponder often: how can we engage our mobile device-carrying, tech-comfortable residents in our movement to strengthen health and safety systems? We know we can use technology to assist with creating a reality where local communities can ensure that everyone is okay. This is the goal of *100% Community*.

We do know that humans already spend hours (totaling up, we might say "years") staring at screens, clicking buttons that indicate support or dislike of something or someone, and self-producing vanity projects (podcasts, YouTube videos, etc). Perhaps they would do the same to locate, engage with and rate local resources in the ten thriving and surviving services.

Amid a population glued to their mobile devices, we can use that same obsession to help us keep track of how bad things are for our neighbors—across the street or across town. We can see if trends in maltreatment and all forms of social adversity are rising or falling, then coordinate our solutions accordingly.

Tech's power

The private sector's successes are most often driven by taking advantage of the latest technology wave. The public sector, twenty years after mobile phones became affordable to the masses, is still catching up. It might surprise readers to discover how much work in government and nonprofits still requires paper, pens and people to drive hours for meetings when online conferencing is cheap (sometimes free) and widely accessible.

We have gathered together some accessible technology recommendations for managing the 100% Community initiative to help you quickly and efficiently move from success to success. And, we will also give you a little peek into the future.

Remember, 100% Community is two initiatives in one—with technology vital at both the state level and the county level. On the state level, we must collaborate with state lawmakers and state cabinet secretaries to improve all systems of health, safety and education. And our county focus means that we treat each county like a sovereign country, with its own systems of care, safety and learning. This is where a community itself decides to either support all their residents or leave them to fix themselves in times of crisis.

Everyday Science Fiction at Your Fingertips: Our Recommendations

Communicating with your coalition, partners and the public: Email

In a single generation, email has become as boring and old-fashioned as a phone attached to your mother's kitchen wall. But, this “boring” innovation allowed us to reach elected officials across the state in all thirty-three counties instantly and at almost no cost. Email is one of the great playing field levelers. A simple email address can give anyone the ear of a city mayor, county administrator or council member and doesn't require the recipient to drop everything to interact immediately like a phone call does.

We are certain that some officials were very surprised to see their names and email addresses on an interactive map available to the general public on our website. We found that many smaller towns are very low-key about direct access (meaning we had to research hard to get, for example, a city council email), but everyone benefits from direct, simple communication.

Don't hesitate to email every government official you can track down as long as your message is appropriate, targeted and asking for a specific action. You can do this through any email solution or app (Gmail, Outlook, etc) but you can also easily up your game. Wouldn't it be great to know who opened the email and if anyone bothered to click on the link you included (for example: to endingtrauma.com)?

By using the same solutions that your favorite online shop uses to drop sale offers in your inbox, you can take advantage of extras like sending one email to hundreds of recipients with single click, automatically including the correct name at the top of the email (e.g. “Dear Carla,”), scheduling the email to send while you are busy doing other important things and knowing exactly what happened when the email arrived in their inboxes.

These free email solutions can get you started:

☞ Mailchimp (a very popular free solution): <https://aae.how/227>

☞ Sender (a good alternative): <https://aae.how/229>

☞ MailerLite (another good alternative): <https://aae.how/228>

☞ Hubspot (but might be too “feature-rich” [aka, “complex”] for some to start with): <https://aae.how/226>

Note that all of the email solutions listed above offer free and paid versions, plus very attractive email templates that encourage you to paste in pretty pictures and take advantage of a wide variety of exciting layout options. Our advice is: take advantage of the free service levels but send out *basic* emails when broadcasting important information. This means, in most cases avoid the templates. For general information to the masses, bells and whistles are fine. But, when sending out your well chosen words and links to people in authority or when a message is urgent or vital, skip the images, icons, boxes, buttons, etc. They will distract from your message.

Also, most solutions allow you to automatically insert the name of the person you are sending to in the body. This is a good idea, assuming you have the person’s correct name with their email address. When you create your mailing list on your chosen solution’s website, follow their instructions for how to automatically include the recipient’s name (you decide if it is first name only, title+last name, etc).

We do want to stress that sending emails to a list of high-profile contacts is still easy and effective when done through whatever you use everyday—just *don’t* send one message to a bunch of important contacts by placing all the names in the To, CC or BCC field unless they all know that each other is on that list (it’s a big no-no). But if you are the kind of person who likes to know who opened that important message and might even want to follow up with each one directly, then setting up an account at one of the mailing list websites above is a good idea.

Housing your valuable project materials: Online Drives

To succeed, you will eventually need to collaborate and collaboration requires different people in different locations having access to the same resources. Don’t attach a Word doc to an email and send it to ten people. No one will ever again know which version is the latest. Instead, solutions such as Google Drive and Dropbox provide a free way to store useful documents in a place where they are instantly shareable, globally updatable and less likely to be accidentally erased by a careless click or hard drive failure. Some solutions even offer real-time collaboration capabilities so that interested parties can work on the same document, simultaneously from anywhere in the world.

This has been an invaluable innovation for us, allowing our small team to collaborate with administrators spread across every county in the state, lawmakers in the capital and our state representatives in Washington, DC. We even wrote entire chapters of this book together in Google Docs, sharing with editors and reviewers when needed.

These solutions offer free versions but may have limitations at that level:

- 👉 Google Drive (Docs, Sheets, etc—no functionality limitations): <https://aae.how/230>
- 👉 Dropbox (Paper—Dropbox’s collaboration solution—is available for Google Docs-like collaboration): <https://aae.how/231>
- 👉 OnlyOffice (if you really don’t want to be a Google-ite): <https://aae.how/232>
- 👉 Bit.ai (another Google alternative): <https://aae.how/233>
- 👉 Microsoft Office 365 (*not free* but often available through an organization you might be affiliated with): <https://aae.how/244>

Managing vital projects: Online Project Management

We keep all of our team’s notes and plans online. Although many of these are part of documents and spreadsheets stored and shared on our Google Drive, we have had good reasons to use separate online project management software as well.

Collaborating and reaching goals might be as simple as emailing a small group of people, sharing a few documents, and periodically, meeting face-to-face. It can also be as complex as trying to get dozens of people to agree on the contents of multiple documents, all by a specific date, in order to move onto the other four items on the group’s to-do list. We fall into the latter scenario and, once upon a time, we kept our own whiteboards covered in lists, reminders and notes. At some point we realized that we needed to be working off the same whiteboard and looked around for online solutions.

We used to use Basecamp for 99% of it (and there are a number of things that are great about Basecamp, so don’t skip past it) but since the founding of the institute, we have used Trello and, even more recently, ClickUp. Any of these may work for you or you may find one of the other solutions listed below a better fit. The deciding factor comes down to how you think about organizing tasks. Some people like to make a new list for everything that needs to get done. Others like to create one large list, while others prefer the virtual wall of sticky notes approach. Whichever best fits your needs, we recommend using a collaborative solution from the beginning so you can skip over the “hang on, I’ll text you a pic of my whiteboard” phase.

These solutions are either entirely free or have some limitations at the free level but are still very useful:

👉 ClickUp: <https://aae.how/287>

👉 Trello: <https://aae.how/237>

👉 Basecamp: <https://aae.how/236>

👉 Asana: <https://aae.how/235>

👉 MeisterTask: <https://aae.how/234>

The when and where of organization: Shared Calendars and Events

Want to set up an in-person or online meeting, conference call, or lunch and make sure that everyone remembers to show up? Shared calendars to the rescue. Let's first distinguish between two different functions of any online calendar, because they are both important. You can have a private calendar but share an event by inviting others to it using your calendar's invite functionality. That is an amazingly useful feature that will help ensure that everyone you need to show up, actually has the event on their calendar. That frustrating excuse, "I forgot to add it to my calendar," will be a thing of the past. Every online, desktop (your computer desktop) and device app calendar we have ever used has this feature. We promise yours does even if you have never noticed it before.

The other function is a shared calendar. This is different from inviting people to single events through automatic invites usually sent through email. With a shared calendar, you can create one calendar for your entire team. When you place an event on a shared calendar, everyone you added to that calendar will be able to see it instantly. When you invite team members to an event on a shared calendar, the event will show up on their calendar immediately. And, by default, you can avoid setting up conflicting events, because you will quickly see that someone had already set up an event at the time you were considering.

In some calendars you can even create a hybrid version of these two functions if everyone is using the same calendar solution (Google Calendar, Outlook's calendar, etc). To do this, each team member sets their individual calendar's share option to the equivalent of "share with others"—by showing only blocks when you are busy or showing each event's details. Again, this allows you to save time when scheduling events by checking to see if anyone in your group has a conflict at a glance.

And what if you are trying to herd cats? This is another name for finding a time when everyone is available for a meeting but not everyone is sharing a calendar. One solution is the "Doodle Poll" tool or equivalent which allows you to send people to a list of times and dates when you are free and, usually, they can choose which one is the best, next best, etc, or suggest another time. Check out the list below for options.

And while you are working in the world of shared calendars, don't forget about time zones. You might need to schedule calls with your senator's staff in Washington, DC or a health equity resource out in California. Some calendars have a few tricks to guess where you and the invitees are then alter the invitations to fit the different time zones automatically. In most calendars, however, you will probably need to set your time zone and the time zone of each recipient.

Check to see if your calendar has any helpful time zone handling options that you can enable. Some hide them in settings, others include it on each event. And remember, even if your calendar is automatically converting events to match everyone's time zone, you should still be specific about which time zone you are referring to in all your communication. You may not even realize that your 4pm meeting might really be 6pm to someone who is normally in your county but might be traveling. ("Didn't you know I was going to be in Miami this week??") They'll appreciate the clarification.

Free shared calendar solutions or solutions usually offered with common operating systems:

👉 Google Calendar: <https://aae.how/239>

👉 Outlook's calendar "Share an Outlook calendar with other people:" <https://aae.how/240>

👉 Apple Calendar "Ways to share calendars on Mac:" <https://aae.how/241>

👉 Zoho Calendar: <https://aae.how/242>

Free time polling solutions:

👉 Doodle Poll: <https://aae.how/238>

👉 When Is Good: <https://aae.how/243>

Making meetings happen quickly and efficiently: Online Conferencing

Remember the days when you struggled to find an open conference room to match everyone's limited overlapping free time? Shoehorning in-person meetings into busy schedules has always been a daunting, thankless task. Online conferencing has radically simplified and streamlined this process. Is everyone available right now but sitting thousands of miles away? No problem. Meetings no longer require humans to sit in the same room together, and that's a good thing.

What surprises many people is that most computers, tablets and phones have everything needed to join an online conference right now. Even with a relatively slow internet connection, joining an online meeting using just a computer microphone works perfectly well and some solutions such as Google Meet (Hangouts) and Zoom also include a phone number option thus reducing the minimum requirements for attendees even further (is anyone still using a landline?).

If online meetings aren't a regular part of your professional life, then you may be thinking that they are no better than a dressed-up conference call on an old desk phone. Perish the thought! With most online conference solutions, in addition to audio, you can turn video on and off, share your desktop and sometimes whiteboard in real time, making team projects and demonstrations much easier. You can also send links and private messages directly to attendees through the chat feature on most, allowing a level of coordination during meetings that used to be much more difficult.

Combine the online conference meeting with the collaboration feature on Google Docs or Office 365 and you can talk through edits in real time with everyone literally on the same page.

Some recommended online meeting solutions that won't break the bank:

👉 Google Hangouts (sometimes called Meet): <https://aae.how/279>

👉 Zoom (40 minute limit at the free level): <https://aae.how/280>

👉 Join.me (requires a software install): <https://aae.how/281>

👉 Skype (pervasive but missing some key features): <https://aae.how/282>

Getting the word out on resources: Website Creation

Sometimes the online information for the ten vital sectors needed for reducing health disparities in your community just aren't up to the level they should be. The information may only be available by calling or physically showing up to get a brochure. We are big believers in critical information being available at the moment when people need it the most. This may mean that, sometimes, you need to create your own website to make local information about your sector's available resources more accessible. Fortunately, you don't need to know a single thing about "coding" in order to publish helpful information online. There are basic options available for free and much more sophisticated options available for a few dollars a month. All of the solutions described below have interfaces that are not much different than creating an old Word doc with headers, photos, lists and links.

A quick note about domains. A domain is the name of your website that people type into their browser in order to go directly to your site or page (e.g. 10vitalservices.org). Domain names usually aren't free (someone, somewhere has to pay to register what is referred to as a "top level domain") but many free solutions still provide you with a customizable "domain" that you can confidently send out to everyone and know they will find your website. Either they will use their own domain and add your website's name after it (e.g. www.thishostingcothing.com/emergencyfood) or create a subdomain where your unique website's name is inserted before their domain name (e.g. emergencyfood.thishostingcothing.com).

Free website/web page solutions:

👉 Google My Business: <https://aae.how/249>

👉 Wordpress(.com): <https://aae.how/248>

👉 Wix: <https://aae.how/247>

👉 Weebly: <https://aae.how/250>

👉 Yola: <https://aae.how/246>

👉 100% Community: Contact us for solutions available to course participants: <https://aae.how/245>

All solutions listed above have paid tiers with more features.

Paid solutions with more bells and whistles:

👉 SquareSpace: <https://aae.how/251>

👉 Webs(.com): <https://aae.how/252>

👉 Hubspot Marketing: <https://aae.how/226>

Producing animated stories for PR and education: Video Software

Video is effective. Check out the videos available on theWeforum.org website (<https://aae.how/286>) to see how visuals and text are combined to enhance written content.

Don't think you can create video worth watching? Think again. There are a multitude of free and low-cost, drag-and-drop video creation solutions available that can help you sew together cartoon-like animations, video clips and text in ways that will get your point across quickly and clearly. It doesn't matter if your video is closer to a PowerPoint presentation than a Scorsese feature film, watching information presented in this way can be more engaging than any online article.

Regardless of which style of video or solution you choose, we recommend keeping your videos under three minutes long. If you have more to say, keep your topics distinct and create another video. It's better that your audience makes it to the end of your video than hearing only three of your five points before being distracted elsewhere. We recommend a few free video creation solutions below, but each one adds their own branding to your video or restricts what you can do with it unless you pay for an account. Most simply add a watermark in one corner, but verify what they do before spending a lot of time creating your masterpiece. You might not like the branding they add, the presentation options or like their service enough to pay.

If you would like to try creating short videos on your own without using one of the services, we can highly recommend iMovie, but you will need to have an Apple computer or device. There is a free Microsoft video editor, called Video Creator, that comes with the Windows operating system but it's not nearly as intuitive or easy to use. If you do go this route, try starting with simply placing text over images that sit on the screen for four or five seconds at a time. You can add music (usually available through the video editors or else, search Google for free audio tracks) or even read your text into the video through your computer or device's built-in microphone. It's amazing how modern video editors can make a little budding talent go a long way.

Free video creation solutions (all will add their branding unless you pay to have it removed):

👉 Vyond: <https://aae.how/256>

👉 Biteable: <https://aae.how/254>

👉 Kizoa: <https://aae.how/255>

👉 Adobe Spark: <https://aae.how/253>

Free video editing software:

👉 iMovie (OS X and iOS only): <https://aae.how/270>

👉 Movie Creator (Windows only): <https://aae.how/269>

Free (royalty free and really free) stock images:

👉 Unsplash: <https://aae.how/261>

👉 Pixabay: <https://aae.how/260>

👉 Kaboompics: <https://aae.how/259>

👉 Stocksnap: <https://aae.how/258>

👉 Maxpixel: <https://aae.how/257>

Free (royalty free and really free) video:

👉 Pixabay Video: <https://aae.how/262>

👉 Pexels Video: <https://aae.how/263>

👉 Videezy: <https://aae.how/264>

👉 Life of Vids: <https://aae.how/265>

Free (royalty free and really free) audio:

👉 Free Stock Music: <https://aae.how/266>

👉 Free Music Archive: <https://aae.how/267>

👉 CC Mixer: <https://aae.how/268>

X marks the spot and, maybe, a solution gap: Mapping Software

We love data but sometimes it can be difficult to extract meaning from what we have in front of us. Often, graphing data can help. To do that, we go the old-fashioned route and throw our numbers into a spreadsheet, find some option that the software usually sticks under a lesser-used sub-menu and voila! A graph. But a graph doesn't tell you everything. Sometimes displaying your data on a map will produce those eureka! moments. This is especially true when it comes to figuring out why some "available" resources aren't "accessible" and, if they aren't "accessible," we can't really consider them useful to the families who really need them.

When you have data that needs to be mapped, find your way to these resources:

- 👉 Google My Maps tutorials: <https://aae.how/24>
- 👉 Tableau (limited in free version): <https://aae.how/271>
- 👉 Mapme: <https://aae.how/272>
- 👉 QGIS: <https://aae.how/274>
- 👉 ArcGIS (for you hardcore mappers): <https://aae.how/273>

What do you think?: Survey Software

One of the foundational approaches of 100% Community is to ask the right questions. Someone in a corner office somewhere says that there are plenty of accessible dental health resources for all income levels in your county. Are there really? What do the people who need those services the most think of that? Do they know where the services are located? Can they get an appointment this year? Are they accessible? (There's that word again!)

Asking the users and potential users of a resource will quickly expose any disconnect between what is being offered and what is needed. One way to get that information is to create a survey. In the old days (um, yesterday? This morning?) some lucky person with a clipboard would go around and ask people. With online surveys, you can reach more people, in less time for less effort and cost. If your target audience can't get online, you can still have a nice human reach out to them and input their responses through a laptop, phone or tablet. One way or another, online surveys have changed the landscape of data gathering.

As with nearly every other resource we have discussed, there are free options that will get the job done, sometimes couched in a page full of ads (AdBlock, anyone?) or with a very limited feature set. And, there are paid options that may make your life a little easier and your data collection a little quicker. The solutions listed below all have a free option and, all except Google, offer more features in exchange for money.

The survey says:

👉 Google Forms (both anonymous and login required): <https://aae.how/275>

👉 Survey Monkey: <https://aae.how/276>

👉 Typeform: <https://aae.how/277>

👉 Wootric: <https://aae.how/278>

And now, it's time for something completely different

The future snuck in through the back door: Artificial Intelligence

Artificial intelligence (AI) encompasses an enormous field of computer technology, some of which is already present in your everyday life, while other aspects remain in the realm of science fiction. AI, specifically a category called “narrow artificial intelligence” already recommends products to you on Amazon and tracks down the best hotel room or flight for your dream vacation or business trip. Several different technologies have emerged to power these services and work well enough to seem boring and unimpressive.

These mundane applications mask very promising technologies that have us excited and hopeful for the future. Imagine if you could teach a program to recognize and predict the likelihood that fourteen-year-old Eric and his family could not access resources that fall under the five surviving service, even though they clearly fell into the portion of the community that was most in need. Imagine if that software could have alerted the proper professionals and was programmed to ceaselessly call attention to his family’s situation until it was resolved, making remedial action recommendations along the way and keeping everyone involved up to date on the latest developments. When we get that software in place, are families will be much safer and healthier.

The frustrating part of this imagined solution is that it isn’t science fiction or a billion dollar project. The same technology, called a neural network, that learned how to recommend the perfect resort hotel in Belize to just the right people looking for quick December getaway, thus increasing the booking rate 30%, can just as easily learn to recognize patterns in family resource accessibility and recommend changes. The software is ready to be purchased, qualified people want to put it in place and overworked agencies desperately need it.

Again, this isn’t a dream. It’s a real item on our 100% Community initiative roadmap and, once implemented, will be a giant step toward reaching that moment when all of our efforts, yours and ours, will be multiplied a thousand-fold with the flip of a switch.

Reach out

We believe that by running 100% Community like a tech-oriented business, we have the best chance to reach our goals. Please contact us about the use of innovative technologies in the 100% Community initiative. We have the experience, the expertise and the ideas and we share them on our 100% Community online course.

Dom's Journal

When I was in training to be a big brother for the Big Brothers Big Sisters mentoring organization, I was taught that my little brother might have endured trauma and that he might be glued to his phone. I felt like the luckiest guy in the world, being matched with one great kid. My little brother and I established a Saturday routine. I would work all morning (glued to my screen) and then we would meet for lunch and basically hang out until evening. Lil' bro was indeed usually on his phone throughout our time together. Early on we had a talk about the difference between spending time, talking and connecting without any distractions (phones off) and being wired and having many conversations and activities at once (we talk while he listens to music, watches videos and texts with friends). We came to an agreement that out of five hours hanging out, one would be tech-free, usually our meal together. One day lil' bro arrived and, as we started one of our long urban walks, I told him that I had to take a business call along the way. After my call, that ended up being longer than I had expected, my lil' bro surprised the heck out of me. As he put his earphones and phone in his pocket he said, "If it's okay with you, can today just be 'you and me day' without us on our phones?"

Bottom line: People can use technology to empower a successful movement to ensure the health, safety and resilience of all county residents.



Q+A: Perspectives from the real world

We asked one of our colleagues Nikita Lukianets, who is working in artificial intelligence (AI) with his company PocketConfidant, about AI and how we can use it to address social challenges and a public health and safety crisis, made more problematic by human error.

How might artificial intelligence help us in a public health and safety crisis or a manmade one?

A crisis, such as the COVID-19 pandemic, is a sequence of unexpected events that are suddenly disrupting the status quo of a whole organization or a society. This disruption generally arises on short notice and triggers a feeling of fear and threatens individuals, pushing them to act irrationally, driven by their fight-or-flight response. Often it is not the unexpected event per se that brings the most of the damage, but the cascade of reactive human behaviors. In the absence of timely adequate internal and external communications the following stages occur:

1. Lack of prior experience will break down existing operational response (this is by the nature of crisis).
2. Not knowing what's happening, people will quickly become confused, angry, and negatively reactive.
3. The management will be perceived as impotent, at best, and criminally negligent, at worst.
4. The recovery times will be extended, often dramatically.
5. The impact on the financial, environmental, and societal bottom line will become more severe.

Political and organizational leadership often does not understand that in times of crisis, people can't think. It's rationality that we lack. And collective lack of rationality makes it even worse. To bring stability back, clarity and simple instructions should be delivered just in time. That's what the leadership is for. So where AI could help? Can AI be a leader?

Let's look at key leadership competencies that are helpful in such periods: building trust, identifying vulnerabilities, taking fast decisions, and learning from crises to effect change. Five elements should be put in place for AI crisis management.

1. Signal detection: using algorithms to search for anomalies, rare items, events or observations which raise suspicions by differing significantly from the majority of the data.
2. Preparation/prevention: well-designed failure models should be recommended automatically. So that the safe fall back is guaranteed, means of communication are established, as well as clear instructions are provided for the public to avoid panic.
3. Containment and damage control: AI should be used to identify the exact sources of crisis as well as to predict the local impacts of the disruptions and its cascade effects. The most vulnerable and critical population should be protected.
4. Recovery: AI should be used to effectively redistribute and reallocate the resources needed for recovery, helping the organizations and society to adapt to new circumstances.
5. Learning: AI should evaluate and self-adjust the recovery process, comparing outcomes to the results of its predictive model during and after the crisis.

Can you share some thoughts on technology's impact on education?

Today's formal education system is, in many ways, based on outdated industrial learning methods. Technology is moving fast, making many courses obsolete even before learners graduate. Let's just think about this: teachers learn and prepare course materials, they conduct classes, design evaluation systems and help students to graduate. By the time all this happens, the information taught may have become outdated.

We have been, and still are, working today with an "information-push approach" where the teacher and the content are put in the center and where the learner and the problem are not. This approach has proved insufficient and should be reformed. With the introduction of Massive Open Online Courses (MOOCs) and other iterations of online learning that seek to address the weaknesses of the MOOC model, we can increase access to knowledge and skills with more ease. However, the engagement of a learner, who is overloaded with disparate pieces of information, remains a challenge.

We know the change is coming with artificial intelligence (AI) and automation, we know that this change will have implications for the skills needed for tomorrow, the training of workers and availability of both mundane and meaningful jobs. We cannot prevent change. Therefore, we need to help people to adjust to change with maximum benefit for them by enabling exponential thinking so that people and AI will be complimentary. Employability of human capital in the 21st century will require new sets of skills: resilience, critical thinking, social skills and the ability to learn, reflect, and quickly adapt to change.

Acquisition of such skills requires new learning methods and discussion about them worth a book series, if not a series of research projects, conferences and debates. Lifelong learning requires creative destruction—where the word “creative” is the key. The word “creativity” is rooted in creation, the creation of new meanings, new interactions, new products and new markets. In the abyss of the great depression and hardship in 1933, the opening lines of Franklin Roosevelt’s inauguration speech were, “...the only thing we have to fear is fear itself.” Becoming comfortable with uncertainty is an essential component of any creative process, especially when creating a positive future.

Education is fundamental to prepare our society for the future. We need a model of education that helps each individual to learn faster and easier, based on personality, strengths and interests. The new model of education should help anticipate the never-ending change in life while accounting for personal values, desires and goals.

When Epidemics Collide, It's Time for People to Collaborate

Turn 100 competing local projects into one county campaign

When we “Google it,” how many results come up?

- how organizations align: 63,000,000
- how to break down silos and make collaboration happen: 641,000
- why humans resist collaboration: 11,500,000
- the benefits of synergy: 45,500,000
- how to think big picture: 951,000,000

Amid the clutter, solutions await

WE MUST COOPERATE with each other if we want to address a public health crisis or focus on a long-standing health and safety challenge.

Case Study: 100% Community in San Miguel County, NM

When the COVID-19 hit the USA, the 100% Community: San Miguel County initiative organizer Matt Probst (who works as a health clinic medical director) knew he had to keep his county's 100% Community team together, while working his 12+ hours a day at the day job. He had worked hard over the last few months to recruit initiative action team leaders representing the surviving and thriving service sectors, including medical care, food, transportation, behavioral health care and shelter. With social isolation rules in place he turned to using video conferencing technologies and held his 100% Community initiative meetings online. He also had folks just call in. Using a freely available service, he was able to discuss and develop a county readiness checklist for the county (See Appendices) without further risking anyone's health. Matt also reached out to city, county and state leaders to create a process for working in alignment. This resulted in a high level of coordination that meant addressing challenges so that school lunches would be made and delivered and the elderly would also get meals delivered to their doorsteps. This was only the beginning for all the action teams focused on the ten vital services.

Case Study: Addressing substance misuse

Pick a city with 70,000 people, and we could almost guarantee you that you would find at least a thousand people who were sharing one professional goal: helping community families raise safe and healthy kids. Yet, these thousand people were not (and still are not) working together, coordinating efforts or even communicating directly, because they all focus on their own important specialties. For example, at a coalition meeting focused on the very broad topic of drug misuse, you could meet the following dedicated public sector workers:

- Sandy, who wants to end alcohol abuse
- Carlos, who wants to end prescription drug abuse
- Tina, who works to stop moms from using drugs during pregnancy
- Maria, who works on preventing DWIs
- Sam, who works to provide a space for drug misusers to talk about their struggles

These five folks are quite possibly trying to help the very same people, but never once hear what each other is doing, what activities they do, how they find funding, evaluate their work or report their findings to leaders. Good-hearted Sandy, Carlos, Tina, Maria and Sam all want the same thing—healthy families—but they might as well be living on different planets, as their agencies’ coordination is practically non-existent, apart from a monthly coalition meeting that is mostly a perfunctory check-in.

And this is only the work that’s under the umbrella of “drug misuse.”

Turning isolation into collaboration

If we add in all the various topics that our hundreds or thousands of public sector employees and nonprofit members are focusing on (in just in one county), we find that prevention covers the noble goal of addressing the following:

1. Substance misuse
2. Food insecurity
3. Teen pregnancy
4. Housing insecurity
5. Harassment
6. Trauma
7. Abuse and neglect
8. Low birth weight babies
9. Suicidal ideation
10. Untreated mental health challenges
11. Domestic violence

12. Lack of youth mentors
13. Lack of child care
14. Youth crime
15. Juvenile Justice involvement
16. Child Protective Services involvement

What these prevention challenges have in common is that most of them could be significantly reduced if everyone working in the arenas of public health and safety, ***worked to create a coordinated system that could address a public health crisis and address all the health disparities (lack of access to surviving and thriving services) that lead to health challenges.***

Imagine if everyone in your county working to make the world a better place gathered in one really large room and decided to coordinate all their activities using the collective impact model (also known as having a shared vision, goals, activities, use of data, etc). They address change using adaptive leadership (knowing the difference between technical and adaptive challenges) and develop experiments and innovations in coordination and alignment using Continuous Quality Improvement (assess, plan, act, evaluate). Imagine that everyone has a firm understanding of health equity in order to end a host of disparities, and all this work was easy to track and measure because it was posted on a website that's accessible to both public sector workers and the public at the click of a button.

How would total county-wide collaboration and transparency look? Answer: It looks a lot like the 100% Community initiative.

Linked online and in spirit

Imagine if all these folks were members of a county association—perhaps it might be called the **100% Community**—and everyone's mission, activities, funding sources, goals and evaluation process was online and shared in a transparent fashion.

Imagine the app that 100% Community would use to show them, city by city, who in which organization was working with whom, and which clients needed which services. Imagine total collaboration, coordination and no duplication of services.

The work of the 100% Community initiative is to connect everyone in the county doing any work related to health, safety, education and economic development to each other.

By now, you know the list of people we need at a very big table:

- Crisis management professionals/emergency readiness department leaders
- Nonprofit organization directors and managers
- County and city program managers (along with elected officials)
- School and higher education leaders
- Child welfare management
- Foundation program managers
- And an invite to all state representatives who fund programs in your county

We must convene all the dedicated, big-hearted local public sector agency leaders and workers in your county and combine their superpowers. We can't afford to work in silos. Other counties are seeing the benefits of countywide collaboration, and you can too.

Dom's Journal

I once presented on the 100% Community model to a statewide injury prevention coalition. Within this coalition, a group wanted to start a separate suicide prevention coalition. There were other attendees there focused on ending different forms of violence. As I talked with more attendees, I could sense that they were deeply committed public health folks working separately across the state to get to one shared goal: safe and healthy residents. I suggested to leaders of at least three small coalitions that they join forces to ensure that everyone in every county has access to medical, dental and behavioral health care. I suggested rather than working by injury area, they work county by county with local stakeholders in 100% Community initiatives to get all survival services in place. After that, the focus could be on ensuring access to thriving services. This type of focused work in each county would raise everyone up and we would see, with committed work in capacity-building, rates of injury, violence and suicide go down.

Bottom line: To reduce all the illnesses, injuries and emotional challenges that result in family hardships and high financial costs, we must commit to collaborating across a county to create a seamless system of services that promote health, safety and resilience. This requires committing to an unprecedented level of cooperation across organizations and service sectors in order to ensure access to ten vital services.

The Logic of the 100% Community

How your Action Teams and entire initiative can follow a tested planning process to give you the best opportunity for success—if you can resist jumping right to action before you assess and plan

When we “Google it,” how many results come up?

- what is a logic model: 383,000,000
- logic model theory of change: 189,000,000
- 8 stages of the theory of change: 352,000,000
- planning theory and practice: 464,000,000
- outcomes: 845,000,000

Amid the clutter, solutions await

“MUST START IMMEDIATELY,” is a phrase we hear in our training and meetings, as county teams seek to solve problems. This sense of urgency and passion to address a challenge is one we fully appreciate. It’s energy we wish to harness, especially in chaotic times as we gather to design a well-thought out plan to turn crisis into cohesion. As a way to focus on how important this is, let us start this chapter with the bottom line we normally reserve for the end:

The 100% Community initiative is a collaborative countywide process of quality improvement focused on ensuring vital services, in which leaders facilitate the process of change: moving from crisis to cohesion, from problems to solutions. This process is guided by a plan called a logic model, a plan all those impacted by the proposed change can view. A logic model is a graphic depiction—a road map—that guides the action, presenting a project’s goals, partnerships, resources, activities, outputs, and desired and measurable outcomes for collective efforts.

Why a plan and logic model? We don't recommend the alternative.

The more carefully thought out a plan, the better chance for conducting a successful local innovation. And the more detailed the logic model can be—as a good map with clear paths—the better chance of getting buy-in for projects, as well as having a shared vision, goals and objectives. Take a look at our 100% Community initiative logic model components (you can find the graphic representation in the book appendices). The entire logic model fits on one sheet of paper, easily emailed to every county stakeholder. Not only is the logic model used to guide the entire initiative, it's used by action team leaders to develop each of their projects.

There are many ways to design a logic model, with a variety of sections. We use the following format:

1. Hypothesis (the research-based assumption guiding the project)
2. Purpose
3. Goals
4. Inputs/Partners
5. Activities
6. Evaluation (focused on measureable the impact of each activity)
7. Short-term outcomes
8. Intermediate-term outcomes
9. Long-term outcomes

Hypothesis

By ensuring that 100% of county residents have access to ten vital surviving and thriving services including timely health care, we can increase physical and mental health, safety, resilience, student achievement, family stability, and community economic growth. We can also decrease adverse childhood experiences (ACEs), trauma, substance misuse and social adversity.

Purpose

Build the capacity of each community within a county's borders to create a seamless and networked countywide system of care, safety, emergency preparedness and education for 100% of residents. Ensure that each community has the resources and structure for emergency management.

Goals

Educate elected leaders and stakeholders on the need for and benefits of ensuring that all residents have access to the ten services for surviving and thriving. Develop a hub for competency-based online learning for county leaders in ten vital surviving and thriving service sectors. Use continuous quality improvement (CQI – Assess, Plan, Act, Evaluate) to improve quality of and access to ten vital services shown to strengthen families. Finally, evaluate progress.

Inputs/Partners

- Governor and cabinet level secretaries and staff
- State lawmakers
- Mayors, council members and city managers
- County commissioners and county managers
- School board members and school superintendents
- University and college presidents and leadership
- Leadership from agencies in the ten surviving and thriving service sectors: behavioral health care, medical/dental care, transportation, housing, food security, parent supports, early childhood learning, youth mentors, family-centered schools, job training and placement
- Experts in continuous quality improvement, collective impact and adaptive leadership
- Emergency management specialists
- Economic development experts and social entrepreneurs
- Historians and historical trauma experts
- Information technology and infrastructure
- 100% Community developers
- Community stakeholders of all ages
- Data systems

Activities

(Each of these activities is measurable.)

- Identify co-organizers and ten action team leaders to use collective impact model to guide initiative
- Support ongoing surveying of county's families and community members to assess gaps in ten service areas
- Recruit action team members from ten sectors.
- Facilitate 100% Community course for all initiative participants, with 100% Community as course textbook
- Implement local innovations and projects to address gaps in services in ten sectors
- Create a task force on history and cultures to educate public about root causes of health disparities, trauma and social adversity
- Track all innovations and projects and share measurable progress with all residents
- Create public and private partnerships to support innovations
- Create economic base to institutionalize work in each county

Evaluation

- Measure satisfaction and user experience of those taking course and engaging with the initiative
- Measure changes in knowledge and behaviors among initiative participants related to their understanding of CQI, data-driven work, and reaching goal of ten sectors accessible to 100% of residents
- Measure changes in agency leadership and increased use of CQI, collective impact and adaptive leadership
- Track alignment of the initiative with current local work
- Measure increases in quality of services and accessibility to services (in each of the ten sectors)
- Track the increase of public awareness of root causes of health disparities, trauma and social adversity
- Track increase in effective use of technology to increase agency user-friendliness and accessibility
- Track increases in buy-in from elected leaders related to serving 100% of residents within the ten sectors

Short-term Outcomes

(In normal times, these activities could take a year. In times of crisis, we need to respond rapidly to establish governance, communication and awareness of gaps in services.)

- Establish effective and transparent governance of 100% Community initiative with governmental or non-governmental organizations, securing evaluation processes.
- Increase knowledge and skills of 100% Community initiative participants (government/agency leaders) to:
 - Use data to identify local challenges in ten sectors
 - Mine (dig deep) and analyze data
 - Assess agency workflow challenges and successes
 - Research evidence-based or evidence-informed solutions
 - Implement continuous quality improvement (CQI) to improve services
- Increase use of CQI, Collective Impact and Adaptive Leadership among agency leadership
- Improve communication between elected officials on the state, city, county, school board, and tribal levels and their staff
- Increase awareness of gaps in vital services
- Increase use of structured innovations to address gaps in services with measurable activities
- Increase knowledge of the root causes of health challenges, health disparities, trauma and social adversity among public and leaders

Intermediate Outcomes

(Under normal circumstances, these activities could take 2–4 years. During a crisis, we need to respond rapidly to increase access to vital services.)

- Increased access to ten vital surviving and thriving services
- Increased local funding of programs and services related to preventing health disparities and social adversity
- Increased leadership awareness of social costs of lack of access to ten vital services, health disparities, trauma and social adversity
- Agencies in ten sectors have data-driven plan to serve 100% of residents

Long-term Outcomes

(Depending on the level of urgency, the timeline could be measured in months or years.)

- Increase access for all county residents to ten surviving and thriving services
- Increased school/college attendance, performance and graduation; increased job readiness
- Increased accessibility of vital services
- Increased use of technology to strengthen access to ten services
- 100% Community initiative institutionalized within local government
- Increased public/private partnerships ensuring 100% of residents have access to the ten vital services for surviving and thriving

A million reasons to use a logic model. Here's ours.

A logic model makes county leaders (and partners who include elected city, county and state leaders) focus on each projected outcome they want to achieve within the 100% Community initiative. Their desired outcomes are a direct result of their activities, mapped out in the process of designing a logic model with colleagues. Logic models work best when they clearly illustrate (in graphics and text) what the 100% Community initiative (as a whole) and each action team is trying to accomplish. For example, increasing timely access to medical care.

Planning quickly yet calmly in times of crisis

There's a funny scene from the movie, *The Martian*, in which an astronaut stranded on Mars and facing death says, "So, in the face of overwhelming odds, I'm left with only one option: I'm going to have to science the sh*t out of this." That is where many of us may find ourselves as we plan to address a public health crisis. And yes, with focused research, the astronaut survives. Similarly, using the frameworks of continuous quality improvement and collective impact, we can science our way to a collective vision of 100% access to ten vital services. Logic models can serve as the map we use to get there.

Dom's Journal

I spend most of my time working with state and county leaders seeking to solve problems in a room that is usually calm with a large white board and pens, along a series of powerpoints detailing our assess-plan-act-evaluation process for solving problems. I can also direct training participants to our online course on how to begin approaching a challenge. When COVID-19's magnitude was fully understood, I suddenly found myself on the phone with 100% Community initiative leadership who wanted to spring into action and "do something." Instead of calm, the voices had a sense of justifiable urgency, as counties found themselves lacking basic supplies for health clinics and first responders, food banks lacking food, and parents receiving mixed message from schools (like a well-intentioned school district's message about "going back to school" meaning either going back to the buildings or starting coursework from home). To address the natural desire to jump and act, I asked all 100% Community folks to take a deep breath and review the basic steps of the assessment and planning process, before implementing "something." I said, "Yes, we don't require a full county assessment of who is lacking access to food banks for the food action team to start working, but we do want that action team to make phone calls to the ten local and state people whose job it is to secure food supplies during emergencies. By pausing, and taking 30 minutes to sketch out a rough logic plan, the entire action team, as well as the entire initiative and city, county and emergency management leaders, can work in alignment to get to results. This is then followed by creating plans to address challenges in the nine other surviving and thriving service sectors.

Bottom line: The 100% Community initiative is a collaborative countywide process of quality improvement focused on ensuring vital services, in which leaders facilitate the process of change, moving from crisis to cohesion and from problems to solutions. This process is guided by a published plan called a logic model. A logic model is a graphic depiction—a road map—that guides the action, presenting a project's goals, partnerships, resources, activities, outputs, and desired and measurable outcomes for collective efforts.



Q+A: Perspectives from the real world

Here we share a Q and A from our 100% Community online course: *Lesson 3: Plan: Part III: Logic.*

What is a logic model, and how is it used to guide the development and implementation of an experiment or initiative?

Katherine Ortega Courtney, PhD: A logic model is a visual representation of your innovation that combines graphic elements and text to show the logical flow of your experiment or innovation, from problem identification and planning through implementation and evaluation. It helps organize the steps and participants in the process so that each component has a purpose, and needs are anticipated for each stage of the process.

What are the first steps in creating a logic model?

Dominic Cappello: The life of a logic model begins with identifying the purpose and goals of the project. These are often statements identifying a need and should relate back to your assessment phase. A purpose is related to the broad problem you wish to address: “Improve access to behavioral health in my county.”

Goals are a little bit different. The goals stated in your logic model should be directly related to your purpose but also more specific. Using the example above, one might identify one goal as “Reduce staff vacancy rate in existing providers to 10%, sustained for a twelve-month period.”

Logic model goals do not have to be so specific and measurable, however. They can also be items thought to contribute to the problem you are addressing in your purpose statement, such as “increase employee morale” or “create more office accountability and better communication.” It’s okay if you don’t yet know just how you’re going to do all of the above, that’s where the logic model comes in.

What are logic model “inputs” and how are they identified?

Katherine Ortega Courtney, PhD: Put very simply, inputs are all the things (and people) that you currently have that are related to both the problem and the (potential) solution. Even when they are ostensibly linked to the challenge you’re addressing, inputs are still resources. For example, if you wanted to consider the development of a school based behavioral health care center, the following stakeholders would be considered “inputs.” School board, superintendent, school communities, behavioral health care providers and funders who might be city or county government.

What are logic model “activities” and how are they identified?

Dominic Cappello: Activities are the specific steps/actions that move your experiment forward and should be performed by, about, with or to the inputs. Each of the inputs in your logic model should be linked in some way to at least one activity.

An activity for the staff retention challenge discussed above may be an employee survey to discover areas of concern related to work conditions and office climate/culture. This may be created by research and development within the entity (input A); administered by management within the entity (input B) to the rest of the entity staff (input C); and shared with CQI training coaches and colleagues (input D). The team conducting the experiment may discuss the survey results within the context of an academic research article about similar issues (input E).

What are logic model “outputs” and how are they identified?

Katherine Ortega Courtney, PhD: Outputs are the specific things that result from inputs and activities combining together to create change. In examples shown in this course, the survey results are an output. For experiments and projects with the goal of implementing a new kind of practice in the office, that new practice will likely be the output of the activities. The outcomes that we hope to get from the new practice are a different component of the logic model.

It is always a good idea to look ahead and anticipate outputs so that you can be sure that the data you need for evaluation is somehow included. For example, if you will need data from a tracking tool to show how your experiment was applied, this data should be included as an output stemming from the activity of developing and using a tracking system (and by which inputs).

What are the different levels of outcomes in a logic model?

Dominic Cappello: In a logic model, outcomes—short-term, intermediate term, and long-term—are the sequential changes (and, we hope, improvements) that you expect will happen as a result of your activities and outputs.

Short-term outcomes generally should occur within two to six months (less or more, depending on your project) and may be described as “individual-level” outcomes. These types of changes might involve staff, stakeholders and/or clients, and probably won’t go beyond changes in knowledge, attitudes, beliefs, behaviors or small changes in workflow, practice, or protocols. An example of a short-term, individual-level outcome (again using the staff retention example) might be: school board members agreeing to allow meetings discussing the importance of behavioral health care in schools.

Intermediate outcomes will likely take between six months and two years to occur and are sometimes called “agency-level” outcomes. With ongoing application of your experiment or initiative, you may start to see improvements in the “target numbers” related to your overall challenge at this point. Intermediate outcomes may also include consistent use of a new practice (an all-new “business as usual”); stronger relationships with stakeholders; and secondary gains (or unintended consequences) related to your innovation, such as improved collaboration or need for more resources. Using the example of a school based behavioral health care center being developed, it might be that a school principal has agreed to be a pilot site for such a center, and funding is being identified.

Long-term outcomes should relate most closely with the stated goal(s) of your logic model. These outcomes may take 2 years or more to materialize but should be well-established and consistent. At this point, if your experiment has continued apace, you should hope to see positive changes in your specific challenge area and possibly improvements in related areas. For the development of a school based behavioral health center a long term outcome would be that the doors are open in the center and students and families are receiving behavioral health care.

How are outputs different from outcomes?

Katherine Ortega Courtney, PhD: Making the distinction between outputs and outcomes is easy in theory, but as you start to build your logic model it may feel murky at times. A good way to know for sure whether something is an output versus an outcome is to ask this question: “Can I prove that this happened due to an activity we did, and not because of something else?” If the answer is yes (such as, you are holding survey results in your hand that came from the survey you administered), it is an output. If the answer is no (such as, your coworkers reported better job morale in a follow-up survey), it is an outcome.

Any last words on the development of a logic model?

Dominic Cappello: Two things. First, let me share a little bit about a concept called “The Theory of Change” developed by James O. Prochaska and Carlo C. DiClemente and described beautifully in their article, *Transtheoretical Therapy: Toward a More Integrative Model of Change*. Don’t let the article title intimidate you, as their work impacts not only how we can view how people change, but how entire organizations and populations can change. I mention this theory here because as we plan a community project, it’s useful to think about how people and organizations change, which can impact the success of any proposed project. There are six stages to the theory. The first is *precontemplation*, when a person (or an entire organization, community, county or state) is not yet aware of a problem that needs to be solved. The second is *contemplation*, when one does acknowledge a problem but is not quite sure about wanting to address it. Phase three is *preparation*, sometimes referred to as determination. This is the phase of getting ready for change. Then we get to action (this fourth phase requires willpower and fortitude for an individual or a community leader), and is when actual change occurs. We then get to *maintenance*, which is all about keeping the change in place while things improve. Lastly we have what is called *relapse*. This phase is one when a person or entire population abandons the change and returns to old behaviors. The ultimate success of any “Theory of Change” process, is dependent on the ability to demonstrate measurable progress toward outcomes. As one designs a 100% Community project, discussing which target population the activities will be focused on and gauging their readiness for change, will be invaluable.

Second, over many decades I have watched people develop projects, many of them urgently needed. I can safely say that those who took the time to plan activities and outcomes, with special care to connect the dots between the goals, get much closer to their project’s desired results.

For more information about the 100% Community web-based course and lessons on assessing, planning, acting and evaluation, please contact us.

Faith

Imagining yourself and community at 100%

When we “Google it,” how many results come up?

- being tested by crisis: 333,000,000
- the power of retreats: 189,000,000
- committing to a cause: 61,000,000
- sharing a vision for the future: 574,000,000
- living your philosophy: 264,000,000

Amid the clutter, solutions await

“WHAT ABOUT FAITH-based communities—where are they in your plan?” is a question we have gotten when we describe the 100% Community. And, it’s one we are pleased to answer. We are often asked what role religious organizations have in our work. It is estimated that there are approximately 350,000 religious congregations in the United States, representing a wide range of beliefs. With approximately 350,000,000 people in the country, that’s about one place of worship per 1000 people. Imagine: If each of these spiritual centers partnered with local government leaders and socially-engaged businesspeople, we would end health disparities and lack of emergency readiness for a public health crisis within a year. Seriously.

For this reason, we have faith in the goodness of people. How we get our community to 100%, ensuring vital services for all residents, requires the belief that it’s possible. This faith, coupled with courage, creativity, compassion for others and ourselves, is how we achieve our most noble goals.

Essentially, with 100% Community, we are asking this nation of 350+ million to acknowledge the profound challenges people in their communities face. We then ask how ready are community residents to become change agents to address long-standing health and safety challenges, as well as readiness for a public health crisis.

These may sound like two simple questions but for many, they aren’t. With our country’s culture of state-sanctioned/anointed alcohol consumption and consumerism, many can, and will, live in state of self-medication and denial. Our mobiles have become ATMs for self-pleasure with the click of a tiny keyboard. But, how long until it all comes crashing down around us? All it takes is one viral outbreak to show how vulnerable we all are.

The “ask”

We are asking people, especially our official and unofficial leaders, to connect the dots among almost every costly social ill haunting every neighborhood in the nation—from guarded mansions to urban condos, suburban estates and housing projects. It’s time we commit to a path out of this dysfunctional status quo that leaves so many behind and puts so many at risk.

Our path is clear and absolutely necessary. The work we propose, and are engaged in as we write this, is tremendously rewarding. And, we would like to think, inevitable. There are just too many like-minded caring people across every community on the planet—connected by technology—who are launching solutions to almost every challenge you can imagine. The commitment to ensure the services for surviving and thriving is spreading, county by county, across the nation.

Notes on cautious optimism

We, and quite possibly you, dear reader, have been at this work for decades, asking communities, through our talks, trainings, podcasts, websites and strategic plans, to create the services that have been shown to promote health, safety and resilience. And, we have seen successes on countywide scales. We know a countdown to ensuring that every community is a fully resourced 100% Community is possible because we have already started the clock.

Yes, we accept the reality that things are very complicated on this tiny planet and the United States represents a unique challenge. As stated repeatedly, we can’t save the world or the nation. We can absolutely heal our counties and neighborhoods. So we start there, focused on community.

We start with taking care of ourselves. From there, we show compassion to our family and friends. Ideally, we find the way to expand the process of community healing, and this is what our 100% Community initiative is depending on.

With cautious optimism, we believe that with enough of us, we can create a tipping point and heal families, neighborhoods, cities, counties and states. When our nation is at its best, it is a society with a “can do” spirit, which could translate into collectively taking care of one another—without having to meet a check list of qualifications or an income level.

We fully understand that change will be hard for some. (We have an entire chapter on facilitating change through the adaptive leadership process.) We believe that the tsunami of socially-engaged innovation from our youth and youthful thinkers is unstoppable. Our ideas, and all the centuries of ideas that this book is built on, will become the new norm. The near future holds the promise that in everyone's mobile there is at least one app, directing each and every county resident to those accessible community services promoting health, safety and lifelong learning. Technology is ready to connect us in significant ways; we just need to guide its development with compassion.

Gratitude

We thank you for staying with this book and being part of this grand experiment, implementing our 100% Community process that's radically simple—based on one common refrain we've all heard hundreds of times, "We're all in this together." As you finish reading the first three parts of the book, getting ready for "Part Four: Workbook for Action Teams" and practical steps to implementing innovations in our ten vital surviving and thriving sectors, know that you are part of an ever-growing network of change agents and problem-solvers. You are turning one disconnected collection of counties into a state of caring, and transforming fifty fractured states into one united nation guided by compassion. We're deeply grateful to you.

Katherine's Journal

About four years ago, I sent Dom a text message as he was boarding a flight that said, "When you get back we need to talk about writing a book about our children and families at risk and our solutions." And so the idea for our first book Anna, Age Eight was born. By the time Dom got back from his trip he had an outline of the book. We began writing in our spare time, jotting things down in journals, on scraps of paper, or in emails and sending them to each other. We knew this book idea was too important to let go. In the years that followed, more child fatalities happened, and we became only more motivated to publish our concerns and strategies. We then expanded our lens to see how so many of us were vulnerable to long-standing and unexpected health and safety challenges. From there, we committed to writing a detailed plan of action to guide each community. We coined the term "surviving and thriving services." The truth is, we have been writing the book you are holding now for years. Today we see community stakeholders coming together and uniting. With compassion, people from all walks of life are committing themselves to ensuring that a system of care exists for all. Everyone. Everywhere. Surviving and thriving.

Part Three Review: This Is One More Test

Need to Know

Consider these questions before proceeding with real-world work on the 100% Community initiative—presented in the workbook ahead.

Really, you'll thank us later.

1. In chapter 29, we wrote about the importance of data, not opinions, guiding our work in a process of continuous quality improvement. First, what's been your experience using data to guide projects? Second, why is Continuous Quality Improvement a data-driven process?
2. In chapter 30, we suggested, based on reading *The Practice of Adaptive Leadership*, that people fear loss, not change. Are you comfortable describing the difference between a technical challenge (where people can agree on how a problem is solved) and an adaptive challenge (where there is no set guide and you enter uncharted waters)? Can you think of a time when loss aversion has either obstructed or supported change in your communities?
3. In chapter 31, we promoted the collective impact model to guide our work. How might your 100% Community initiative support organizations and action team members in using the Collective Impact model to best achieve results?
4. In chapter 32, we laid out the 100% Community initiative in ten steps. First, which of those steps may be the most challenging, and why? Second, which individuals or organizations in your county can fill the roles we describe?
5. In chapter 33, we advocated for a 100% Community Task Force on Historical Disparities, Trauma and Resilience. Why is it important for all of your county residents to learn about historical disparities, trauma and historical resilience?
6. In chapter 34, we described potential timelines for various components of the initiative. How realistic are they given the capacity of your county and level of challenges?
7. In chapter 35, we focused on life-long learning as a key component of our initiative. Who are partners in your county or state who could support this goal?
8. In chapter 36, we offered some insights on using technology to strengthen your community work. In your experience, how is tech and the web used to promote health, safety and education in your county—and with what results?

9. In chapter 37, we described how the public sector workforces (representing hundreds of organizations) work primarily in silos, not in collaboration. How can your county remedy that using technology and relationship-building?
10. In chapter 38, we focused on the importance of planning and detailing your project plans in a logic model. How comfortable are you developing such a planning tool (identifying goals, inputs, activities, outputs and outcomes) to develop action team projects?
11. In chapter 39, we arrive at a place called Faith. Here we focus on the role of faith in the community and the compassion of others to serve all our children, families and community members. How can your partners in your county pursue a dialogue with all your faith-based communities, all who hold a value that all people matter, especially the most vulnerable among us, to support the work ahead?

PART FOUR

Workbook for Action Teams

*How every community can provide
the ten vital services to empower all
residents*

First We Survive, Then We Can Thrive

Why “10@100%”? Why these 10 service areas? And why reach 100% of residents?

When we “Google it,” how many results come up?

- Maslow’s hierarchy of needs: 4,870,000
- Maslow’s hierarchy of needs examples in real life: 667,000
- surviving and thriving meaning: 6,810,000
- TED Talks on overcoming adversity: 225,000
- assumptions about overcoming adversity: 32,400,000

Amid the clutter, solutions await

ONCE UPON A time, our federal government was capable of doing great things. Medicare immediately comes to mind: the US invented single-payer, universal health care for 100% of folks over sixty-five. Brilliant. Yet today, waiting for federal actors to fix what is completely broken in fifty states may not be the best use of time. Time will tell.

Meanwhile, the states and cities became powerhouses of change

Each state has the power to strengthen our ten “surviving” and “thriving” sectors, ensuring access for 100% of their residents. Our job is to harness the resources of state, county and city government to create systems of healthcare, safety and education that are user-friendly and accessible, whether the people who use them live in urban or rural areas, suburban tracts or trailer parks.

“Too many details” vs. “Don’t short-change us”

We debated between our team of editors on how best to write the ten chapters in this workbook section so as to avoid repeating ourselves or droning on about details. Truth be told, in all ten sectors we have similar things to say about setting up action teams to do the vital work that needs to be done, including: forming coalitions, fostering advocacy, investing in technology, and prioritizing and implementing projects. Each action team receives the same specific instructions within each chapter and follows the same steps. Yet all sectors have innovations that are specific to their unique area of research and political realities.

One editor said, “Please don’t get into long discourses on policy and details... put all that in the appendices.” (We did a bit of that.) Another said, “If you cut, paste and repeat instructions, readers might get bored if they read other sector chapters.” (We voted for consistency in chapter structure and instructions.) Another added, “Readers want a story, not a policy brief. Add in as many Eric stories as you can.” (We agreed.) Another said, “Trust the readers: if they’re committed to that sector, they’ll dig into research later online.” (We’re working on the assumption that this is true.)

We understand that books should be page turners, first and foremost—even books that also serve as textbooks and workbooks for courses on community-building. We also know from practical experience working with ten different task forces in a county that people do best with clear, consistent and concise guidelines. That’s what you hold in your hand, the 100% Community Workbook designed to empower your county action team to do groundbreaking work.

Most readers will go directly to the chapter focused on their area of interest (like food or behavioral health care), which makes perfect sense. We have written each chapter in this section to stand alone. We hope it goes without saying, but if you know of one amazing innovation area or project that we are missing, please let us know and we can add it to our next edition (and on our 100% Community course housed within our learning management system).

The Make-or-Break Part of the Book

This is where a “a small group of thoughtful, committed people can change the world...”*

*with credit to anthropologist Margaret Mead.

This is the part of the book that, quite frankly, presents what will make or break our work. The 100% Community initiative’s entire hypothesis is all about providing key services, so what follows are ideas for innovations.

We wish to acknowledge that setting up your 100% Community action team, as part of the 100% Community county initiative, is actually your first innovation. Let’s presume that’s the easy, fast part. Now comes what puts the “action” in your action team.

An unmissable cross-sector opportunity

A note about complementary chapters and overlapping innovations: you may want to read all ten of these chapters, as they may have similar innovations. In your 100% Community initiative, it’s vital that you coordinate any work that may be strengthened through collaborating with other action teams.

Katherine's Journal

I give many talks on the 100% Community initiative and am always asked two questions, "Why those ten services?" and "Why do we focus on reaching 100% of a county's families?" I answer, "All of us in the room would not be doing very well without access to what we call our five survival sectors: food, shelter, health care, behavioral health care and transport to services. As for our five other services, ask any mom or dad about what made a huge difference to them and their kids growing up and most will describe as "lifesavers" our five services for thriving: parent supports, early childhood learning programs, fully resourced schools, mentors and accessible higher education. As for why we are working to ensure that every family—as in 100%—have access to ten vital services, why would we set our goals to reach any less?"

Dom's Journal

Some folks have said that our 100% Community initiative is too bold, too big and unrealistic. They say, "You are pitching to community residents that they take on improving ten vital services, creating a countywide system of health and safety in ten unnetworked sectors, when just working with one sector would be a challenge." We counter with, "There are, in most counties, just about 100 or so elected leaders who control the budgets and priorities that set the standard for health, safety, education and job training and business development. This would be the mayor and council members, county commissioners and school board members. We are confident that we have leaders among the local leadership ready and eager to join a data-driven initiative like 100% Community that can do so much good for so many."

We believe in the positive spirit of people, especially in times of crisis. And, quite frankly, our experience working in counties has shown us that there are inspiring leaders already doing meaningful work for children and families and they whole-heartedly welcome the support.

Bottom line: Amid a million calls for action that bombard us every minute online and in meetings, let us first ensure that everyone is housed, clothed, fed, with access to medical care and in safe, secure households. Once all—as in 100%—of our residents of all ages are secure and surviving, we get them as fast as we can to thriving.

Food@100%

Food@100% means all our families are fed and food insecurity is history. We have solutions to hunger; we don't lack food, just the political will, business engagement and technology.

When we begin to “Google it” for solutions:

- ending hunger in America: 21,800,000
- causes of hunger: 29,100,000
- task forces on ending hunger: 49,300,000
- businesses ending hunger: 27,200,000
- impact of technology on food security: 377,000,000

Amid the clutter, solutions await

Eric's Story

Eric likes to put lots of butter, salt and pepper on his rice. That will be his entire dinner each night for about a week. Like clockwork, Eric knows it's the last week of the month when it's rice. When burgers are served, he knows it's the start of a new month and pay day for mom and dad. In Eric's neighborhood, end-of-month rice is normal and the kids even joke about it as each family has their own way of making it through. Eric's friends might have boxed macaroni or cereal for a week of dinners. In some ways, they're the lucky ones, having at least something to fill their stomachs before sleeping.

Jen and Marie's Story

Until recently, Jen had never really worried about access to food. She had depended on take-out several times a week and often ate lunch with work colleagues. When grocery store shelves began to empty, she began to worry, and the stress of making sure that there was enough food at home to provide meals for weeks at a time was a new one. Suddenly Jen knows where the local food bank is in case she needs extra supplies. The food bank has been around for a long time and has consistently struggled to get supplies and keep parent-friendly hours. The food bank is developing a cadre of volunteers and a stable network with food distributors. Jen is relieved to see a new food bank in Marie's school, too. Together, Jen and Marie make meals together, eat simply and have made meal time one where they have important conversations.

FOOD HAS EVERYTHING to do with our health. If we eat right, we function better and we are healthier. If our food supply is threatened, we are in serious trouble. Every county has residents experiencing food insecurity, and some have segments of the population reporting hunger at least once during the month. In times of crisis, access to food becomes even more critical, particularly for families who rely on schools or other government programs to provide meals for their kids.

In this chapter we provide an overview of a very complicated system and its numerous challenges, as well as food support programs. Get ready to be inspired. We will guide you through all the steps needed to put ideas for addressing food insecurity into action.

Speaking of ideas bubbling up, you will want to visit our 100% Community site that houses our 100% Innovation Center, where new ideas for projects to increase and improve vital services are added constantly (<https://aae.how/288>).

A few questions

With literally millions of people reading articles on food security and thousands of foundations, governmental and non-governmental organizations focusing for decades on ending food insecurity in the United States, why is hunger still so prevalent across the nation? Why are students arriving to school hungry? Why do parents working full time not have enough money for a month's worth of groceries? Why do food banks run out of food?

We don't mean to question our good-hearted leaders in political, academic and philanthropic circles, but there appears to be a complete disconnect between those who claim to have answers and the actual implementation of solutions to ensure 100% of our residents are food secure. What are our morals, ethics and values that allow hunger to exist amid so much abundance?

What kind of society throws out enough edible food to prevent hunger in our most vulnerable families? If we ever needed a public and private sector solution to food insecurity, this is the moment.

Some of us grew up with TV commercials asking that we send money to poverty-stricken counties across the globe to address hunger. Plenty of websites and organizations still ask. You may notice that there is no mention of why the elected leaders of these democratic countries are not feeding their people. Truly, why are we all not asking, "What is the root cause of hunger in the US and around the world?"

Katherine's Journal

I was invited to present at the annual professional development meeting for all of the school bus drivers in our district. I did my normal introduction about the book Anna, Age Eight, the troubled life of Anna, her situation and why we needed to dig deeper into the root causes of child maltreatment and the social determinants of health. When I got to the section about the ten sectors that 100% of people need access to in order to prevent abuse and neglect, the first sector was food. Immediately a woman's hand in the front row shot up.

I called on her, and she was nodding emphatically. "I carry food on the bus in the morning;" she said, "these kids are coming to school hungry."

Very quickly, several other bus drivers agreed and spoke about carrying food with them too. "Who provides this food?" I asked, somewhat naively thinking maybe someone provided food to the bus drivers to hand out. "We do," they said.

The original woman spoke up again, "I buy it myself, because if I don't, no one else will and these kids need food," she said. I received similar reactions to all of the sectors.

I had done many community forums by that point, most to funders, philanthropists, executives, lawmakers, and other "usual suspects." The reaction I typically got in these talks was that they had never made the connection between these sectors and child maltreatment and trauma. Not true of the bus drivers though. They already had it figured out. The drivers saw these kids in their own environments every day, and knew why they were struggling. And the drivers took it upon themselves to address it in the ways they could.

Who's hungry?

With millions of our fellow Americans on food stamps, and food pantries the fixtures of communities that they are, it seems inconceivable that kids in our country suffer from hunger. In fact, the reality on the ground has been, up to now, difficult to gauge when it comes to specifically measuring food insecurity in communities. Are lots of kids starving to death out there in the USA? This is an important question, but the real question is, "What does hunger look like?" Four children walking to school may not conjure up images of malnutrition to many of us. However, we don't know how long it's been since each had their last meal. What percentage of malnutrition is acceptable? Would you be okay not eating for 24 hours?

“Why can’t everyone buy their own food?”

Plenty of children live in households where money is so tight that parents have a hard time picking up where the equivalent of food stamps leave off. (Your state student surveys funded by the CDC on health risks will most likely tell you how many kids are experiencing hunger monthly, and this is a data point every health and safety program needs to be on top of.) That can translate into skipping meals or eating poorly balanced meals. And even if there’s a food pantry that stands ready to help, it’s not guaranteed that mom or dad will have the logistical capacity to pick up the groceries.

Meanwhile, we (via grocery stores) throw away large percentages of our food due to spoilage or because it didn’t look quite appetizing though it was perfectly healthy. Luckily, there are solutions to this particular logistical problem you can implement in your county.

First things first

We ask: what is the root cause of hunger and food insecurity?

The list covers a range of causes and solutions.

- **Public health crisis:** Whether a virus, act of nature or manmade, a crisis can disrupt food systems.
- **Life catastrophe:** People lose their jobs and even houses for a variety of reasons all the time. Maybe the bills pile up and bankruptcy is the only way out. Maybe they pay their bills but then there's no money at the end of the month for food. Maybe an illness knocks out their income stream. Maybe a mental health breakdown does the same thing.
- **Relationship catastrophe:** Breakups and divorce can throw people into an unstable situation, especially if one partner was dependent on the other's income to buy food.
- **Responsibility:** Governments on the federal, state and local levels have not seen it as their role to ensure that all residents have access to food.
- **Low wages:** Employers don't have to pay wages that allow a full time worker to afford food throughout the month.
- **Job availability:** When the economy dips, there are not enough jobs for everyone who wants one, hence no money for food. Or in boom economies, people may not have job readiness.
- **Mental health challenges:** Folks with mental health challenges can't always hold down full time jobs.
- **Troubles at home:** Kids living in homes where parents are struggling for a wide variety of reasons including abuse and neglect, will report hunger every month on the national student surveys.
- **Trapped teens:** Teens having to leave unsafe home environments without the resources to be self-sufficient.

With data from the **100% Community Survey** (See Appendices) and other surveying, you have a good idea about where in your county food insecurity exists and why. While global, national and state data on hunger is interesting (and deeply troubling), the real data that informs your work are generated by your 100% Community initiative, and dive deep into local communities within your county borders. You may find that hunger is seasonal, with more students reporting it during summer when not in school. Then again, you may be surprised by your survey results and learn that a challenge is far bigger or smaller or more localized than originally thought.

Where on earth are our challenges already fixed?

Food@100% is looking at tested food insecurity solutions, focused on innovations, projects, policies and programs implemented in large and small cities around the world.

It's been said that hunger is not a problem with food, it's a problem with our local governments' commitment to addressing food insecurity. This means, ultimately, our solutions will go beyond volunteers and short term projects. Our elected leaders must vote for solutions that permanently end hunger, because it's what caring folks in a democracy do for their neighbors.

If you have come this far, you know that ending hunger starts with knowing the magnitude of the problem; where precisely hunger is experienced in your county, and why youth and adults can't access services to address the problem.

We present to you and your local businesspeople and government leaders a challenge: ***make hunger a thing of the past, so every child, student and family thrives.***

As you will see below, we have offered only a sliver of the innovations out there that have been shown to reduce hunger and food insecurities. Some of the models have been with us for many decades—tried and true and evaluated strategies. Some are ideas working successfully a few states over, while others are being implemented on the other side of the planet. Some are quite new, thanks to technology, and merit experimentation and their own evaluation. We do not lack for solutions, just the political will.

The innovations you're about to explore can be developed with three important frameworks.

As we say in all ten sector chapters, we want to reference the data-driven framework called **Continuous Quality Improvement** and its four phases: assessment, planning, action and evaluation (revisit Chapter 29). This four-step process will guide your development of innovations in the arena of food support. And as a gentle reminder, you will want to use **Collective Impact** (revisit Chapter 31) to organize your project and **Adaptive Leadership** (revisit Chapter 30) to determine if the particular challenge you seek to solve is a technical challenge with established protocols for moving forward, or an adaptive challenge, where you are entering new uncharted territory without a clear path.

Designing a Countywide Family-friendly Food Support System

The past: How did we get to this point of needing a family-friendly food support system? Who exactly needs it anyway? What problems is the system supposed to solve? Why don't people just buy food for themselves without outside help?

The present (action agenda): Within this subject, we've identified ten strategies—called innovation areas—that can be used to tackle the food support access problem. Within those, we suggest about twenty 100% Community projects that you (yes, you) can take on, thus propelling your community towards family-friendly food support in its many forms.

The future (goals): With enough work on these innovations/projects, we'll get to the point where Innovation #10—the creation of a City/County Department of Family-Friendly Food Support—becomes a reality. With a state-of-the-art system of support in place, 100% of our county's families could report excellent support and service.

Since we are currently in the present creating the future, your commitment to innovation is most eagerly sought and needed.

A menu of innovations and projects

You are about to review approximately twenty projects that can, if done successfully, improve the quality and accessibility of current services. The long-term goal of these innovations and projects is to ensure that 100% of county residents have access to this vital service. Your task is to review all projects, individually and as part of an action team, to identify which one you wish to implement. In the time it takes to enjoy a grande latte, you can give our menu a quick read to see which project pops out at you.

10 innovations your action team can implement

The following innovations represent strategies that have the capacity to increase access to food support programs to ensure our children are safe and successful.

(Note: for more information on Action Teams, see the Appendices.)

Innovation #1 sets your action team up for success using a software system to track the progress of all innovations within a county. Innovations #2 through #9 are options to explore and implement. Innovation #10 sets your team up to be very well-informed change agents. Be aware that some of these innovations and projects could be completed in a few months, but others might require at least a year commitment or far more.

Innovation #1: Designing and implementing a county data system to track supply and demand within food support programs

The “all-important food supports analysis” project

Unlike other services like transportation, we don't track every single time somebody uses a food pantry or food support service in a community or faith-based center.

No single number will give you a complete picture of the situation. However, by gathering multiple data sources and tracking them over time, you should be able to get an idea of how much food insecurity there is in your community. Here's your list:

- Schools: School data on reduced or free lunch and breakfast, backpack weekend food programs, etc.
- Food banks: Food banks typically keep track of the number of meals they serve and the type of people using the service (e.g. families, single men, etc).
- Faith-based resources: Food support programs in faith-based and community-group settings may keep data and might be willing to make it available.
- Homeless shelters and soup kitchens: Some may keep data on their residents needing food. Unlike the government, they're not necessarily obligated to give you the data, but they probably will.
- Domestic Violence shelters: They may track visits to food support in the shelter program. Maybe take snapshot once per month and track over time.
- Child welfare data: While not easy to acquire, there may be a way to assess data on adult and child clients needing food support.
- American Community Survey: The ACS is an ongoing survey that provides vital information on a yearly basis about the United States and its people. Information from the survey generates data that help determine how more than \$675 billion in federal and state funds are distributed each year.
- 100% Community Survey: This is the survey your initiative will implement that asks residents to what degree they can access food security programs, and why access to these programs may be challenging.

As mentioned, this won't be as simple an assessment as the transportation situation (covered in next chapter), but if you get these numbers, you should at least be able to tell if the situation in your community is going in a good or bad direction. In this project, you will be gathering as much data as you can to paint a picture of local food programs. This is a first step in identifying challenges.

Deliverables: Create a one-page overview/update on the status of food programs to present to the 100% Community team and stakeholders. (Rough time frame: 3 months)

The “can you get food there or here?” project

Good food security planners will figure out where people are concentrated and then plan service accordingly. Many systems, however, are pretty haphazard affairs that never really do this kind of self assessment. Luckily, using census data, your own eyes and Google Maps, you can do it for them. First, learn how to do custom drawings on Google Maps (an internet search will lead to some tutorials). Looking at the American Community Survey, Google Earth satellite images, and the results from your Resilient Community Experience Survey should give you enough to get started.

Deliverables: After getting comfortable with Google maps and data, present your findings to the 100% Community team. (Suggested time frame: 3 months)

👉 How to do custom Google Maps: <https://aae.how/24>

👉 American Community Survey: <https://aae.how/25>

The “does our food support go where it should” project

Your food system (notice the term “system,” as it should be one seamless system serving the entire county) should serve all residents, but especially your community’s most critical areas: communities with high rates of child welfare involvement, low income areas, areas with high unemployment and high schools with low achievement and high dropout rates. Find or make a map of the county, then make a map of all “high risk” areas and all food support programs. Then see how well those two maps overlap. Also take a look at service frequency. Are food supports being offered when the need is the highest? Whether food supports “serve” the most critical areas depends on more than what the map looks like.

One issue to tackle will be transportation. One type of food support may well be the next town over from where the need for that particular service is the greatest. Can you get there from your town? Often the answer is no, especially in places where state transit leaders have ceded their planning authority to county leaders. This may lead your action team to talks with the transportation action team (and possibly more teams).

Deliverables: After connecting with an assortment of food support agencies, survey them to learn about the public transport needs of those seeking food support, then present your findings to the 100% Community team. (Suggested time frame: 3 months)

Innovation #2: Ensuring current food programs are fully supported

The “who’s working on this?” project

While state lawmakers may support various forms of food security projects, often local communities are home to programs and activist groups that also work on the issue. Maybe it’s a non-profit that supports a food pantry, or a private charity that helps out with children’s hunger in a rural setting, or a group that lobbies for school-based food security programs for families. Your mission here is to make an inventory of those organizations and figure out what they’re doing.

Deliverables: Make a list of all agencies in the county working on food security, and identify leaders to network with. Share updates on this process with all food equity advocates. (Suggested time frame: 1 month)

The “do we have enough money?” project

By now, you should have a pretty good idea of how your food support “system” is doing and which areas may require improvement. Sometimes, it may be a matter of using existing budgets differently. Often you will discover that the funding simply isn’t there to provide resources for an ample and sustainable food support system. Do your assessment of all current food support programs to know the quality and quantity of services.

Deliverables: After analysis, including a sample of food support programs, create a one-page brief to be shared widely online with the 100% Community team and all county stakeholders engaged in using, or providing, food bank services. (Suggested time frame: 3 months)

Innovation #3: Engaging the private sector in supporting food support innovations

The “mobile grocery vans” project

The idea here is going to the people, rather than making parents with two kids go to a food bank across town. This involves getting to know all food bank leaders and staff quite well. This may very well be a public-private partnership.

Deliverables: Learn all you can about mobile grocery vans that are rolling the nation’s roads. Do informational interviews with those operating the vans. Share a one-page report on your findings and recommend what such vans can do for your county. (Suggested time frame: 1 month)

👉 MoGro Mobile Grocer project: <https://aae.how/87>

The “How is the ‘Feeding America network’ evaluated?” project

Feeding America is described as the nation’s largest domestic hunger-relief organization. This project involves creating relationships with local food industry leaders, as well as implementing technology to track donations and a process for food delivery from providers to food banks.

Deliverables: Learn all you can about Feeding America. Do informational interviews with those involved in their operations. Share a one-page report on your findings and recommend what this network can do for your county. (Suggested time frame: 1 month)

👉 Feeding America: <https://aae.how/88>

👉 Mobile Grocery Store Units: <https://aae.how/89>

The “will our boss support that?” project

The idea of a private company giving an employee a free bus pass is nothing new, but it may be new for employers to provide a subsidy for some forms of food support. This would be an innovation to present to your chamber of commerce and local elected leadership. There are employers that offer free food to staff while they are working. Despite the upfront cost, providing food on the job has been shown to increase productivity, encourage mingling and increase retention of employees. Survey Monkey feeds employees up to two meals per day in addition to snacks—spending an average of \$10–\$12 per employee. While this particular example isn’t in response to a stated food insecurity, this company and others like it are on the right track.

Deliverables: Do a search of US businesses, and even a few based outside our borders, to compare and contrast findings. Present to the 100% Community team. (Suggested time frame: 1–3 months)

👉 Blog on free food at work: <https://aae.how/90>

👉 Survey Monkey: <https://aae.how/91>

Innovation #4: Harnessing technology to create an online directory and resources

The “plain language for existing websites” project

In some city and county systems, thoughtful professionals spend a great deal of time and effort trying to design perfect websites, with intuitive listings of food support offerings, easy-to-read maps to such services and other features to facilitate how to connect with or sign up for support. Your mission is to figure out whether your county and city governments are taking this opportunity to simply and efficiently explain on a community food supports website, offer downloadable and printable brochures and schedules in all relevant languages, or present information through an app.

Deliverables: Research your county’s government and non-governmental agency websites to identify how clearly food supports are represented. Present your findings to the 100% Community team. After feedback, network with local food support agencies (with a web designer and graphic designer) to explore improving the user-friendliness of current information online. (Suggested time frame: 1-3 months)

Innovation #5 : Generating public awareness and engagement

The “create the Food@100% user-friendly website” project

This is where you design and launch your own family-friendly website for the public to post vital food security program information. As mentioned earlier, websites don’t just pop up easily, but there are free services online to help with design.

Deliverables: Research food-related program websites across your county and state. You might even find great ideas across the nation and globe. Present your findings on user-friendliness of existing local food support websites to the 100% Community team. After feedback, network with local food security folks (along with a web designer and graphic designer) to explore creating a user-friendly website that houses easy-to-understand information. You can also include information on your Food@100% action team and how you are working to improve local food security. (Suggested time frame: 3-6 months)

The “be patient and focused” project

Even completing a few of these projects will put you among the best educated one percent when it comes to food supports in your area, and one way you could put that know-how to good use is by serving on an advisory board or commission. Many city, county, higher ed and health agencies have them. There are often more generic food support boards or advisory panels that need members as well. This is your opportunity to ensure alignment of services becomes a reality.

Deliverables: Attend at least a quarter’s worth of meetings, then present to the 100% Community team your analysis of current committee/task force working groups—including how data-driven and results-focused they appear to be and the benefits of supporting their work. (Suggested time frame: 4 months)

The “email Food@100% often” project

Emails and social marketing are good tools for outreach. You should work to reach all stakeholders who have parents on their radar. Social marketing strategies, just like website development, can be challenging, yet there are “how to” websites that can facilitate this process. (Revisit Tech: Chapter 36.) You can send updates on the work of your action teams to raise awareness and garner support.

Populations to target:

- Youth-serving groups
- Family-serving groups
- Faith-based groups
- Cultural groups
- Food support agencies
- Food industry leaders
- Elected officials

Deliverables: Identify the most tech-savvy in your network, then create a countywide list of stakeholders to email. Create a rough message and graphic identity for your messaging. Test it out with the 100% Community team, tweak, and off you go. If you use a mailing service that can track your email’s performance, check open rates after three months to assess responses. If you simply email your network directly, gauge how many of the messages received a reply or initiated action. (Suggested time frame: 4 months)

Innovation #6: Make sure your education system is on board

The “research amazing school-based food support options” project

This is where you and your action team colleagues pore over programs that could be brought to your county, and a few you may already have. They could include the following: the Farm to School Movement project, Boston Schools Food Program, free lunch program, free breakfast program, Backpack with food for Weekend Programs, Summer Food Program, Farm to Table program and Dragon Farm and Sustainable Food program.

Deliverables: Contact your local school district to assess current programs. Learn all you can about programs that can increase food security, gathering insights on program activities and evaluation. If possible, do an informational interview with program staffers involved with programs. Collect your notes to create a one-pager to present to the 100% Community team. (Suggested time frame: 1–3 month)

- 👉 Farm to School movement: <https://aae.how/92>
- 👉 Boston Schools Food Program: <https://aae.how/93>
- 👉 Free lunch program: <https://aae.how/94>
- 👉 Free breakfast program: <https://aae.how/95>
- 👉 Healthy backpacks for weekend food program: <https://aae.how/96>
- 👉 Summer food program: <https://aae.how/97>
- 👉 Farm to Table project: <https://aae.how/98>
- 👉 Dragon Farm and Sustainable Food program: <https://aae.how/99>

Innovation #7: Ensuring local higher education is engaged in research, solutions and evaluation

The “Feed U” project

Just like with the K–12 students, colleges and universities are important places for the development and implementation of food support programs, including research on solutions and evaluation of what’s working. While not all higher ed institutions are set up to do this, it’s worth asking whether the local college or university devotes any time, research or other resources to making sure that their students and staff have campus-based food support in its many forms—including a food bank. This project assesses all colleges and universities in the region to measure support. This assessment should also include research following examples of campus-based food support programs: College and University Food Bank Alliance (CUFBA), Bowling Green State University, The “Baylor University food focus” project and International Food Policy Research Institute (IFPRI).

Deliverables: Learn as much as you can about these innovations, gathering insights on all activities and evaluation. If possible, do an informational interview with program staffer. Collect your notes to create a one-pager to present to the 100% Community team. (Suggested time frame: 1–3 months)

👉 College and University Food Bank Alliance (CUFBA): <https://aae.how/100>

👉 Bowling Green State University: <https://aae.how/101>

👉 Baylor University food focus: <https://aae.how/102>

👉 International Food Policy Research Institute (IFPRI): <https://aae.how/103>

Innovation #8: Supporting city and county governments in food innovation

The “research what cities and counties can do to increase food security” project

Through research, identify innovations that you can bring to your county as well as existing programs that might benefit from county support. We suggest you research the following: Farm Gardens in Parks, Urban Farming and Food Production in Parks, Create Community Gardens and Urban Agriculture. Two very effective programs are also taking place in Las Cruces, New Mexico: La Semilla and Casa De Peregrinos Food Program.

Deliverables: Learn all you can about these innovations, gathering insights on all activities and evaluation. If possible, do an informational interview with program staffers. Collect your notes to create a one-pager to present to the 100% Community team. (Suggested time frame: 1 month)

👉 Farm Gardens in Parks: <https://aae.how/104>

👉 Urban Farming and Food Production in Parks: <https://aae.how/105>

👉 Create Community Gardens and Urban Agriculture: <https://aae.how/106>

👉 Neighborhood programs: <https://aae.how/107>

👉 La Semilla (with the motto “learn. grow. inspire.”): <https://aae.how/108>

👉 Casa De Peregrinos Food Program: <https://aae.how/109>

Innovation #9: Identifying how the federal and state levels can strengthen local services

The “know your state and federal options” project

Rare is the urban or rural food support program or agency that doesn’t get by without a lot of help and guidance from the state or federal government (or both). Knowing a bit about those relationships can provide you with helpful background and information and possibly aid relationship-building to empower funding for a local food programs. You will also want to research what states have done to encourage companies to not waste perfectly fine food.

Deliverables: Learn all you can about state and federal supports (ideally with a colleague who loves detail work and can supply coffee), gathering insights on all activities and evaluation. If possible, do an informational interview with program staffer. Collect your notes to create a one-pager to present to the 100% Community team. (Suggested time frame: 1-3 months)

👉 6 states have laws encouraging food donation to prevent waste: <https://aae.how/110>

The “we need a state coalition to make great things happen” project

Through collaboration and the strategic use of data and technology, county players working together can find a way to ensure that no child or parent lacks access to a stable, secure and nutritious food supply. We are not trying to simplify one of our nation’s and the states’ most complex challenges in a sentence. We are advocating for the start of a long-term, local dialogue about how to end food access disparities. This is a decades-old problem that needs to involve both the public and private sector. This particular project is about joining or creating a countywide and statewide network of health advocates and providers who believe that accessible and affordable food (especially if there’s an emergency) is not a luxury. It’s what civilized governments ensure. A coalition will allow you to have a strong voice in your community as well as your city, county and state government. You may find that local lawmakers, while sympathetic to this issue, do not see addressing food access disparities as the role of county or city government. For this reason, coalitions matter and they can be a force for awareness.

Your county and state network can educate local lawmakers about a new role for government: ensuring no child, student or parent is marginalized because they can’t afford food. And this coalition can also work to elect officials who will prioritize access to stable and affordable food for all. Using technology to stakeholders with shared visions, goals, activities, use of data, use of communication and messaging and evaluation processes. Your action team starts with identifying who is in the lead with food quality and access reform.

Deliverables: Find some passionate change-agents and conduct informational interviews with sector stakeholders to assess interest in a county or state coalition. Assess the data-driven and results-focused quality of current coalitions. Create a one-pager to present to your 100% Community team and countywide network of food support program agencies on your initial findings. (Suggested time frame: 3 months)

Innovation #10: Institutionalizing the work by developing the City Department of Food and funding for innovations

The “County/City partnership that funds the Department of Food” project

Elevator pitch: When Eric’s mom scans the website for city hall, she should be able to see the “Department of Food” right next to the Departments of Police, Fire and Parks. Why not? It’s a vital resource we can’t live without and, clearly, one that a large segment of the county’s population is struggling with. We can live without parks, but living without food is not an option.

More than maintaining a website, this department assesses yearly the need for food-related support programs, evaluates the effectiveness of current programs, supports ongoing research on best practices in food equity policy and programs, and promotes creative ways to fund all initiatives.

Potential investors: mayors, city councilors, county commissioners and advocates for children’s health and socially-engaged food industry leaders.

The “convene your fellow food advocates and enhance your skills in public speaking, committee briefing and how to get to a lawmaker” project

This project is a crash course that you develop with local experts about how to contact local and state leaders, give an elevator pitch on your projects, and the protocol for committee hearings that can lead to funding.

Deliverables: Find an accomplished colleague with good public speaking skills along with a professional with experience lobbying/networking with elected leaders. Together, discuss how a workshop for the entire 100% Community team could be created to enhance skills. Assess interest with teams, make a workshop plan, deliver, and evaluate. (Suggested time frame: 3 months)

The “know your stuff before you meet the mayor” project

Innovation #10, in some ways, is putting it all together. By the time your action team becomes familiar with all nine innovation areas and their projects, you will be prepared to meet with elected officials and stakeholders to discuss a plan for strengthening city supports to end hunger and food insecurity.

Deliverables: Identify at least one colleague to join you in reviewing every innovation project in this chapter. This means diving into all the research that you can get your hands on, starting with our links, to support your project. Conduct an assessment of all 100% Community team members to identify which projects are of interest or already in development. From here, present your global overview of project development with the entire 100% Community team for feedback. (Suggested time frame: 3 months)

The “create a bold vision and strategic plan” project

This project is focused on creating a new or improved Department of Food. As previous projects, you will have learned about your county’s strengths and weaknesses, potential funding sources and who the players are. You’ll be in a great position to document what’s great, and needs to be kept as it is or expanded, and what needs to change.

Deliverables: After an assessment of county food support program (see Innovation #1) and a survey of all 100% Community team members to identify which projects are of interest or already in development, develop a draft outline of a strategic plan for a Department of Food. From here, present the draft plan to the entire 100% Community team for feedback. (Suggested time frame: 3–6 months)

The “create a ‘no child goes hungry here’ tax” project

There are many ways for state, county and city governments to raise money to address a social need. Explore how California created a fund to end climate change with a surcharge on eating out. Some cities have a 10% tax on gross receipts for marijuana use. Other localities tax certain food products. This project is designed to focus on how to think creatively to identify mechanisms for funding food security. In some localities, ending hunger may be just as important as addressing climate change.

Deliverables: This requires lots of research and digging deep into policy and public awareness and evaluation. Things get complicated when it comes to designing taxes that address social needs. Explore all you can, chat with an elected official or two (or their support staff) about generating funds and write up all you learned for the 100% Community team. (Suggested time frame: 3–6 months)

- 👉 1% surcharge to help fight climate change (a model to adapt to support food security): <https://aae.how/111>
- 👉 Explore marijuana surcharge model: <https://aae.how/112>
- 👉 Explore surcharge model: <https://aae.how/113>
- 👉 Explore surcharge on unhealthy foods: <https://aae.how/114>

The “Cause Marketing and allow customers to donate part of their sales to ending food insecurity locally” project

Cause marketing has been around since at least the early eighties, when a credit card company offered to donate a portion of their revenues to the renovation of the Statue of Liberty. Many companies link up with what are called charities. From raising money to address AIDS, to the Breast Cancer Research Foundation, many health-related organizations have been very successful using cause marketing to raise funds. New York State has some important things to say about cause marketing. So might your state.

Deliverables: This requires lots of research and digging deep into public awareness and how to generate revenue in new ways. Tech will be part of this, too. Explore all you can and write up a summary for the 100% Community team. (Suggested time frame: 3–6 months)

- 👉 New York Office of the Attorney General on Cause Marketing: <https://aae.how/115>

The “Crisis-proof County Readiness Checklist” project

It's here you work with city and county emergency preparedness to assess readiness for a public health crisis that impacts food distribution. See Appendices.

Deliverables: Explore all you can, connecting with key officials and sector leaders, and write up a summary for the 100% Community team. (Suggested time frame: 3 months)

You're all about food.

We're connecting the dots between hunger and all aspects of family life.

Your work in food impacts all the vital services that, in turn, impact childhood, student and workforce success.

Our entire 100% Community model is based on cross-sector work, asking all county stakeholders to connect the dots between what we call our five “survival” sectors and five “thriving” sectors. As you concentrate on food services and programs that reduce food insecurity, consider how your work impacts the following interrelated sectors our 100% Community process is focused on.

SERVICES FOR SURVIVAL

▪ Food: This is you!

- **Housing:** Those experiencing homelessness or escaping from domestic violence are in need of shelter and rapid-rehousing will require healthy meals.
- **Medical/Dental Care:** Our physical and oral health depends on a healthy diet.
- **Behavioral Health Care:** Parents with mental health challenges may struggle with the ability to consistently ensure food for their children. Teens with trauma due to abuse and neglect, who are essentially parenting themselves, may struggle to identify where to find food for themselves and family members.
- **Transportation:** We need to ensure that public transport exists to get family members to accessible food pantries and programs.

SERVICES FOR THRIVING

- **Parent Supports:** For new parents in vulnerable spots, knowing how to access food and create nutritious meals for all family members is a vital skill.
- **Early Childhood Learning Programs:** Children may need healthy meals while receiving care in a learning center, and their parents may need help navigating systems to identify affordable and healthy food.
- **Community Schools:** Students may arrive to school hungry, so subsidized meals are a vital part of the community school experience—which may mean a school having a food bank. We know that colleges and universities are developing food banks as well.
- **Youth Mentors:** A very helpful incentive for mentors is having discounted meals to enjoy with their mentee—as eating and talking are a valuable component of weekend mentoring programs.
- **Job Training:** Employees can be supported in the workplace by having options nearby for healthy and affordable meals.

Monumental achievements start with one step.

Taking on innovations to create food security for all in your county who need support is nothing less than profound.

Our goal is to set you up for success so steps can be carefully taken, moving from short, to intermediate, to long-term goals. It all starts with one innovation developed, launched and evaluated for success.

With 100% Community, you are part of one of the very few initiatives working in a data-driven and cross-sector process to end health disparities that have existed in this nation as long as it has been a nation. We don't underestimate the challenges ahead, nor is it an overstatement when we say that you can accomplish measurable and meaningful work with collaboration, creativity and a framework for success.

If you are ready to get started with your countdown to 100% with food equity, you might be tempted to skip the other nine chapters focused on key services to create healthy families and communities. We do, however, strongly recommend that you review the nine other chapters to gain a deeper understanding of our entire cross-sector process. You might be surprised how often your focus area of food plays a role in many other areas of family and community life.

Bottom line: To make food insecurity history, we need a city/county government-based organization to assess food insecurity yearly, and leverage governmental power to get all the food security and industry players working in alignment.

Keywords: hunger in families, hunger statistics in America, hunger in schools

There's an app for that: Hunger in this country isn't about growing enough food for everyone; it actually comes down to getting it to those who need it. Technology is helping to make that happen with apps. These apps, for both restaurants and individuals, function to move excess food to those nearby who would otherwise go without. Check out the Food Rescue US app, the Food Rescue Hero app, Goodr.co and Transfarnation.org. Of course, the more basic technology of a phone or email can also allow a local individual or group to receive alerts from restaurants, stores and homes when excess food is available for quick delivery to distribution points such as family food kitchens. Sometimes, simple is best.

Q+A: Perspectives from the real world



We spoke about food insecurity with Aurora Valdez, MPH, Community Wellness Manager, Taos Pueblo Division of Health & Community Services.

With your work in the community, what do you see in terms of food insecurity?

We see people purchasing food that is non-perishable. We also see people sharing food when they can with their relatives, especially during prosperous feast times. There is a culture of sharing food and consciousness of not allowing food to go to waste, a strength of our community. We save our glass jars and reuse plastic containers—think of pickle jars and Bueno Chile containers—in order to send guests and relatives off with a jar of leftover soup and bread. We see people making efforts to make food last by freezing or preserving food in other ways. When there are large community events, the leftover food is always offered to attendees to take home. This is a strength of our community, understanding people fall into hard times and taking care of each other.

Transportation is the biggest barrier to fresh food from the grocery store. Despite there being a grocery store along the border of our tribal lands, it is majority local organic foods, and not within the price range for our people. Additionally, during the community cleanups we have twice a year, a portion of the litter we find along roadsides are from fast-food restaurants, perhaps an indication of stretching funds for food. Fewer people are growing small gardens.

What food programs have made a difference in your community?

The Red Willow Farmers Market has made a huge difference in the community with their farming activities and being the host site of a weekly farmer's market. The farmer's market occurs every Wednesday from 10 a.m. to 4 p.m. off of the main highway through our tribal lands. This program has decreased the distance the people living on our tribal lands have to travel to obtain fresh, in-season, produce. Along with our pueblo values, the Red Willow Farmers Market will give people our traditional foods or foods needed for ceremonies, such as blue cornmeal, for free. The farmer's market also allows for independent tribal farmers to bring their crops and provides a platform for people with other skills such as baking, cooking, art, or alternative medicine. The Red Willow Farm is also a partner with the New Mexico Department of Health Senior Farmers' Market Food Voucher. The "farm" as we call it, is partnered with our Education & Training Division to host teen interns. The teens learn about farming at a deeper level than the school classes who visit the farm. Red Willow Farms also supports community seed exchanges. There is a Garden Club of community members who gather at Red Willow Farms.

Within the Taos Pueblo Division of Health & Community Services, the Taos Pueblo Senior Center provides home delivered meals to our homebound seniors, provides free lunch at their center, and provides assisted/non-assisted transportation to the Red Willow Farmers Market and the St. James food pantry in the Town of Taos. Our nutritionist also organizes a Farm to Fork program within the Taos Day School and the Taos Pueblo Headstart to show youth how to prepare healthy food and snacks without having to cook. Our Taos Pueblo Community Center is a delivery site of the Eight Northern Indian Pueblo Council (ENIPC) Food Distribution Program, every two weeks on Tuesday for our people. These programs are vital for some of our people.

Support to address food insecurity can come from shelters, food banks, food pantries, and school, community and faith-based organizations. How might a county or community begin to work together to create a coordinated system of food supports?

Our community could start by having food pantries inside of schools to address immediate needs. We have heard suggestions for a food pantry on our tribal homelands as well, which would be a great addition to providing food for families of students to ensure stability. Having a food source for our students continuously, and not bound by a rigid pickup time and location, may ensure the students on our tribal lands have access to food and other nutrients as often, and as securely, as possible. There could also be more communication between programs and larger divisions about the kinds of barriers to access their client populations are facing.

More importantly, there should be a coordinated effort in teaching our young people about the fresh food growing in our mountains, how to grow traditional food crops, how to preserve food (drying, canning, etc.), hunting, and harvesting game, and the power of Indigenous food sovereignty. We are a tribe that is over 1000 years old, and we didn't thrive based on our proximity or ability to drive to grocery stores. Our mountain has wild mushrooms, asparagus, onion, spinach, chokecherries, plums, tart berries, verdolagas, mint and so much more! We survived on the oral teachings about how to collectively feed ourselves and take care of everyone in our community all year. There was a constant, communal effort to ensure our survival as a whole.

Speaking of real world perspectives, we are constantly updating our electronic and paper edition of 100% Community. If you would like to share a perspective, please contact us at www.endingtrauma.com.

Innovations and Project Checklist

Progress-at-a-glance for Action Teams

Innovation #1: Designing and implementing a county data system to track supply and demand within food support programs

- The “all-important food supports analysis” project
- The “can you get food there or here” project
- The “does our food support go where it should” project

Innovation #2: Ensuring current food programs are fully supported

- The “who’s working on this” project
- The “do we have enough money” project
- The “mobile grocery vans” project

Innovation #3: Engaging the private sector in supporting food support innovations

- The “mobile grocery van” project
- The “How is the ‘Feeding America network’ evaluated” project
- The “will our boss support that” project

Innovation #4: Harnessing technology to create an online directory and resources

- The “plain language on current websites” project

Innovation #5 : Generating public awareness and engagement

- The “create the Food@100% user-friendly website” project
- The “be patient and focused” project
- The “email Food@100% often” project

Innovation #6: Make sure your education system is on board

- The “research amazing school-based food support options” project

Innovation #7: Ensuring that local higher education is engaged in research, solutions and evaluation

- The “Feed U” project

Innovation #8: Supporting city and county governments in food innovation

- The “research what cities and counties can do to increase food security” project

Innovation #9: Identifying how the federal and state levels can strengthen local services

- The “know your state and federal options” project
- The “we need a state coalition to make great things happen” project

Innovation #10: Institutionalizing the work by developing the City Department of Food and funding for innovations

- The “County/City partnership that funds the Department of Food” project
- The “convene your fellow food advocates and enhance your skills in public speaking, committee briefing and how to get to a lawmaker” project
- The “know your stuff before you meet the mayor” project
- The “create a bold vision and strategic plan” project
- The “create a no child goes hungry here tax” project
- The “Cause Marketing and allow customers to donate part of their sales to ending food insecurity locally” project
- The “Crisis-proof County Readiness Checklist” Project

Next Steps

Gather your action team* to:

- Prioritize projects
- Assign tasks
- Schedule timelines

100% COMMUNITY *Ideally, you are part of an action team, which is part of a countywide 100% Community initiative (which could be part of a statewide campaign). If you are reading this as a solo prospective change agent, please contact us to connect with like-minded local folks and get the synergy and support needed to take on projects.

Housing@100%

Housing@100% means all county residents have a safe and secure place to call home. It's here we finally come together to make homeless students and home insecurity history by using data, technology and planning.

When we begin to “Google it” for solutions:

- the root cause of homelessness: 1,590,000
- how do teens become homeless: 25,300,000
- how to build affordable housing: 147,000,000
- affordable housing grants for nonprofits: 11,100,000
- software focused on designing affordable housing: 64,700,000

Amid the clutter, solutions await

Eric's Story

A few years ago there was a fight between Eric and his dad that led to a visit from the police and child welfare. It unsettled the entire family, none more so than Eric's caring mom, Noel. She wasn't sure what to do. She might have been thinking, "This entire situation is not working, but where on earth could I go with my kids?" She knew a cooling-off period was vital but with few resources, where could anyone go for a respite? Eric had not been taken into custody, but he was fuming and wanted out of the house. Being barely a teenager, he had no idea where to go. A friend's house? His grandmother's in another city? This was a household in crisis and lack of short-term housing options was making it worse.

Jen and Marie's Story

Jen still has an essential job with the government so she is getting paid and therefore can pay her rent. But she has neighbors and friends who have lost work and are struggling with rent and mortgages. Jen has learned to direct people to the local hotlines and websites to get answers and options related to addressing housing insecurity. They are also discussing turning their spare bedroom into a room to rent for a graduate student who is currently doing an internship at Jen's work. Jen is happy that she could provide housing to someone who needs it, and take in the extra monthly income.

ENSURING SAFE AND stable homes is key to creating a secure, stable and healthy community for all. Sudden crises and financial strains associated with housing disparities often lead to unstable and unsafe housing that can, in turn, lead to a series of challenges that range from childhood trauma to domestic violence. We all need a stable base to engage in learning, job readiness and steady work. So much of today's housing is not just expensive but more expensive than it needs to be. And, it's even more costly in the neighborhoods where the nicer schools, clinics and community centers exist.

In this chapter we take on a very complicated system with numerous challenges. We provide an overview of housing, housing systems, shelters and assisted living, with all their solvable challenges. Get ready to be inspired. We will guide you through all the steps to put ideas for enhancing services to reduce housing insecurity into action.

Speaking of ideas bubbling up, you will want to visit our 100% Community site that houses our 100% Innovation Center, where new ideas for projects to increase and improve vital services are added constantly (<https://aae.how/288>).

“Can't all people just figure out how to rent or buy a place?”

Housing needs to be accessible, affordable and safe. In a country this wealthy there is no good reason for anyone to be homeless and no reason we can't invest in housing assistance programs for those with physical and emotional challenges. It's been done successfully in some cities, so why not yours? There are many different strategies for making that happen, but this much is clear: if we make that dream a reality, we'll have healthier and safer kids and far more stable families and community members.

First things first

What are the root causes of people not having access to affordable, safe housing?

Reasons for home insecurity can be very complicated but we've attempted to boil it down to four main reasons:

- **Public health crisis:** A crisis may destabilize housing security programs and lead to work lay offs which mean trouble paying rent or a mortgage.
- **A health catastrophe:** People lose their houses for medical reasons all the time. Maybe the bills pile up and bankruptcy is the only way out. Maybe they pay their bills but then there's no money for rent. Maybe an illness knocks out their income stream. Maybe a mental health breakdown does the same thing, or just gets them evicted.
- **A relationship catastrophe:** Breakups and divorce can throw people into an unstable housing situation, especially if one partner was financially dependent on the other. It could also take the shape of parents disowning an LGBT child, or a child running away for some reason.
- **They don't have enough money:** Having secure housing is often just a matter of having the right figures on your bank statement. Often, a relationship or health catastrophe leads to a financial catastrophe, but it could also just be a landlord raising the rent or an adjustable rate mortgage adjusting the wrong way.
- **Safety concerns:** A teen has to escape from a very unsafe home situation where neglect or abuse is the norm. These young people won't, most likely, have the resources to find housing.

With data from the **100% Community Survey** (See Appendices) and other sources, you have a good idea about where the need for housing support may exist in your county and why it's difficult to access—for both parents and youth. While global, national and state data on housing support is very interesting and instructive, the real data that informs your work is generated by your 100% Community initiative and deep dives into local neighborhoods. Then again, you may be surprised by your survey results and learn that a challenge is far bigger or smaller or more localized than originally thought.

Where on earth are our challenges already fixed?

Housing@100% is looking at tested housing support solutions, focused on innovations, projects, policies and programs implemented in large and small cities around the world.

If you have come this far you know that ensuring stable and safe housing for all families and residents starts with knowing the magnitude of the problem: where precisely lack of affordable housing is experienced in your county and why youth and adults can't access services to address access challenges.

We present this challenge to you and your local businesspeople and government leaders: ***make safe and stable housing accessible to every child, youth, student, parent and all extended family members, so all communities can thrive.***

As you will see below, we have offered only a sliver of what's out there in terms of innovations that have been shown to work. Some of the models have been with us for many decades. Some ideas are working successfully a few states over, while others are implemented on the other side of the planet. Some are quite new, thanks to technology, and merit experimentation and their own evaluation. We do not lack for solutions, just political will.

The innovations you're about to explore can be developed with three important frameworks.

As we say in all ten sector chapters, we want to reference the data-driven framework called **Continuous Quality Improvement** and its four phases: assessment, planning, action and evaluation (revisit Chapter 29). This four-step process will guide your development of innovations in the arena of housing. And, as a gentle reminder, you will want to use **Collective Impact** (revisit Chapter 31) to organize your project and **Adaptive Leadership** (revisit Chapter 30) to determine if the particular challenge you seek to solve is technical, with established protocols for moving forward, or adaptive, where you are entering new uncharted territory without a clear path.

Designing a countywide family-friendly housing support system

The past: How did we get to this point of needing a family-friendly housing support system? Who exactly needs it anyway? What problems is the system supposed to solve? Why don't people just find housing by themselves without outside help?

The present (action agenda): Within this subject, we've identified ten strategies—called innovation areas—that can be used to tackle the affordable housing access problem. Within those we suggest about twenty 100% Community projects that you (yes, you) can take on, thus propelling your community towards family-friendly housing support in its many forms.

The future (goals): With enough work on these innovations/projects, we'll get to the point where Innovation #10—the creation of a city/county Department of Family-Friendly Housing—becomes a reality. With a state-of-the-art system of care in place, 100% of our county's families report excellent support and service.

A menu of innovations and projects

You are about to review approximately twenty projects that can, if completed successfully, improve the quality and accessibility of current services. The ultimate long-term goal of these innovations and projects is to ensure that 100% of county residents have access to this vital service. Your task is to review all projects, individually and as part of an action team, to identify which one you wish to implement. In the time it takes to enjoy a grande latte, you can give our menu a quick read to see which project pops out at you.

10 innovations your action team can implement

The following innovations represent strategies that have the capacity to increase access to housing programs to ensure our children are safe and successful.

(Note: for more information on Action Teams, see Appendices.)

Innovation #1 sets your action team up for success using a software system to track progress with all innovations within a county. Innovations #2 through #9 are options to explore and implement. Innovation #10 sets your team up to be very well-informed change agents. Be aware that some of these innovations and projects could be completed in a few months but others might require at least a year commitment or far more.

Innovation #1: Designing a county data system to track supply and demand within housing programs

The “all-important housing access analysis” project

Unlike other services like transport, no single number will give you a reasonably complete picture of the housing access situation. But, by gathering multiple data sources and tracking them over time, you should be able to get an idea of how much housing insecurity there is in your community. Here’s your list:

- **Population Data:** The federal Department of Housing and Urban Development funds “point in time” counts of the homeless population. Find the data for your local jurisdiction.
- **Usage Data:** Homeless shelters and soup kitchens generally keep close track of how many shelter bed nights and meals they provide. Unlike the government, they’re not necessarily obligated to give you the data, but they probably will.
- **Rent Prices:** Find out rent prices. There may be some local or regional website that tracks this, but you could also hop on Zillow or Craigslist on a regular basis and figure it out. Maybe take snapshot once per month and track over time what rental units cost and how many are available.
- **American Community Survey:** The ACS is an ongoing survey that provides vital information on a yearly basis about the United States and its people. Information from the survey generates data that help determine how more than \$675 billion in federal and state funds are distributed each year. Find out income data from the American Community Survey. If you compare those findings against rental prices, you’ll know how affordable your community is.
- **100% Community Survey:** This is the survey your initiative will implement that asks residents to what degree they can access housing security programs, and why access to these programs may be challenging.

As mentioned, this won’t be as simple an assessment as the transportation situation, but if you get these numbers, you should at least be able to tell if the situation in your community is going in a good or bad direction.

Deliverables: Create a one page overview/update on the status of shelters and housing to present to the 100% Community team and stakeholders. (Rough time frame: 3 months)

Innovation #2: Ensuring current housing programs are fully supported

The “who’s working on this?” project

Federal housing vouchers cover the whole country (and Habitat for Humanity is pretty ubiquitous as well), but often local communities are home to various programs and activist groups that also work on the issue. Maybe it’s a non-profit land trust that builds homes, or a private charity that helps out with rent emergencies, or a group that lobbies against single family zoning. Your mission here is to make an inventory of those organizations and figure out what they’re doing. You may find the Family Promise program of interest as well.

Deliverables: Create a short summary of financial support needs for those housing programs that are serving our most vulnerable populations and present to the entire 100% Community team and stakeholders. (Suggested time frame: 3 months)

👉 Family Promise to End Homelessness: <https://aae.how/43>

👉 Federal housing vouchers: <https://aae.how/200>

The “are we spending enough?” project

By now, you should have a pretty good idea of how your housing support system is doing and which areas may require improvement. Sometimes, it may be a matter of using existing budgets differently, but often, you will discover that the funding simply isn’t there to do a decent job so people don’t have to wait five months to be accepted into a subsidized housing program.

Deliverables: Make a plan to explore evaluations of the programs that are currently funded locally to end housing insecurity. This will mean a lot of important and possibly very dry evaluation reports. Dive in and report back to the 100% Community team with a one page overview. (Suggested time frame: 3 months)

Innovation #3: Engaging the private sector in supporting shelters and housing innovations

The “can we do public-private solutions?” project

Developers are always trying to make money, yet some folks in the industry are also socially-engaged and aware of housing insecurity. See if you can’t convene a few of these powerful innovators and see what they think can be done.

Deliverables: Do your darndest to convene some socially-engaged thinkers (to include local contractors, home designers, county commissioners, etc.) to discuss ending housing disparities. Share notes in the form of a one-page document on the informational interviews with the 100% Community team. (Suggested time frame: 3 months)

🔗 Extraordinary Structures: <https://aae.how/44>

Innovation #4: Harnessing technology to create an online directory and resources

The “plain language for existing websites” project

In some city and county systems, thoughtful professionals spend a great deal of time and effort trying to design great websites that spell out how to get help paying rent, how to avoid defaulting on your mortgage, where to find housing vouchers and where to find help getting yourself or someone you know out of homelessness.

Your mission is to figure out whether your county and city websites are taking this opportunity to simply and efficiently explain all aspects of housing security and how to improve prospects for securing safe and stable housing. The question to be answered on a website is, “What’s out there and accessible?” Is information also available in hard copy as well? Is helpful information available in all relevant languages?

Deliverables: Research all private and public housing support agency sites and local government sites. Identify what types of services are currently available, how clearly fees and accessibility are presented and whether there’s a master document available that lists and links to everything. Present your findings to the 100% Community team and local stakeholders in housing support. After feedback, network with local housing advocates and others to improve the user-friendliness of existing websites. (Suggested time frame: 3–6 months)

Innovation #5 : Generating public awareness and engagement

The “create the Housing@100% user-friendly website” project

This is where you design and launch your own family-friendly website for the public to post vital housing information. As mentioned earlier, websites don't just pop up easily, but there are free services online to help with design.

Deliverables: Research housing support websites across your county and state. You might even find great ideas across the nation and globe. Present your findings on the user-friendliness of existing local websites to the 100% Community team. After feedback, network with local housing support folks (along with a web designer and graphic designer) to improve the user-friendliness of housing agency support websites with easy-to-understand information. You can also include information on your Housing@100% action team and how you are working to improve local housing options. (Suggested time frame: 3–6 months)

The “be patient and focused” project

Even completing a few of these projects will place you among the best-educated one percent when it comes to housing security and supports in your area. One way you could put that know-how to good use is by serving on an advisory board or commission. Many—but not all—city and county agencies have generic housing support or homelessness advisory boards or advisory panels often hurting for members. This is your opportunity to ensure alignment of services becomes a reality.

Deliverables: Attend at least a quarter's worth of meetings, then present to the 100% Community team your analysis of current committee/task force working groups—including how data-driven and result-focused they appear to be. Present to your group opportunities for alignment and mutual support. (Suggested time frame: 4 months)

The “email Housing@100% often” project

Outreach via email and social marketing are good tools. Social marketing strategies, just like website development, can be challenging. Yet there are “how to” websites that can help facilitate this process. (Revisit Tech: Chapter 36.) You should work to reach all stakeholders who have the concerns of families (and all residents) on their radar. You can send updates on all the work of your action teams to raise awareness and garner support.

Populations to target:

- Youth-serving groups
- Family-serving groups
- Faith-based groups
- Cultural groups
- Social justice groups
- Housing industry
- Elected officials

Deliverables: Identify the most tech-savvy in your network, then create a countywide list of stakeholders to email. Create a rough message and graphic identity for your messaging. Test it out with the 100% Community team and housing equity folks and shelter providers, tweak and off you go. If you used a mailing service that can track your email's performance, check open rates after three months to assess responses. If you simply emailed your network directly, gauge how many of the messages received a reply or initiated action. (Suggested time frame: 4 months)

Innovation #6: Make sure your education system is on board

The “rapid-rehousing of homeless students” project

There are something upwards of 1 million homeless students in the United States, roughly equivalent to all of the students in the state of Virginia. The first step in tackling this problem in your community is to figure out what local schools or the school district do with their homeless students. (Sadly, the answer may be “nothing.”) But if they do something, what form does that action take? Do they see themselves as a coach/fixer that make referrals to other resources, or do they provide direct services themselves? Are their numbers going up or down? What metrics can they provide about cases they've closed? What prevents them from doing more? Some schools in Washington State are spending new money on extra after-school tutoring for these students, along with providing clothing and books. School districts can also work to make sure that students who change addresses frequently don't likewise have to change schools all the time. Is this being done in your area?

Deliverables: Research as much as you can about these questions, both online and through in-person interviews, and present your findings to the 100% Community team. (Suggested time frame: 4 months)

🔗 Homeless Students: <https://aae.how/45>

🔗 State of Washington Homeless Students Program: <https://aae.how/199>

Innovation #7: Ensuring that local higher education is engaged in solutions, research and evaluation

The “House U” project

Just like with the K–12 students, colleges and universities are important places for housing support programs, including research. While not all higher ed institutions are set up to do this, it’s worth asking whether the local college or university devotes any time, research or other resources to making sure that their students and staff have secure housing situations. And what do they do to support their students who don’t? You will want to read up on the College Housing Assistance Program in Tacoma, WA and a program for community college students in Massachusetts.

Deliverables: Research as much as you can nationally online and through informational interviews at your local higher education institutions to see what they’re doing to help and what they’re not doing that their counterpart institutions have already figured out. Compile your insights, and hopefully some evaluation data, then share with the 100% Community team. (Suggested time frame: 4 months)

👉 College Housing Assistance Program (CHAP): <https://aae.how/46>

👉 Massachusetts: pilot free housing for college students: <https://aae.how/47>

Innovation #8: Supporting city and county governments in accessible housing

The “get acquainted with land use law” project

The prices of homes, like every other consumer good, is dictated by supply and demand. Often, cities use zoning regulations to constrain the supply. Their chief tool is something called the single family zone, a restriction assigned to vast swaths of many neighborhoods that says only one house and one family can live on one piece of property. No duplexes, no mother-in-law units and definitely no apartments.

The single family zone has the effect of minimizing the density of neighborhoods and keeping out apartment buildings, which many homeowners dislike along with the people who rent them. (“Renter” is a bit of a four-letter word in many entrenched neighborhood circles.) In some cities, regulations effectively hand veto rights over to neighborhood residents when it comes to apartment complex construction, even when they’re allowed in the given zone.

This is a long way of illustrating the point that small regulations that you may have never considered can have a big impact on how many housing units are available in the first place, and thus their price. Walling off entire neighborhoods to anyone except those who can pay ever-increasing prices, effectively shunts low income people to the city limits where commutes are long and transit is sparse. But the land use picture is much more complicated than even this illustration, which leads us to... homework.

Deliverables: Find a land use expert and pick his or her brain. It might be a lawyer who specializes in this area, a city or county planner who knows the regulations, a city councilor who has been around the block a few times, or even a developer. Ask what is standing between the city and the construction of, say, a thousand modest housing units located in easy striking distance of the city center. Are enough units being built to keep prices flat or even make them go down? If not, what could fix that? Then write up your findings and present them to the group. (Suggested time frame: 3 months)

👉 San Jose ADU policy: <https://aae.how/48>

Innovation #9: Know what the feds and state can offer the county

The “know your state and federal housing options” project

Rare is the urban or rural housing support program or agency that doesn't get by without a lot of help and guidance from the state or federal government (or both). Knowing a bit about those relationships will be great background and possibly aid you with your own relationship to empower funding for local housing solutions.

Deliverables: Research as much as you can about the national picture and then research how that translates to the local level. A few informational interviews will help here. Compile your insights and hopefully some evaluation data, and share with the 100% Community team.

👉 Continuum of Care (CoC) Program: <https://aae.how/49>

👉 HUD Resource Center: <https://aae.how/50>

The “we need a state coalition to make great things happen” project

If we convene the right players at the county level and get to the point where 100% of children and their parents have access to safe, affordable housing, then the next step is to take that project statewide. So that's the not-so-easy task: create a statewide network of advocates who believe that safe, stable and affordable housing is not a luxury, just what civilized governments ensure. A coalition will allow you to have the strongest voice possible. You may find that local lawmakers, while sympathetic, do not see addressing housing disparities as the role of county or city government. Coalitions can counter this.

Your county and state network can educate local lawmakers about a new role for government: ensuring no child, student or parent is marginalized because they can't afford stable housing that is close to vital services, schools and work. This coalition can work to elect candidates who will prioritize access to affordable housing. Also, technology can be used to connect everyone in the network with a shared vision, including goals, activities, data, communication and messaging, and evaluation processes.

Deliverables: Find some passionate change agents and conduct informational interviews with sector stakeholders to assess interest in a county or state coalition. Assess the data-driven and result-focused quality of current coalitions. Create a one-pager to present to your 100% Community team and countywide network of shelter and housing support agencies on your initial findings. (Suggested time frame: 3-6 months)

Innovation #10: Institutionalizing the work by developing the City Department of Housing and funding for innovations

The “County/City Partnership that funds the Department of Housing” project

Elevator pitch: When Eric was born, his mom should have been able to scan city hall's website to find all sorts of housing support programs. She should have been able to see a clearly defined menu item called “Housing Options” right next to Police, Fire and Parks. It should not be buried deep in the bowels of the website, because it's a vital stand-alone department (or should be) and deserves to be treated as such.

Why is this so important? After all, various local housing support programs are often funded in part by county entities, city entities, foundations, nonprofit organizations or multi-county coalitions. In smaller areas, nonprofits are the hub for all housing supports. We are not asking this proposed department to be in charge of putting all housing support in place. It should at the very least regularly evaluate the housing support needs of its constituents, determine if they are adequate and regularly research innovations. This job will look very different depending on the town: for example, it may just take a part-time city manager a few hours per year in the smallest of hamlets. But it's important work, and it needs to be done by someone who reports to a person who regularly stands for election. Potential partners could include: mayors, city councilors, county commissioners, advocates for affordable housing, mental health professionals, public education professionals and socially-engaged housing industry leaders.

The “convene your fellow housing support advocates and enhance your skills in public speaking, committee briefing and how to get to a lawmaker” project

This project is a crash course that you develop with local experts about how to contact local and state leaders, give an elevator pitch on your projects, and the protocol for committee hearings that can lead to funding.

Deliverables: Find an accomplished colleague with good public speaking skills along with a professional with experience lobbying/networking with elected leaders. Together, discuss how a workshop for the entire 100% Community team could be created to enhance skills. Assess interest with teams, make a workshop plan, deliver, and evaluate. (Suggested time frame: 3 months)

The “know your stuff before you meet the mayor” project

Innovation #10, in some ways, is putting it all together. By this we mean that, by the time your action team becomes familiar with all nine innovation areas and their projects, you will be prepared to meet with elected officials and stakeholders to discuss a city strengthening its support of housing security in all its many enriching forms.

Deliverables: Identify at least one colleague to join you in reviewing every innovation project in this chapter. This means diving into all the research that you can get your hands on, starting with our links to support your project. Conduct an assessment of all 100% Community team members to identify which projects are of interest and in development. From here, present your global overview of project development with the entire 100% Community team for feedback. (Suggested time frame: 3 months)

The “create a bold vision and strategic plan” project

It’s time to create a detailed plan for this new (or improved) local Department of Housing. With previous projects, you will have learned its strengths and weaknesses, potential funding sources and who the players are. You’ll be in a great position to document what’s great, and needs to be kept as it is or expanded, and what needs to change.

Deliverables: After an assessment of housing (see Innovation #1) and a survey of all 100% Community team members to identify which projects are of interest and in development, develop a draft outline of a strategic plan for a Department of Housing. From here, present the draft plan to the entire 100% Community team for feedback. (Suggested time frame: 3–6 months)

The “Crisis-proof County Readiness Checklist” project

It's here you work with city and county emergency preparedness to assess readiness for a public health crisis that impacts housing security. See Appendices.

Deliverables: Explore all you can, connecting with key officials and sector leaders, and write up a summary for the 100% Community team. (Suggested time frame: 3 months)

You're all about housing.

We're connecting the dots between housing supports and all aspects of family, school and work life.

Know that your work in housing supports impacts all the vital services that, in turn, impact childhood, student and workforce success.

Our entire 100% Community model is based on cross-sector work, asking all county stakeholders to connect the dots between what we call our five “survival” sectors and five “thriving” sectors. As you concentrate on housing and housing insecurity, consider how your work impacts the following interrelated sectors that our entire 100% Community process is focused on.

SURVIVAL SERVICES

- **Food:** Housing and food needs often go hand in hand, so make sure advocates for both work in alignment.
- **Housing: This is you!**
- **Medical/Dental care:** Some housing may need to include access to certain forms of medical care for residents—especially those with PTSD.
- **Behavioral Health Care:** Parents may need housing and mental health care for a wide variety of issues.
- **Transportation:** Parents and their kids will need to get from here to there—and that means accessible transport from housing to school, work and vital services.

THRIVING SERVICES

- **Parent Supports:** These programs need to be aware of the housing disparities issue.
- **Early Childhood Learning Programs:** We need professionals working here aware of housing insecurity and how to help parents.
- **Community Schools:** This form of well-resourced school model invites parents in and offers an array of parent support including help with housing security.
- **Youth Mentors:** Mentors need to be sensitive to the housing insecurity of mentees and their families.
- **Job Training:** Getting to job training, which might be at a college, will help a parent or youth become more self-sufficient and better able to afford housing.

Monumental achievements start with one step.

Taking on innovations in housing support is nothing less than profound.

Our goal is to set you up for success so steps can be carefully taken, moving from short, to intermediate, to long-term goals. It all starts with one innovation developed, launched and evaluated for success.

With 100% Community, you are part of the very few initiatives working in a data-driven and cross-sector process to end all forms of disparities (health, education, mentorship, etc) that have existed in this nation as long as it has been a nation. We don't underestimate the challenges ahead, nor do we overstate when we say that you can accomplish measurable and meaningful work with collaboration, creativity and a framework for success.

If you are ready to get started with your countdown to 100% with housing support, you might be tempted to skip the other nine chapters focused on key services to create healthy families and communities. We do, however, strongly recommend that you review the nine other chapters to gain a deeper understanding of our entire cross-sector process. You might be surprised how often your focus area of housing support will play a factor in most areas of family and community life.

Bottom line: To ensure that every child and youth benefits from excellent housing support, we need a city/county government-based organization to assess housing access (and quality of service) yearly and leverage governmental power to get all the housing players working in alignment.

Keywords: average housing costs by city, alternative ways to find housing, helping homeless teens in school

There's an app for that: The website Affordable Housing Online (<https://aae.how/225>) is an aggregator of low income housing resources that has been collecting data since 2001. It offers much more actionable results than going through most government sites such as HUD, but it's not a perfect solution for all families seeking affordable housing. It is, however, good for gauging the availability of affordable housing in your county and is useful in conjunction with the fundamental tools discussed in our technology chapter.



Q+A: Perspectives from the real world

We reached out to author, entrepreneur and Santa Fe's first full-time mayor Alan Webber to discuss housing.

What are the biggest housing challenges facing us?

Parents in virtually every city and community face the same challenges: Finding housing that is of high quality, that has a good location for school, work and play—and that is affordable. Even more than “housing” is the importance of neighborhood—of finding places where a family can put down roots, join with other families, and have confidence that their children will have a good school, good recreational opportunities and a feeling of belonging. Affordability gets the most attention—quite rightly—because a great home in a great neighborhood that is out of reach of everyday families is only a home for some. As we strive for more affordable homes, we also need to emphasize the importance of a “no trade-offs” policy: We don’t want affordability if it means that the homes are of lower quality, built with fewer amenities or without good neighborhood and community planning. I know we don’t have to make these trade-offs, because we’re already seeing housing being built in Santa Fe that has it all and is still affordable.

What are the strategies for mobilizing around effective housing supports?

Our strategies are designed to provide support for the full spectrum of housing needs. By joining the national Built For Zero coalition, we are pursuing a strategy to end chronic and veteran homelessness in Santa Fe. By upgrading and professionalizing the services available in our Land Use Department, we are making it faster and easier for individuals and developers to do business with the city when it comes to pulling permits and building housing. By revising and updating our land use code and our comprehensive plan—which hasn't been revised since 1999—we are signaling our commitment to a clearer, more contemporary vision for the city's future. By putting out RFPs for housing on four or five pieces of city-owned land—all at the same time and in every part of the city—we are demonstrating the city's commitment to playing an aggressive and equitable role in promoting housing everywhere, for everyone. By collaborating on Phase 3 of Tierra Contenta, we are working to create a real neighborhood that will reflect the needs of every part of the housing market, with great homes in a community that people will want to be part of. By including housing in the specifications for the mid-town Santa Fe project, we are using a large, centrally located tract of city-owned land to create a new-town, in-town. By altering the Accessory Dwelling Unit ordinance and updating the Inclusionary Zoning ordinance, we are providing more flexibility to homeowners and developers who want to do in-fill housing in Santa Fe. It's not one thing that will support housing. There are many pieces to an effective strategy.

How might technology impact housing access, design and city planning?

Technology is changing everything, in all parts of the economy, so it's safe to assume that we'll continue to see new applications of technology that could make housing less expensive, more attractive, more personalized and less politically controversial. We're already seeing our Land Use Department install software systems that will make the permitting process faster, less costly, and more consistent. A recently executed contract with a firm that does "web-scraping" will provide better enforcement and oversight to the way the city handles short-term rentals—and should make neighbors and neighborhoods feel listened to. Architects and urban planners are using a variety of technologically-enabled tools to offer better designs that are both tailored to individual needs and capable of being built at scale with modifications. Some communities have seen the emergence of building techniques that use modular design, enabling homes to be built with great efficiency and high quality. We also know that the demands of climate change will mean that technology will be employed to do a better job of conserving and producing energy; transportation will change the way we move about. The promise of 3-D printed homes exists, and some examples have been produced—so the next few years may see even more change in every aspect of the way we plan, design, permit and build housing.

We spoke with Jennifer Manzanares, an advocate for family health and safety and former congressional aide, in Rio Arriba County about unique housing needs.

What are the biggest housing challenges facing parents?

Lack of affordable housing in our county along with the low salaries, no transit plan to get from homes to jobs or services, and a long history of mental health challenges and substance abuse without easy access to care. For people wishing to rent or apply for a mortgage, they may be denied based on past offenses, delinquency with bills, and prior felony charges.

What are strategies for mobilizing around effective housing supports?

We need everyone working together with funding sources from the community in general—local government, philanthropists, community leaders, nonprofit organizations and out-of-county or out-of-state investors. We need more than just everyone at the table regarding housing development, we need to find through dialogue agreement between those at the table.

How might technology impact housing access, design and city planning focused on meeting housing needs?

We need a local dashboard with available-housing links and housing-on-demand apps that are updated regularly for the different housing needs of the family and individual, including those needing various forms of assisted living.

We can be mirroring other localities that have established housing communities for families, senior citizens and youth. We can explore working collectively so that community members can contribute whatever gift he or she has, such as landscaping, plumbing and electrical. We have the talent, and with the right support, we can create a village that works together.

Speaking of real world perspectives, we are constantly updating our electronic and paper edition of 100% Community. If you would like to share a perspective, please contact us.

Innovations and Project Checklist

Progress-at-a-glance for Action Teams

Innovation #1: Designing a county data system to track supply and demand within housing programs

- The “all-important housing access analysis” project

Innovation #2: Ensuring current housing programs are fully supported

- The “who’s working on this?” project
- The “are we spending enough?” project

Innovation #3: Engaging the private sector in supporting shelters and housing innovations

- The “can we do public-private solutions?” project

Innovation #4: Harnessing technology to create an online directory and resources

- The “plain language to existing websites” project

Innovation #5 : Generating public awareness and engagement

- The “create the Housing@100% user-friendly website” project
- The “be patient and focused” project
- The “email Housing@100% often” project

Innovation #6: Make sure your education system is on board

- The “rapid-rehousing of homeless students” project

Innovation #7: Ensuring that local higher education is engaged in solutions, research and evaluation

- The “House U” project

Innovation #8: Supporting city and county governments in accessible housing

- The “get acquainted with land use law” project

Innovation #9: Know what the feds and state can offer the county

- The “know your state and federal housing options” project
- The “we need a state coalition to make great things happen” project

Innovation #10: Institutionalizing the work by developing the City Department of Housing and funding for innovations

- The “County/City Partnership that funds the Department of Housing” project
- The “convene your fellow housing support advocates and enhance your skills in public speaking, committee briefing and how to get to a lawmaker” project
- The “know your stuff before you meet the mayor” project
- The “create a bold vision and strategic plan” project
- The “Crisis-proof County Readiness Checklist” project

Next Steps

Gather your action team* to:

- Prioritize projects
- Assign tasks
- Schedule timelines

100% COMMUNITY *Ideally, you are part of an action team, which is part of a countywide 100% Community initiative (which could be part of a statewide campaign). If you are reading this as a solo prospective change agent, please contact us to connect with like-minded local folks and get the synergy and support needed to take on projects.

Medical and Dental Care@100%

Medical and Dental Care@100% means all children and families can easily access care. A countywide system of care for all awaits us if we collaborate, innovate and use technology wisely.

When we begin to “Google it” for solutions:

- is health care a right?: 3,000,000,000
- how does technology improve our health care: 401,000,000
- which country has the best health care: 691,000,000
- dental care in rural communities: 30,600,000
- medical clinics on wheels: 7,350,000

Amid the clutter, solutions await

Eric’s Story

Eric has been having trouble seeing, but his teacher assumed that he is just not paying attention. Eric’s mom has been told of her son’s behavior in class and she is concerned. Eric would be better equipped to pay attention if someone would understand that he truly can’t see well. He’s not sure that his sight is really impaired, as this problem has been around for awhile. If the school had a full-time nurse (or a school-based health center), Eric’s vision would have been tested in a timely manner. Eric, like many of his peers, is enduring all sorts of medical and dental challenges that are going undiagnosed, misdiagnosed or diagnosed but without the type of timely treatment and follow up that’s truly required. Not only is Eric’s health suffering but so is his school performance and sense of self.

Jen and Marie’s Story

Jen and Marie are feeling healthy but Jen worries about where they would go if they or some of their extended family who live nearby need medical care. It’s unclear which local clinics offer which services and the websites can be confusing. Because some of Jen’s neighbors are now without health insurance after losing their jobs, she is doing her best to look for alternatives such as clinics that have sliding fee scales. Looking for options for health care is not easy and without insurance might be near impossible.

Jen calls her insurance company, waits forever to get a real person and is offered some providers to call. Many calls and days later, Jen is finally able to identify the best place for her and her daughter, in case they require care. She still worries, even with insurance, about the costs of care.

KEEPING HEALTHY IS the goal. Whether a child, parent or grandparent, staying healthy means having access to timely and affordable health care. Surviving the day may depend on it. Lack of access to health care can have serious consequences in everyday life and is magnified during times of crisis as we have seen during epidemics. All of us need to know where we can access timely medical care.

In this chapter, we take on a very complicated system with numerous challenges and provide an overview of the medical and dental systems. These are systems facing huge challenges but also guided by people committed to solving them. Get ready to be inspired as we explore all the way a county can increase access to health care. We will guide you through all the steps to put ideas into action.

Speaking of ideas bubbling up, you will want to visit our 100% Community site that houses our 100% Innovation Center, where new ideas for projects to increase and improve vital services are added constantly (<https://aae.how/288>).

What this chapter is not

This is not a chapter about medical procedures or protocols for health care providers. This is not about medical advice or how to address personal challenges from the point of view of medical professionals. This is a chapter about ensuring that everyone in your county can access medical and dental care when it's needed. It's about a profession that has the term "caring" often associated with it. So let's collectively care deeply about making your county the healthiest in the state.

"Why don't people just call the doctor?"

The truth made painfully clear in our last public health crisis is that our counties do not have enough health care providers, nor medical supplies and equipment. In our 100% Community initiative, we brand medical and dental care as one of our survival services. Simply put, untreated or poorly treated health or dental ailments can drag down school performance, strain relationships and generally stand in the way of a good life for kids, parents and anybody else. Neglect, the main reason parents have their children taken into child protective services' custody, may be the result of parents not being able to get medical or dental care for their child. Our best bet for addressing a host of health challenges is easy access to a quality, comprehensive health care system at an affordable price. We need not become the United Kingdom—where everything is free at the point of service—but we should make sure that parents don't skip their kid's medical treatment because they can't afford it. We should also make sure that if we are confronted with a viral pandemic, we all have the timely medical care to keep us as healthy as possible.

First things first

What are the root causes of people not having access to affordable and accessible medical and dental care?

Let's get this complex dialogue rolling:

- **Public health crisis:** It takes one viral pandemic to show us how fragile our health care system is and how it does not have the capacity to serve everyone in a timely manner.
- **Lack of insurance:** In the United States, your health insurance varies depending on where you (or your spouse or parent) works, which means that every time employment or familial relationships are disrupted, so is health insurance. If you get a great new job or get married, you also get to deal with health insurance paperwork, and that's the best case scenario. We also inflict this burdensome chore on those who were recently laid off and those who are getting divorced—even those fleeing an abusive relationship. Enrolling in health insurance, especially if you don't get it through a job, can be cumbersome and complex. Inevitably, a certain percentage of the population won't figure it out, or won't recognize that they really need to figure it out, which limits their access.
- **Lack of coverage:** Health insurance isn't always very comprehensive. Sometimes, you can get the care you need for a \$5 copayment. Sometimes, you have to pay the full price until you hit your \$6,000 deductible. It just depends on your plan. Those with less comprehensive plans and not a lot of pocket money are effectively shut out of the system.
- **Inability to pay:** The people who need it most are often not in a situation to pay for it, or not in a situation where they have the wherewithal to fill out the insurance paperwork. Teens running away from or getting thrown out of abusive homes, women or men fleeing abusive relationships, and those descending into horrible addictions, are examples of people who are not likely to come to the system of their own accord. Unfortunately, the system is not likely to find them either.
- **Lack of providers:** In some areas, there are chronic shortages of health providers. If you have to make ten calls just to find someone accepting new patients, only to make an appointment three months from now, access is effectively restricted. Ditto if the provider works on the other side of a large city or in the next county over, and you don't have a car.
- **Immigration status:** Non-citizens are ineligible for many services. ICE has raided emergency rooms and clinics, making asylum seekers afraid to seek care. Legal immigrants fear that it will be harder to become a citizen if they enroll in public insurance plans like Medicaid or subsidies on health insurance exchanges.

With data from the **100% Community Survey** (see Appendices) and other sources, you will have a good idea about where in your county the need for medical and dental services exist and why they are difficult to access for both parents or children. You may be surprised by your survey results and learn that a challenge is far bigger or smaller or more localized than originally thought.

Where on earth has this challenge been fixed?

Medical and Dental Health Care@100% is looking at tested health care solutions, focused on innovations, projects, policies and programs implemented in large and small cities around the world.

If you have come this far, you know that ending health disparities in your community starts with knowing the magnitude of the problem, where precisely activities that indicate challenges (such as substance misuse, dietary challenges, etc.) are experienced and why children, youth and adults can't access services to address the problems.

We present a challenge to you, your local businesspeople and government leaders: ***Create a seamless countywide system of accessible medical and dental care to make health disparities history so every child, student and family member gets the care they need to thrive.***

As you will see below, we have offered only a sliver of what's out there in terms of innovations that have been shown to reduce health disparities and to empower individuals of all ages to find a path to robust health. Some models have been with us for decades and are tried, true and evaluated strategies. Some are quite new and merit experimentation and their own evaluation. We do not lack for solutions, just the political will to implement them.

The innovations you're about to explore can be developed with three important frameworks.

As we say in all ten sector chapters, we want to reference the data-driven framework called **Continuous Quality Improvement** and its four phases: assessment, planning, action and evaluation (revisit Chapter 29). This four-step process will guide your development of innovations in the arena of medical and dental care. And, as a gentle reminder, you will want to use **Collective Impact** (revisit Chapter 31) to organize your project and **Adaptive Leadership** (revisit Chapter 30) to determine if the particular challenge you seek to solve is technical, with established protocols for moving forward, or adaptive, where you are entering new uncharted territory without a clear path.

Designing a countywide family-friendly medical and dental health care system

The past: How did we get to this point of needing a family-friendly medical and dental health care system? Who exactly needs services to be “family-friendly” anyway? What are the problems the system is supposed to solve? Why don’t people just figure out the systems on their own? Can’t everyone access care in a timely manner?

The present (action agenda): Within this subject, we’ve identified ten strategies—called innovation areas—that can be used to tackle the medical and dental health care access problem. Within those we suggest about twenty 100% Community projects that you (yes, you) can take on, thus propelling your community towards family-friendly health care in its many forms.

The future (goals): With enough work on these innovations/projects, we’ll get to the point where Innovation #10—the creation of a City/County Department of Family-Friendly Medical and Dental Care—becomes a reality. With a state-of-the-art system of care in place, 100% of our county’s families could report excellent support and service.

Since we are currently in the present creating the future, your commitment to innovation is most eagerly sought and needed.

A menu of innovations and projects

You are about to review approximately twenty projects that can, if completed successfully, improve the quality and accessibility of current services. The ultimate long-term goal of these innovations and projects is to ensure that 100% of county residents have access to this vital service. Your task is to review all projects, individually and as part of an action team, to identify which one you wish to implement. In the time it takes to enjoy a grande latte, you can give our menu a quick read to see which project pops out at you.

10 innovations your action team can implement

The following innovations represent strategies to increase access to medical and dental care.

(Note: for more information on Action Teams, see Appendices.)

Innovation #1 sets your action team up for success using a software system to track progress with all innovations within a county. Innovations #2 through #9 are options to explore and implement. Innovation #10 sets your team up to be very well-informed change agents. Be aware that some of these innovations and projects could be completed in a few months, but others might require at least a year's commitment or far more.

Innovation #1: Designing a county data system to track supply and demand within medical and dental care programs

The “assess the situation” project

Most of the time somebody uses a health care provider, that visit is paid for by insurance and data on that visit are collected. The Health Insurance Portability, Access and Accountability Act (HIPAA) means that health visits are reported in the aggregate. You can't see whether a particular person got care, but you can know how many women aged 30–39 got care, for example. Getting access to health information is harder than other data, because laws and policies see this information as sensitive in part due to the enduring stigma about mental illness. It is also cumbersome for many kinds of health providers to manage billing insurance companies for care, so they make the patient file the claim.

No single number will give you a complete picture of a community's health. But by gathering multiple data sources and tracking them over time, you should be able to get an idea of how much medical and dental care insecurity there is in your community. Here's your list:

- Available data: Your state Public Health Department and Human Services Department should have aggregate data for the whole state and maybe some by county.
- Sources of care: Locate sources of health care, both private and public including emergency rooms, urgent care centers, doctor's offices, hospitals, community health centers, free clinics, school clinics, pastoral counseling centers, social workers and psychiatrists.
- Access limitations: Determine the operating hours and eligibility requirements for every source and determine if they take Medicaid, Medicare or self-pay patients. Do you have to be a US citizen to get care?
- ER data: How many patients does the hospital emergency department serve each year? How many of them are transported by ambulance?
- Community health center: Does your community have one? Does a federally-qualified health center or tribal health center have a fully-functioning health staff?
- Free clinic data: Does your community have a free clinic? How many patients can it handle on average? Is care restricted to certain age groups or other populations?
- Faith-based: Many clergy provide initial counseling for health concerns and support to their members. You may have to call pastors/faith-based organization leaders. Note how many sessions they offer on average.
- Elder service agencies: How many have social workers or other health care providers on staff? Who is eligible for care?
- School districts: Is there a school-based health center in your community? What services are provided, what age group(s) do they serve? How many visits occur in an average month? Do your schools have volunteer or paid school nurses on staff?
- Homeless shelters: Many serve substance-using or mentally ill clients routinely. Who do they call when they can't manage a client with health or addiction issues?
- Domestic violence shelters: They may track visits to additional care that the shelter program supports. Maybe take a snapshot once per month and track over time.
- Child welfare data: While not easy to acquire, there may be a way to assess data on adult and child clients needing medical and dental health care.
- American Community Survey: The ACS is an ongoing survey that provides vital information on a yearly basis about the United States and its people. Information from the survey generates data that help determine how more than \$675 billion in federal and state funds are distributed each year.
- 100% Community Survey: This is the survey your initiative will implement that asks residents to what degree they can access care programs, and why access to these programs may be challenging.

As mentioned, this won't be as simple an assessment as those for some other sectors, but if you get these numbers, you should at least be able to tell if the situation in your community is going in a good or bad direction. In this project, you will be gathering as much data as you can to paint a picture of local behavioral health care: the first step in identifying challenges.

Deliverables: Create a one-page overview/update on the status of health care to present to the 100% Community team and stakeholders. (Rough time frame: 3–6 months)

The “medical/dental care accessibility analysis” project

Your mission is to figure out where people of limited means can access health care. Make a list of all sliding scale clinics, health department operations, public hospitals designated for charity care, school-based health centers, and the like, then see what you can learn about how accessible they are. Ask patients, or maybe even the administration, how many days or weeks it would take to get seen by a doctor, or the average wait time for emergency room care. As a bonus, you could call up a few primary care doctors and dental clinics and see if they take Medicaid.

Deliverables: Create a one-page overview/update, ideally with supplementary maps, on the status of medical and dental care to present to the 100% Community team and stakeholders. (Rough time frame: 3 months)

The “what’s ailing you?” project

This is the advanced project, and it may not even be possible in your state, but here's the background: as part of the ongoing effort to identify ways to reduce health care costs, many states have developed something called an all-payer claims database, and your state may be one of them. Basically the idea is that instead of hoarding all this useful information for proprietary reasons, all payers (translation: insurance companies) would be forced to turn over data on medical services they buy to a central state authority for further analysis. These data would of course be anonymized, but in theory, it should spell out in a helpful level of detail how many people are getting what types of treatments and what it's costing. We can infer from this the types of medical problems people have.

So if your state has one of these programs and the data are accessible to lay members of the public, you could have an interesting data analysis project on your hands. This varies everywhere; our best advice is to find an expert at the local university to help you out, poke around and see what you can find. Look for leading causes of death, the most expensive procedures, the most common ailments, ways in which your local area deviates from other parts of the state, and other interesting trends.

Deliverables: Create a one-page overview/update on what the database shows for your county, and present to the 100% Community team and stakeholders. (Rough time frame: 6 months or longer)

👉 All-payer claims databases: <https://aae.how/118>

The “can you get cared for from here?” project

This project might best be done in conjunction with the transportation task force/ action team. Here’s the mission: Map out all of your county’s medical facilities, then figure out how accessible they are by just using transit. Pay special attention to hospitals, primary care doctors, dental offices, and behavioral health operations. Look at service frequency, hours of operation, etc. Try to figure out if an average patient with a doctor’s appointment could make it work without a car. If you feel really creative, create a map in Google Maps showing where services are and where transit goes.

Deliverables: Create a short summary of where health care facilities are and how accessible they are on transit. Present initial findings to the entire 100% Community team and stakeholders. (Suggested time frame: 3 months)

👉 How to do custom Google Maps: <https://aae.how/24>

👉 American Community Survey: <https://aae.how/25>

The “does our care go where it should?” project

Your medical and dental system (notice the term “system,” as it should be one seamless system serving the entire county) should serve all residents, but especially your community’s most critical areas: census areas with high rates of child welfare involvement, low income areas, areas with high unemployment, high schools with low achievement and high dropout rates.

Deliverables: Find or make a map of the county, then make a map of all “high risk” areas and all medical and dental care programs. Then see how well those two maps overlap. Also take a look at service frequency: is care, in its many forms, being offered where the need is the highest? Whether medical and dental care providers “serve” the most critical areas depends on more than what the map looks like. This project ends (well, at least phase of this project) with a report shared widely with all county stakeholders. (Suggested time frame: 3 months)

👉 US census (general): <https://aae.how/119>

👉 US census (data profiles): <https://aae.how/120>

Innovation #2: Ensuring current accessible medical and dental care programs are fully supported

The “who’s working on accessible health care?” project

While state lawmakers work to fund various forms of health care supports, often local communities are home to various programs and activist groups that also work on the issue. Maybe it’s a nonprofit that operates a free clinic, or a private charity that helps out with children’s dental emergencies, or a group that lobbies for school-based or universal health care. Your mission here is to make an inventory of those organizations and figure out what they’re doing and who the champions are. Do your assessment of all current medical and dental care programs to know the quality and quantity of affordable services.

Deliverables: Create a short summary of financial support needs for those health care programs that are serving our most vulnerable populations and present to the entire 100% Community team and stakeholders. (Suggested time frame: 3 months)

Innovation #3: Engaging the private sector in supporting accessible medical and dental care innovations

The “learn all about the patient portals” project

Patient portals provide opportunities for patients to communicate directly with their provider. Learn how a rural community in New Mexico has developed their clinic and hospital experience with the use of a patient portal. All documents are completed through a secure application accessed on a mobile device or desktop computer. Clients check in, communicate with their provider, schedule appointments, and can receive test results back through their patient portal app.

Deliverables: You will need to research the work currently being done and review its evaluation (if patient satisfaction data are collected and available). Share a one-page overview with the 100% Community team and other medical and dental care advocates.

👉 Roosevelt General Hospital-Patient Portal: <https://aae.how/121>

👉 What is a patient portal?: <https://aae.how/122>

Innovation #4: Harnessing technology to create an online directory and resources

The “plain language for existing websites” project

In some city, county and school systems, thoughtful professionals spend a great deal of time and effort trying to design perfect websites with intuitive listings of medical and dental care services offerings, easy-to-read maps to get you to such services and other features to facilitate how to sign up for care and prevention programs. Your mission is to figure out whether your public agencies—including your city government, county government and school district websites are taking this opportunity to simply and efficiently explain what forms of medical and dental care are offered locally on their websites, on printed brochures and schedules, or (bonus points) on an app.

Deliverables: Begin researching (yes, in a big city this is a large project) all private and public health care agency and local government websites to identify what types of services are currently available. Note how clearly fees and accessibility are presented. Present your findings to the 100% Community team and local stakeholders in health care. After feedback, network with local health care folks, web designers and graphic designers to explore creating mock-ups of user-friendly improvements to existing websites. (Suggested time frame: 3–6 months)

Innovation #5 : Generating public awareness and engagement

The “create the Medical and Dental Care@100% user-friendly website” project

This is where you design and launch your own family-friendly website for the public to access vital information on medical and dental care. As mentioned earlier, websites don't just pop up easily, but there are free services online to help with design.

Deliverables: Research health agency and clinic websites across your county and state. You might even find great ideas across the nation and globe. Present your findings on user-friendliness of existing local accessible health care agency websites to the 100% Community team. After feedback, network with local health care folks (and web designers and graphic designers) to explore creating a user-friendly website that houses easy-to-understand information on local and accessible medical and dental care. You can also include information on your Medical and Dental Care@100% action team and how you are working to improve local access to care. (Suggested time frame: 3–6 months)

The “be patient and focused” project

Even completing a few of these projects will put you among the best educated one percent when it comes to accessible medical and dental care in your area, and one way you could put that know-how to good use is by serving on an advisory board or commission. Many—but not all—school, city, county and higher ed organizations have them. There are often more generic school task forces or advisory panels out there as well, and they are usually hurting for members. This is your opportunity to ensure that affordable and accessible care arguments are heard, progress is made, and that the alignment of accessible care services becomes a reality.

Deliverables: Attend at least a quarter's worth of meetings, then present to the 100% Community team your analysis of current committee/task force working groups—including how data-driven and result-focused they appear to be. The goal is always alignment with current efforts and mutual support. (Suggested time frame: 4 months)

The “email Medical and Dental Care@100% often” project

Email and social marketing are good tools for outreach. Social marketing strategies, just like website development, can be challenging. Yet there are “how to” websites that can help facilitate this process. (Revisit Tech: Chapter 36.) You should work to reach all stakeholders who have the concerns of families (and all residents) on their radar. You can send updates on all the work of your action teams to raise awareness and garner support.

Populations to target:

- Youth-serving groups
- Family-serving groups
- Faith-based groups
- Cultural groups
- Elected officials
- Department of Health
- Children's Medical Services
- School-based health care providers
- Local providers and agencies providing medical/dental care
- Hospital staff
- Child welfare
- Emergency preparedness departments

Deliverables: Identify the most tech-savvy in your network, then create a countywide list of stakeholders to email. Create a rough message and graphic identity for your messaging. Test it out with the 100% Community team and health care providers, tweak, and off you go. If you used a mailing service that can track your email's performance, check open rates after three months to assess responses. If you simply emailed your network directly, gauge how many of the messages received a reply or initiated action. (Suggested time frame: 4 months)

Innovation #6: Make sure your education system is on board

The “time to research how school-based care is being delivered” project

This project focused on digging deep into the world of school-based health centers (SBHC) and other ways to provide easily accessible, culturally and developmentally appropriate health care services in schools. You will want to explore innovations in Boston Schools, New London, CT, Seattle and more places experimenting with rolling dental offices and solutions for rural communities.

Deliverables: Research what you can discover online and add to that some informational interviews with folks engaged in the work. Compile your insights and hopefully some evaluation data, and share with the 100% Community team. (Suggested time frame: 3–6 months)

- 👉 Boston Schools Health Care: <https://aae.how/62>
- 👉 New London, CT Health Care: <https://aae.how/63>
- 👉 International Community Health Services (ICHS) Seattle, WA: <https://aae.how/64>
- 👉 Grow Up Smiling (GuS) Dental Care: <https://aae.how/65>
- 👉 Rodney B. Cox Elementary school dental care: <https://aae.how/66>
- 👉 Big Smiles-Pairing Schools with Dentists: <https://aae.how/67>
- 👉 Dental office brought to you in Portland: <https://aae.how/68>
- 👉 School-based Nurse Practitioners-Rural Health Info: <https://aae.how/69>
- 👉 Scott County, Minnesota Health Care on Wheels: <https://aae.how/70>

Innovation #7: Ensuring that local higher education is engaged in solutions, research and evaluation

The “addressing shortages of providers” project

Learn how Oregon is using incentive programs to address provider shortages and to reach their underserved areas in need of quality medical care. Provider incentive programs aid in supporting underserved communities in their recruitment and retention of high quality providers. The Office of Rural Health (ORH) partners with the Oregon Health Authority (OHA) and the Health Resources Service Administration (HRSA) to offer a variety of programs, each with their own requirements and benefits. ORH works with health care providers to find incentive programs that will help them take their skills where they're most needed. ORH also works with Oregon practice sites to identify incentive programs that can assist with their recruitment and retention efforts. You also will benefit from reviewing the University of New Mexico (UNM) programs and program of National Health Service Corps.

Deliverables: Research what you can discover online and add to that some informational interviews with folks engaged in the work. Compile your insights, and hopefully some evaluation data, then share with the 100% Community team. (Suggested time frame: 3–6 months)

👉 UNM Family Medicine incentive: <https://aae.how/123>

👉 Office of Rural Health (ORH) partners with the Oregon Health Authority: <https://aae.how/124>

👉 National Health Service Corps Rural Community Loan Repayment Program: <https://aae.how/125>

The “Care for U” project

Learn how a small university in rural New Mexico rises to meet the needs of its student body. Eastern New Mexico University's ENMU Health Services offers preventive and acute health services, similar to your family health care clinic, at little or no cost to students with a current ENMU student ID. In addition to flu shots, blood tests, prescriptions and other medical services, they make health awareness presentations to student groups. They also provide family planning services, pap smears, STI (sexually transmitted infections) screening and treatment, and contraception products. As with any medical clinic, they guarantee complete confidentiality for patients.

Deliverables: Research what you can discover online and add some informational interviews with folks engaged in the work. Compile your insights, and hopefully some evaluation data, then share with the 100% Community team. (Suggested time frame: 3 months)

👉 Eastern New Mexico University Health Services: <https://aae.how/126>

The “Project ECHO and telemedicine for health care provider mentoring” project

Project ECHO uses ongoing telementoring to equip primary care practitioners in rural areas with the knowledge they need to provide high-quality specialty care. Created by Sanjeev Arora, MD, a social entrepreneur and liver disease specialist at the University of New Mexico Health Sciences Center in Albuquerque, Project ECHO is a nationally—and globally—recognized model for bringing best-practice health care to patients who can’t get it because of where they live. Project ECHO uses a hub-and-spoke telementoring model to move knowledge instead of people. By participating in virtual clinics with teams of specialist mentors, primary care practitioners in rural and underserved areas acquire the expertise they need to treat patients with complex health problems—including Hepatitis C, HIV, chronic pain, opioid addiction, mental illness, diabetes and cancer. Practitioners who attend ECHO report that participation in a virtual community of practice helps reduce their sense of isolation. They often identify neighboring clinicians who can provide them consultation and referral resources.

Deliverables: Research what you can discover online and add some informational interviews with folks engaged in the work. Compile your insights, and hopefully some evaluation data, then share with the 100% Community team. (Suggested time frame: 3 months)

👉 Project ECHO: <https://aae.how/127>

👉 Robert Wood Johnson Foundation on Project ECHO: <https://aae.how/128>

The “integrate ACEs data and 100% Community Survey into primary care” project

Before you see a doctor, you must first complete numerous forms detailing any surgeries you’ve had, which medications you’re allergic to, whether you use drugs, how often you drink, whether you feel safe at home and other factoids that medical professionals find extremely useful. This all makes sense, but there’s something missing: data on ACEs scores and information from the 100% Community Survey. So your mission is to persuade a doctor, or group of doctors, to add those surveys to their intake process—preferably under the auspices of the university project which would then also research how knowing such things would change how medical care is administered.

Deliverables: Meet with colleagues at a university or community clinic to engage them in using the ACEs Survey and 100% Community Survey as a screening tool for clients. Compile the health care providers’ insights on this type of screening, and hopefully some evaluation data, then share with the 100% Community team. (Time frame: 1–3 years.)

👉 National Institutes of Health: <https://aae.how/129>

👉 Health providers assessing and treating food and housing problems:
<https://aae.how/130>

Innovation #8: Supporting city and county governments in accessible medical and dental care innovations

The “read up on how other countries do care” project

The US is the only wealthy, industrialized country without universal health care. This article explores the health care experience of users in other comparable countries, such as the UK, Finland, Canada and more.

Deliverables: Research what you can discover online and add to that some informational interviews with folks engaged in the work. Compile your insights and hopefully some evaluation data, and share with the 100% Community team. (Suggested time frame: 3 months)

👉 Business Insider on Single Payer: <https://aae.how/131>

The “what went right and wrong with Colorado’s attempt to pass universal health care with Amendment 69?” project

Colorado made an attempt at a single-payer system in 2016. A ballot measure, Amendment 69 (<https://aae.how/132>), would have imposed a 10-percent payroll tax to provide coverage to all residents. It tanked with about 80 percent of residents voting against it. Since the ballot’s failure, elected officials have been mum on the issue of single-payer. Even so, on the campaign trail, Gov. Jared Polis, who touts his support for universal health care, pitched the idea of a single-payer system across several Western States (<https://aae.how/133>), which he called a “multi-state consortium to offer a universal, single-payer option.”

Deliverables: Research as much as you can with what you can discover online and add some informational interviews with folks engaged in the work. Compile your insights, and hopefully some evaluation data, then share with the 100% Community team. (Suggested time frame: 3 months)

👉 Colorado Initiative on Care System: <https://aae.how/134>

👉 Health Care for All Colorado: <https://aae.how/135>

👉 Health Care for All California: <https://aae.how/136>

The “take a good look at the ‘Vermont won’t stop until it gets care for all’” project

Vermont seeks to be a leader in single-payer Medicare-for-all type health care system, but efforts met resistance and ultimately fell and now are back on track. It’s a roller coaster ride with implications for every state.

Deliverables: Research what you can discover online and add to that some informational interviews with folks engaged in the work. Compile your insights and hopefully some evaluation data, and share with the 100% Community team. (Suggested time frame: 3 months)

👉 Vermont Care’s Wild Ride: <https://aae.how/137>

👉 Vermont Health Care for All “Everybody in, Nobody Out”: <https://aae.how/138>

The “investing in the research that focused on increasing access to care” project

This project can enlighten your county stakeholders and inspire innovations to increase access to care services.

Deliverables: Research as much as you can with what you can discover online and add to that some informational interviews with folks engaged in the work. Compile your insights, and hopefully some evaluation data, then share with the 100% Community team. (Suggested time frame: 3 months)

👉 Frontier Community Health Integration Project (FCHIP): <https://aae.how/139>

👉 Rural Health Information: <https://aae.how/140>

👉 Reach minority populations in the US with Promotoras: <https://aae.how/141>

👉 La Casa Health: <https://aae.how/142>

👉 Pennsylvania Rural Health Model: <https://aae.how/143>

👉 Maine Community Care Partnership: <https://aae.how/144>

👉 Mobile Medical Clinics: <https://aae.how/145>

👉 Calhoun County, MI rural health initiative: <https://aae.how/146>

👉 The “Minnesota Northern Dental Access Center Patient Support and Outreach Program” project: <https://aae.how/147>

Innovation #9: Engaging on the federal and state levels to strengthen local services

The “research potential resources” project

Here you can explore the Bureau of Health Professions (BHP), the Public Health Services Act and The Rural Health Care Initiative Hub.

Deliverables: Research what you can discover online and add some informational interviews with folks engaged in the work. Compile your insights, and hopefully some evaluation data, then share with the 100% Community team. (Suggested time frame: 3 months)

👉 Bureau of Health Professions (BHP): <https://aae.how/148>

👉 The Public Health Services Act, Section 330: <https://aae.how/149>

👉 The Rural Health care Initiative hub: <https://aae.how/150>

The “USDA Rural Development (RD) Initiative grant possibility” project

USDA offers loans, grants and loan guarantees to help create jobs and support economic development and essential services such as: housing, health care, first responder services and equipment, and water, electric and communications infrastructure. They promote economic development by supporting loans to businesses through banks, credit unions and community-managed lending pools. They offer technical assistance and information to help agricultural producers and cooperatives get started and improve the effectiveness of their operations. They, according to their PR, provide technical assistance to help communities undertake community empowerment programs, helping rural residents buy or rent safe, affordable housing and make health and safety repairs to their homes.

Deliverables: Research what you can discover online and add to that some informational interviews with folks engaged in the work. Compile your insights and hopefully some evaluation data, and share with the 100% Community team. (Suggested time frame: 3 months)

👉 USDA Rural Development (RD) Initiative grant: <https://aae.how/151>

The “we need a state coalition to make great things happen” project

Through collaboration of the players and the strategic use of data and technology, we can find a way to ensure that no child or parents lacks access to timely medical and dental care. We are not trying to simplify our nation and states’ most complex challenges in a sentence. We are advocating for the start of a long-term, local dialogue about how we end health disparities. This is a conversation that’s been going on for decades involving the public and private sector. This particular project is about joining or creating a countywide and statewide network of health advocates and providers who believe that care is not a luxury, it’s what civilized governments ensure. A coalition will allow you to have a strong voice in your community as well as your city, county and state government. You may find that local lawmakers, while sympathetic to this issue, do not see addressing health disparities as the role of county or city government. For this reason, coalitions matter and they can be a force for awareness.

Your county and state network can educate local lawmakers about a new role for government: ensuring no child, student or parent is marginalized because they can’t afford care. The coalition can work to elect officials who will prioritize care access for all, utilizing technology to connect everyone in the network with a shared vision, goals, activities, data use, communication and messaging, and an evaluation process. Your action teams start with identifying who is in the lead with health care reform. Given that the goal of ending health disparities has been bubbling up for decades, odds are good your state has heroic people working on this as a coalition. Find them.

Deliverables: Find some passionate change agents and conduct informational interviews with sector stakeholders to assess interest in a county or state coalition. Assess the data-driven and result-focused quality of current coalitions. Create a one-pager to present to your 100% Community team and countywide network of health care agencies on your initial findings. We don’t wish to reinvent wheels here, so if you have result-focused coalitions, it’s time to join them. (Suggested time frame: 3–6 months)

Innovation #10: Institutionalizing the work by developing the City Department of Medical and Dental Care and funding for innovations

The “County/City partnership that funds the Department of Accessible Medical and Dental Health Care” project

Elevator pitch: When Eric was a toddler, his mom should have been able to scan city hall’s website to find all sorts of accessible medical and dental care programs for her kids and herself. She should have been able to see a clearly defined menu item called “Department of Easy-to-Access and Family-Friendly Medical and Dental Care” right next to the Departments of Police, Fire and Parks. It should not be buried deep in the bowels of the website. It’s a vital, stand-alone department (or should be) and deserves to be treated as such.

Why is this so important? After all, various local community clinics and care programs are often funded in part by county entities, city entities, foundations, nonprofit organizations or multi-county coalitions. In less-populated areas, nonprofits or hospitals become the hub for all medical and dental care.

This proposed Department doesn’t take over health care, instead it regularly evaluates the medical and dental needs of its constituents, determines if they are adequate and regularly researches innovations. This job will look very different depending on the town—it may just take a part-time city manager a few hours per year in the smallest of hamlets. But it’s important work, and it needs to be done by someone who reports to an individual who regularly stands for election.

Potential partners: mayors, city councilors, county commissioners, advocates for care, public health departments, health care providers and researchers and socially-engaged businesses.

The “convene your fellow medical and dental care advocates and enhance your skills in public speaking, committee briefing, and how to get to a lawmaker” project

This project is a crash course that you develop with local experts about how to contact local and state leaders, give an elevator pitch on your projects, and the protocol for committee hearings that can lead to funding.

Deliverables: Find an accomplished colleague with good public speaking skills along with a professional with experience lobbying/networking with elected leaders. Together, discuss how a workshop for the entire 100% Community team could be created to enhance skills. Assess interest with teams, make a workshop plan, deliver, and evaluate. (Suggested time frame: 3 months)

The “know your stuff before you meet the mayor” project

Innovation #10, in some ways, is putting it all together. By this we mean that, by the time your action team becomes familiar with all nine innovation areas and their projects, you will be prepared to meet with elected officials and stakeholders to discuss support of accessible medical and dental care for all.

Deliverables: Identify at least one colleague to join you in reviewing every innovation project in this chapter. This means diving into all the research that you can get your hands on, starting with our links to support your project. Conduct an assessment of all 100% Community team members to identify which projects are of interest and in development. From here, present your global overview of project development with the entire 100% Community team for feedback. (Suggested time frame: 3 months)

The “create a bold vision and strategic plan” project

It’s time to create a detailed plan for this new (or improved) local Department of Accessible Medical and Dental Care. With previous projects, you will have learned its strengths and weaknesses, potential funding sources, and who the players are. You’ll be in a great position to document what’s great, what needs to be kept as it is or expanded, and what needs to change.

Deliverables: After an assessment of medical services (see Innovation #1) and a survey of all 100% Community team members to identify which projects are of interest and in development, develop a draft outline of a strategic plan for a Department of Medical and Dental Care. From here, present the draft plan to the entire 100% Community team for feedback. (Suggested time frame: 3–6 months)

The “Crisis-proof County Readiness Checklist” project

It’s here you work with city and county emergency preparedness to assess readiness for a public health crisis that impacts health care. See Appendices.

Deliverables: Explore all you can, connecting with key officials and sector leaders, and write up a summary for the 100% Community team. (Suggested time frame: 3 months)

You're all about health care.

We're connecting the dots between medical and dental care and all aspects of family, school, work and community life.

Know that your work in health care impacts all the vital services that, in turn, impact childhood, student and workforce success.

Our entire 100% Community model is based on cross-sector work, asking all county stakeholders to connect the dots between what we call our five “survival” sectors and five “thriving” sectors. As you concentrate on ending health disparities and ensuring access to quality medical and dental care, consider how your work impacts on the following interrelated sectors that our entire 100% Community process is focused on.

SURVIVAL SERVICES

- **Food:** Nutrition is a key part of good health. For some families at certain times of the month, food banks and programs will be needed.
- **Housing:** Stable and safe housing is a vital part of staying healthy.
- **Medical/Dental care: This is you!**
- **Behavioral Health Care:** Sometimes, medical challenges become behavioral health care challenges and vice versa, so access to care is vital.
- **Transportation:** Parents and their kids will need to get from here to there—and that means accessible transport.

THRIVING SERVICES

- **Parent Supports:** These services may serve as navigators to all forms of health care.
- **Early Childhood Learning Programs:** These are programs poised to identify challenges with medical and dental care in our young residents.
- **Community Schools:** This well-resourced school model can house medical and dental care.
- **Youth Mentors:** Mentors are poised to identify medical and dental problems their mentees are experiencing, serving as navigators to care.
- **Job Training:** Access to job training, which might be at a college, may help a parent become more self-sufficient and better able to get medical and dental care. Additionally, job training programs exist in areas where there are known gaps in medical or dental service accessibility can help remedy this issue.

Monumental achievements start with one step.

Taking on innovations in medical and dental care to address health disparities is nothing less than profound.

Our goal is to set you up for success so that steps can be taken carefully, moving from short, to intermediate, to long-term goals. It all starts with one innovation developed, launched and evaluated for success.

With 100% Community, you are part of one of the very few initiatives working in a data-driven and cross-sector process to end all forms of disparities (health, education, parent supports, etc.) that have existed in this nation as long as it has been a nation. We don't underestimate the challenges ahead, nor do we overstate ourselves when we say that you can accomplish measurable and meaningful work with collaboration, creativity and a framework for success.

If you are ready to get started with your countdown to 100% with medical and dental care, you might be tempted to skip the other nine chapters focused on key services to create healthy families and communities. We do, however, strongly recommend that you review the nine other chapters to gain a deeper understanding of our entire cross-sector process. You might be surprised how often your focus area of medical and dental care will play a role in most areas of family and community life.

Bottom line: To ensure that every family member benefits from excellent care and prevention services, we need a city/county government-based organization to assess access (and quality of service) yearly and leverage governmental power to get all the health advocates and medical and dental professional players working in alignment.

Keywords: improving rural healthcare, rural health services, universal health care

There's an app for that: App-based solutions to the challenges of delivering healthcare to rural areas and the uninsured is a booming area. Some solutions, such as My Medical, simply try to help people without a primary care doctor keep track of their important medical documents. Others, such as First Aid by the American Red Cross, focus on assisting with self-diagnosis without resorting to unreliable Google search results. And the apps you really should check into, such as Doctor on Demand and AmWell, are solutions aimed at delivering virtual doctor or nurse visits without the patient leaving home, or even having insurance (in some cases).

② Q+A: Perspectives from the real world

We asked a few questions of Heidi H. Rogers, a family nurse practitioner and assistant professor at the University of New Mexico.

In times of a public health crisis what do you see as the immediate and long-term needs in your area of work?

As a family nurse practitioner in this global context of COVID-19, several things are clearer: Our residents need a single payer health care system that is consistent in care coverage and access. We need a global public health structure that can share resources, information and public education/public health care strategies. We need a national global health security system that is funded and is responsible for making sure that we have adequate systems and supplies to respond to pandemics and other complex health disasters arising from climate change and global systems of inequity that adversely impact the health of vulnerable populations. We need strong state leadership and a state funded (well-funded) public health system.

As a health professions educator, it is clearer that we need: A global population health framework, for example the One Health framework integrated into our health teaching and our systems thinking. We need to have interdisciplinary systems of health and community health care that integrate community planning, ecology/conservation, education systems and health care systems. We need to trust our scientists and we need to have a standard that planetary, animal and human health is valued across the political and socio-economic spectrum. We need to trust indigenous knowledge and lift this up and learn from our indigenous leaders.

What can health care providers do in their practice to address the long-standing public health problem of childhood trauma and untreated trauma in adults?

I have worked in settings where almost everyone has a history of being a victim of violence, and in my current patient community, the percentages of patients with a history of violence or other traumas is about 25%. Everything I do in my primary care practice is informed by these numbers and the trauma-informed care model. I think it's important for health care providers to be able to slow down in their comprehensive and new patient visits, to be able to take time for the patient to get to know us, and to understand our framework for how we approach health care and how we work with patients. Ideally this is with a patient partnership model, where we narrate that we are

not caring “for” but rather caring “with” the patient and that ultimately the work we do together is grounded in what they identify they want our help with.

I often screen for mental health with positive questions. Instead of screening for “disorders,” I screen for indications of resilience first. I ask how they would describe their mental health: is it good? Are there things that worry you? These are the screening questions I ask: “for the most part would you say you are happy, with a general sense of well-being? Do you feel like for the most part you respond to stressors appropriately? Are you in relationships that are good/healthy and support you for who you are as an individual? Do you feel like you have a strong sense of yourself and your purpose?”

These questions are non-judgmental, and they allow space for patients to share areas they’d like to work on without having to be too specific or venture into tricky territory.

It is also important that health care providers understand the trauma-informed care model and can screen for a history of trauma without triggering the patient. If I am working with a patient, I do this screening by saying something like this: “many of the people I see have a history of violence or similar trauma, and I always want to check in around this to see if there is a history. If yes, you don’t need to share the details, I mostly want to know if there are any residual symptoms you are having that are interfering with your sense of well-being currently.”

What training would be helpful to health care providers to address trauma?

We need training in trauma-informed care. We need to understand the research in resilience in the context of trauma, and we need to be able to hold psychologically and culturally safe health care spaces. It’s important for health care providers to have a good, evidence-informed theoretical framework for working with people who are victims of trauma.

What role do health care providers have in creating trauma-free communities?

As health care providers, we need to be partnering with our communities to inform the understanding of trauma, narrating the research on prevention, early detection, mitigation and recovery. Communities play a key role in reducing trauma, not only through screening and care services, but also through creating community structures that help to reduce stressors on the individuals in the community. We know that there are multiple ways to reduce trauma in families, for example: reducing financial stress, providing access to treatment models for substance abuse that are inclusive and centered in family care models. We need to provide support for violence prevention in young families that includes community connection, as well as a structure for child development and parenting education that is culturally translatable and non-judgmental. Most violence happens when there is isolation, so having more community connection can help. Health care providers should be in community leadership, and should help to inform community interventions to reduce violence and trauma as well as mitigate the impacts. Health care providers can help school systems build structures and training to support resilience in the context of ACEs.

Through our colleagues at the University of New Mexico we were introduced to Supreetha Gubbala. She is a first-year resident physician serving patients in the Southeast Heights neighborhood once known as the “war zone” of Albuquerque for its high poverty, crime and addiction rates.

What resources are missing in the community that could keep people healthier?

This is a difficult question to answer, as different patients and families have different needs. I would say most almost all my patients are living below the poverty line or are just above it. What I have noticed is that these patients are easily overwhelmed by the medical system because they already have so many responsibilities weighing on them just to survive. They often work longer or more inconvenient hours, are paid less, eat less healthier since that is what is easily accessible and affordable, and have less mental bandwidth to invest in their health because they are simply just exhausted from life itself. I think poor families and individuals truly need more support in ensuring easier access to health care, but I am just not sure where to begin.

What are your biggest challenges at work?

My biggest challenge at work is attempting to work with a lifetime of trauma in a 15–30 minute clinic visit. Most of the patients I meet need to be regularly seeing a therapist to slowly pick apart the trauma that is often ingrained in their decision-making process about their own health and attitude towards life. However, because of extreme lack of access to mental health care, particularly for poor adults in New Mexico, it is rare that any of my patients can afford the help they need to detangle their trauma. Despite my training and background in trauma, my clinic visits are just a drop in the bucket in this regard. Unfortunately, this often limits my ability to move forward with them on their health issues such as diabetes, heart disease, depression, or anxiety as they often require the patient to be invested as well. It's tough seeing patients come in again and again, getting sicker each time because of their inability to invest time in their health.

What do medical doctors learn about childhood trauma?

Most physicians attending medical school now will have at least one lecture on adverse childhood experiences (ACEs) and their impact on health outcomes. However, training on screening for ACEs and its utility is very rare. Since the concept of ACEs was championed recently through Dr. Nadine Burke's work in underserved neighborhoods of San Francisco, ACEs has become a very well-known topic in the specialty of pediatrics. However, it is still finding its way to relevance for doctors trained in other specialties. Since I developed a personal interest in ACEs, I was able to become involved early in community research surrounding ACEs screening, its correlation to trauma, the role of school-based health clinics and the impressive impact on children that are plugged into care early.

How do signs of ACEs and trauma appear in your work with patients and staff?

They appear in almost every patient I see in my clinic. As we know, ACEs research first came out in the 1990s, but the medical field has not accepted its findings or acted on them until very recently. When Dr. Nadine Burke first gave her famous TED Talk on the concept of ACEs, she concluded her talk with the astounding denial that ACEs are often occurring in our own backyards. They are incredibly common, yet we often choose not to see them because they make us uncomfortable.

ACEs and particularly lifetime trauma show up most often in my patients that struggle to invest in their own health or adhere to treatment regimens. We naturally want to blame the patient, but more often than not there are ACEs at play. In the rare moments I have the opportunity to dig a little deeper, I usually find a patient that is crippled with untreated anxiety, is struggling with repeated traumas from generations of addiction in their family, was taught early in life that they have little self-worth, is a refugee completely confused by the bus system or is overwhelmed with the many people they are caring for with very little money.

Dr. Maya Yu is a doctor of Oriental medicine with a practice in Santa Fe, New Mexico.

In times of a public health crisis what do you see as the immediate and long term needs in your area of work?

During this current public health crisis in which we are told to stay home, physically and socially distance ourselves from one another to prevent the spread of coronavirus, many of my colleagues, including myself, have questioned our ability to provide hands-on care. In a questionnaire of 1,000 acupuncturists last week, it was found that 42% of the peers in my field have closed their practices since we are considered non-essential medical services.

With concerns about keeping our communities safe, we have become creative in the way we offer our resources to our patients. Telemedicine has been an effective method of delivery to provide continued guidance. Teaching patients how to do acupressure and moxa at home, suggesting dietary and lifestyle changes as well as prescribing herbs can provide immediate help in alleviating stress, strengthen immunity or support overall well being. Giving people the resources to take care of themselves can have the long term effect of being proactive with their health.

What other concerns come to mind in times like these?

In times like these, I've come to realize how valuable all aspects of my training are. In school, we learn about the 5 branches of Chinese Medicine which include, acupuncture, herbs, movement (*tai qi* or *qi gong*), manual therapies (*tui na*, cupping) and diet or nutrition. Although most patients step through our door expecting acupuncture, we can offer that and more.

What is your global perspective on this?

My global perspective is that from this current pandemic, we have a lot to learn from one another. The more information we share among countries, states and people, the more we're equipped we are to handle and to get through these difficult times.

As we work to address trauma, how do we help people?

Since we approach the body as an integrated system, we can treat the emotional as well as the physical symptoms that arise from trauma. For example, if a patient is experiencing fear or anxiety, with herbs as well as acupuncture, we can address the physical symptoms that accompany the emotions such as easing palpitations, loosening a tight chest, unqueasing a stomach or encouraging deeper breathing.

What are you seeing in terms of symptoms of trauma?

In terms of trauma, I notice that patients, for the most part, are upfront about trauma they may have experienced at some point in their lives. This day and age, catch phrases such as “triggered” or “PTSD” are commonly used. It seems that people acknowledge trauma as a medical issue that can have long lasting effects.

There is a concept in Chinese medical theory that emotions arise to guide us. For example, when we get angry, we are encouraged to act, when we are pensive, we do things to ease the worry. In this framework, emotions are healthy manifestations of life’s circumstances. However, Chinese medical theory considers emotions that linger too long to be problematic. When sadness does not dissipate, or fear doesn’t abate, resources such as *qi* (energy flow) and blood get stuck in these states that prevent the resources from going towards other processes. Addressing emotional states that arise from unresolved traumatic events can help us to make sense of these events, so we can integrate the wisdom and healing that comes from coming out the other side.

As people seek to heal from emotional trauma, how do the practices of Western and Eastern medicine complement each other?

I believe they complement each other by addressing different aspects of the person. With Eastern medicine, we can utilize acupuncture and other body therapy modalities to affect the energetic field of a person. With herbs and adjusting diet, we can affect the biochemical makeup of the person.

Speaking of real world perspectives, we are constantly updating our electronic and paper edition of 100% Community. If you would like to share a perspective, please contact.

Innovations and Project Checklist

Progress-at-a-glance for Action Teams

Innovation #1: Designing a county data system to track supply and demand within medical and dental care programs

- The “medical/dental care accessibility analysis” project
- The “what’s ailing you?” project
- The “can you get cared for from here?” project
- The “does our care go where it should?” project

Innovation #2: Ensuring current accessible medical and dental care programs are fully supported

- The “who’s working on accessible health care?” project

Innovation #3: Engaging the private sector in supporting accessible medical and dental care innovations

- The “learn all about the patient portals” project

Innovation #4: Harnessing technology to create an online directory and resources

- The “plain language for existing websites” project

Innovation #5 : Generating public awareness and engagement

- The “create the Medical and Dental Care@100% user-friendly website” project
- The “be patient and focused” project
- The “email Medical and Dental Care@100% often” project

Innovation #6: Make sure your education system is on board

- The “time to research how school-based care is being delivered” project

Innovation #7: Ensuring that local higher education is engaged in solutions, research and evaluation

- The “addressing shortages of providers” project
- The “Care for U” project
- The “ECHO and telemedicine for health care provider mentoring” project
- The “integrate ACEs data and 100% Community Survey into primary care” project

Innovation #8: Supporting city and county governments in accessible medical and dental care innovations

- The “read up on how other countries do care” project
- The “what went right and wrong with Colorado’s attempt to pass universal health care with Amendment 69?” project
- The “take a good look at the “Vermont won’t stop until it gets care for all” project
- The “investing in the research that focuses on increasing access to care” project
- The “Minnesota Northern Dental Access Center Patient Support and Outreach Program” project

Innovation #9: Engaging on the federal and state levels to strengthen local services

- The “research potential resources” project
- The “we need a state coalition to make great things happen” project

Innovation #10: Institutionalizing the work by developing the City Department of Medical and Dental Care and funding for innovations

- The “County/City partnership that funds the Department of Accessible Medical and Dental Health Care” project
- The “convene your fellow medical and dental care advocates and enhance your skills in public speaking, committee briefing, and how to get to a lawmaker” project
- The “know your stuff before you meet the mayor” project
- The “create a bold vision and strategic plan” project
- The “Crisis-proof County Readiness Checklist” project

Next Steps

Gather your action team* to:

- Prioritize projects
- Assign tasks
- Schedule timelines

100% COMMUNITY *Ideally, you are part of an action team, which is part of a countywide 100% Community initiative (which could be part of a statewide campaign). If you are reading this as a solo prospective change agent, please contact us to connect with like-minded local folks and get the synergy and support needed to take on projects.

Behavioral Health Care@100%

Behavioral Health Care@100% means all residents can connect with care and feel empowered to use it. We now need to create a seamless countywide system of care.

When we begin to “Google it” for solutions:

- emotional health goals: 186,000,000
- mental health care in rural areas: 142,000,000
- mental health care system case study: 219,000,000
- mental health care and human rights: 251,000,000
- mental health, faith and spirituality: 41,600,000

Amid the clutter, solutions await

Eric’s Story

He does his best to get through the day, just like most of us. To look at Eric you might see a somewhat intimidating teen, tall for his age, with a dark hoodie covering half his face. But get to know him and he reveals an earnest, childlike quality. He’s happy to spend time with a thoughtful adult who listens to him. After months of hanging out, if you were to become his mentor, he might reveal a little about his childhood. He knows all about child protective services: “Yeah, things were bad when I was younger,” he might say. “Bad” means a score of seven on the adverse childhood experience (ACEs) survey, noting how many forms of abuse and neglect he has endured. You may also learn, to your surprise, that this soft-spoken young man will punch walls and doors in anger. He becomes sullen for days. He runs away for weeks. And he’s failing out of school. All this might have been prevented if the adults Eric grew up with had accessed mental health care and other vital family services to address their own challenges. But for Eric, his friends and their parents, the norm is not counseling, which is too difficult to access and talking to strangers feels really uncomfortable. Instead, the default for Eric may be “manning up” or suffering in silence.

Jen and Marie's Story

Jen and Marie feel blessed with a positive outlook that serves both of them well, even in difficult times. Especially in times of crisis, this mother-daughter team provides mutual support. However, they are worried about Jen's cousin, Sam, who has been drinking heavily. He's been struggling with substance misuse for a while but now, having lost his job, he's clearly binge drinking and hasn't been as reliable as he normally is. Jen is looking to find Sam a mental health care clinic that can help him. Jen has discovered that finding services is not a straightforward process. She isn't sure how much services cost or how quickly Sam can get access. Jen wonders why there isn't there a single online directory listing all mental health care providers and their fees, their availability and a bio describing the counselor's expertise and experience.

BEHAVIORAL HEALTH CARE should not be thought of as a luxury. It is a vital component of comprehensive health care. It belongs in our list of five survival services, along with medical care, housing, food and transportation. Behavioral health care is a powerful tool for creating a safe and healthy community. During a crisis (whether from a virus, natural disaster or terrorism), existing behavioral healthcare systems become a critical tool for survival. Uncertainty puts incredible strain on all people, especially those who were already dealing with childhood trauma, untreated adult trauma, or a myriad of untreated mental health challenges. Behavioral health care, in all its many forms, needs to be easily accessible, affordable and culturally appropriate.

In this chapter we take on a very complicated system with a long history of challenges. We provide an overview of behavioral health care including many strategies for addressing mental health disparities and related problems. Get ready to be overwhelmed and also inspired. We will guide you through the steps needed to turn ideas about increasing services and improving services into action.

Speaking of ideas bubbling up, you will want to visit our 100% Community site that houses our 100% Innovation Center, where new ideas for projects to increase and improve vital services are added constantly (<https://aae.how/288>).

We urgently need a local system of care.

Healing and preventing a host of mental health challenges requires a robust behavioral health care system in every community. The key word is system, because scattered and disconnected public and private agencies, or individuals who offer various forms of behavioral health care, simply won't get the job done. Whether we use the term *behavioral health care*, *mental health care* or *systems promoting emotional well-being*, the focus is to create a network of services to address in the most effective way possible all forms of mental health challenges.

The web will overwhelm you with articles, books and news from academic and medical conferences that document how we prevent mental health challenges, and how we treat them. The behavioral health community knows an enormous amount about ending our high rates of emotional health challenges, including what is referred to as a substance use disorder. (Many have stopped using the terms “substance abuse” or “substance misuse.”) Now, we just need advocates to demand that we implement this vital care in every community.

What this chapter is not.

We wish to acknowledge up front that this is not a chapter on all the various forms of care that may be used to address behavioral health challenges. This is written to be useful information for people who believe all of us deserve mental health care. Each state confronts a diverse spectrum of people who need help in this area, from those that require long-term medical care and residential programs to those who would benefit from less intensive, short-term counseling that focuses on practical solutions to situational problems. This chapter is a blueprint for creating a countywide system of comprehensive behavioral health care in a variety of traditional, indigenous and experimental approaches. It’s a guide to ensuring that all residents have access to a community of compassionate people who find peace-of-mind and meaning in their lives by helping others.

While this chapter and its innovations focus on more “Western” approaches to behavioral health care, we also acknowledge the role of faith-based and other organizations that teach spiritual practices shown to create calm, stability and a sense of meaning. There are practices from civilizations both ancient and modern that contribute to mental health. We hope our readers explore them.

Who’s hurting?

It won’t take much research to see the symptoms of mental health challenges in your county; look at arrest totals for child maltreatment, suicides, sexual assault, domestic violence, DWI and assault. Add to that drug overdose numbers and health problems related to alcohol and other mind-altering substances. Finally, student and parent scores from the ACEs survey will provide a fairly complete picture of how local residents are doing on the mental health front.

First things first

What are the root causes of the lack of access to behavioral health care in the US?

Why are people being challenged as they seek to access affordable behavioral health care? It's a complex picture, but let's dive in and get the dialogue rolling.

- **Public health crisis:** As the result of a crisis, there may be a disruption in affordable mental health. Also, people may lose their jobs and the capacity to afford care when they may need it most.
- **Lack of Health Insurance:** In the United States, your health insurance varies depending on where you (or your spouse or parent) work, which means that every time employment or familial relationships are disrupted, so is health insurance. If you get a great new job or get married, you also get to deal with health insurance paperwork, and that's the best case scenario. We also inflict this burdensome chore on those who were recently laid off and those who are getting divorced—even those fleeing an abusive relationship. Enrolling in health insurance, especially if you don't get it through a job, can be cumbersome and complex. Inevitably, a certain percentage of the population won't figure it out or won't recognize that they really need to figure it out, limiting their access to behavioral health care. The soaring costs of purchasing even employer-sponsored health insurance prevent many individuals and families from enrolling.
- **Lack of Coverage:** Health insurance isn't always comprehensive, and behavioral health benefits are more limited than other kinds of care. Sometimes, you can get the care you need for a \$5 copayment. Sometimes, you have to pay the full price until you hit your \$6,000 deductible. It just depends on your plan. Those with less comprehensive plans, and not a lot of pocket money, are effectively shut out of the system.
- **Inability to Access:** The people who need it most are often unable to pay for it, or lack the wherewithal to fill out the insurance paperwork. Teens running away from (or getting thrown out of) abusive homes, women fleeing abusive relationships, and those descending into addiction are unlikely to come to the system of their own accord; the system is not likely to find them either.

- **Stigma:** Lots of people still view mental health problems as a personal character weakness and think those afflicted should suck it up and deal. Not helping matters is the obvious fact that broken mental health is not as visible as broken physical health. Needless to say, this deters a lot of people from getting the help they need, even if the money or insurance situation allows it. Others don't wish their employers to know about a mental health diagnosis, so won't use their insurance to pay for mental health care.
- **Lack of providers:** In some areas, there are chronic shortages of mental health providers. If you have to make ten calls just to find someone accepting new patients in order to make an appointment three months from now, access is effectively quite limited. Ditto if the provider works on the other side of a large city or in the next county over and you lack transportation.
- **Lack of Options:** For the toughest cases, caseworkers don't have the rapport that might lead people to get help and in the even tougher cases, they don't have great options for forcing people to get help. Here we're talking about severe mental illness, like the schizophrenic homeless guy who yells at nobody in particular while wandering around downtown. With a time machine, maybe we could go back before things got so out of hand and make sure he got into the sort of assisted residential situation he needed. Or with enough time and energy invested in building a rapport, we might be able to still get him there, but that's an investment not a lot of local governments make (when local governments invest in mental health, they generally expect the patients to come to them). It's also possible that his mental illness would prevent him from ever responding to such outreach, but even then, our options for getting him care are few. Unless he's or she's a danger to himself or others, authorities generally can't intervene to force treatment on the theory that we all have the right to refuse medical treatment. Even when emergency care is mandated, it is usually of such short duration that it doesn't help solve the problem. Whether this is good or bad policy is a subject on which reasonable people can disagree, but it does have the effect of putting our fragmented, hard-to-access system beyond the reach of the people who could really use it.

“Why don’t people just get the help they need?”

Behavioral health care can be very difficult to find. Even harder to pay for. In times of personal or public health crisis, behavioral health care may be urgently needed so we must find a way to address shortages of affordable, effective care. Dubra Karnes-Padilla, who worked for many years at a college teaching health and wellness in New Mexico, shares, “The stories that faculty were hearing from students about their traumatizing life situations were heartbreaking, affecting the students’ mental and physical health. We weren’t equipped to handle the behavioral health issues we were encountering on campus. I advocated repeatedly to the campus leadership that a mental health counselor be hired to address our students’ needs, to keep our campus safe and help students succeed. Instead of a behavioral health counselor, I witnessed more security staff being hired.”

With data from the **100% Community Survey** (See Appendices) and other sources, you will learn from parents and youth where in your county behavioral health care access challenges exist and why. While global, national and state data are interesting (and deeply troubling), the real data that informs your work are generated by your 100% Community initiative and your deeper dive into the communities within your county borders. You may find that access issues are clustered in certain localized areas or across the entire county. The challenge may be bigger or smaller than you originally imagined.

Where on earth is this challenge fixed?

Behavioral Health Care@100% is looking at tested behavioral health solutions, focused on innovations, projects, policies and programs being implemented in large and small cities around the world.

If you have come this far, you know that ending untreated mental health care challenges starts with knowing the magnitude of the problem and where and why access to services is a problem and why access is a challenge for both youth and adults.

Our mental health relies on many factors. It ultimately depends on having access to caring people, both lay types like parents, friends, colleagues and teachers, as well as professionals. This means our solutions must go beyond fee-for-service providers. It's up to all of us, and our elected leaders, to permanently end mental health disparities.

We present a challenge to you, and your local businesspeople and government leaders: ***create a seamless countywide system of accessible behavioral health so untreated mental health challenges are history and every child, student, family and community can thrive.***

Below, we offer only a sliver of the innovations that have been shown to reduce untreated mental health challenges. Some are quite new, thanks to changes in technology. They merit experimentation and evaluation. We do not lack for possible solutions, just the political will.

The innovations you're about to explore can be developed with three important frameworks.

As we say in all ten sector chapters, we want to reference the data-driven framework called **Continuous Quality Improvement** and its four phases: assessment, planning, action and evaluation (revisit Chapter 29). This four-step process will guide your development of innovations in the arena of behavioral health. And, as a gentle reminder, you will want to use **Collective Impact** (revisit Chapter 31) to organize your project and **Adaptive Leadership** (revisit Chapter 30) to determine if the particular challenge you seek to solve is technical, with established protocols for moving forward, or adaptive, where you are entering new uncharted territory without a clear path.

Designing a countywide family-friendly behavioral health care system

The past: How did we get to this point of needing a family-friendly behavioral health care system? Who exactly needs it anyway? What problems is the system supposed to solve? Why don't people just fix themselves without outside help?

The present (action agenda): Within this subject, we've identified ten strategies—called innovation areas—that can be used to tackle the behavioral health care access problem. Within those, we suggest about twenty 100% Community projects that you (yes, you) can take on, thus propelling your community towards family-friendly mental health care in its many forms.

The future (goals): With enough work on these innovations/projects, we'll get to the point where Innovation #10—the creation of a City/County Department of Family-Friendly Behavioral Health Care—becomes a reality. With a state-of-the-art system of care in place, the goal is for 100% of our county's families report excellent support and service.

A menu of innovations and projects

You are about to review approximately twenty projects that can, if completed successfully, improve the quality and accessibility of current services. The ultimate long-term goal of these innovations and projects is to ensure that 100% of county residents have access to this vital service. Your task is to review all projects, individually and as part of an action team, to identify which one you wish to implement. In the time it takes to enjoy a grande latte, you can give our menu a quick read to see which project pops out at you.

10 innovations your action team can implement

The following innovations represent strategies that have the capacity to increase access to behavioral health care.

(Note: for more information on Action Teams, see Appendices.)

Innovation #1 sets your action team up for success using a software system to track progress with all innovations within a county. Innovations #2 through #9 are options to explore and implement. Innovation #10 sets your team up to very well-informed change agents. Be aware that some of these innovations and projects could be completed in a few months but others might require at least a year commitment or far more.

Eric's Story

Eric and his family have lived with so much emotional crisis, it's a testament to their resilience that they function well enough to continue with school and work. Rather than list all the ACEs endured by Eric and his parents, grandparents and siblings, we can safely say that this family may represent at least a quarter of your residents. Many of your county's community agencies work in silos, taking on only a piece of the problem (such as substance use, human trafficking, bullying, domestic violence, hunger, homelessness, etc.). We must understand that unprecedented collaboration throughout the public sectors is needed. If every public sector worker viewed social problems through the social determinants of health lens, it becomes clear the challenges facing the Erics of your county are connected.

Innovation #1: Designing a county data system to track supply and demand within behavioral health care

The “all-important behavioral care analysis” project

Most of the time somebody uses a behavioral health care provider and that visit is paid for by insurance, data on that visit is collected. The Health Insurance Portability, Access and Accountability Act (HIPAA) means that health visits are reported in the aggregate. You can't see whether a particular person received care, but you can know how many women aged 30–39 received care, for example. Gaining access to behavioral health information is harder than other data, because laws and policies see this information as sensitive due to the enduring stigma about mental illness. It is also cumbersome for many kinds of behavioral health providers to manage billing insurance companies for care, so they make the patient file the claim.

No one number will provide a complete picture of a community's health. By gathering multiple data sources and tracking them over time, you should be able to get an idea of how much behavioral health care insecurity exists in your community. Here's your list:

- Available data: Your state Behavioral Health or Mental Health Department should have aggregate data for the whole state and maybe some by county.
- Sources of care: Locate the sources of behavioral health care, both private and public. Include the following: emergency rooms, urgent care centers, doctor's offices, hospitals, community health centers, free clinics, school clinics, pastoral counseling centers, social workers, licensed mental health counselors and psychologists.
- Access limitations: Determine the operating hours and eligibility requirements for every source. Do they take Medicaid, Medicare, self-pay patients? Do you have to be a US citizen to get care?
- ER data: How many behavioral health patients does the hospital Emergency Department serve each year? How many of these cases are transported by ambulance? How many of those patients were there due to violence, injury or threat to harm self or others? Were these patients identified and tracked for behavioral health issues?
- Community mental health center: Does your community have one? Does a federally-qualified health center or tribal health center have a behavioral health staff?
- Free clinic data: Does your community have a free clinic? How many patients can it handle on average? Is care restricted to certain age groups or other populations?
- Clergy: Many clergy provide initial behavioral health support to their members. You may have to call pastors/faith-based organization leaders. Note how many sessions they offer on average, and whether they have a credential in pastoral care or behavioral health.

- Elder service agencies: How many have social workers or other behavioral health care providers on staff? Who is eligible for care?
- School districts: Is there a school-based health center in your community? What services are provided, what age group(s) do they serve? How many visits occur in an average month? Do your schools have volunteer or paid school nurses on staff?
- Homeless shelters: Many serve substance using or mentally ill clients routinely. Who do they call when they can't manage a client with behavioral health or addiction issues?
- Domestic violence shelters: They may track visits to shelter program supports. Maybe take a snapshot once per month and track over time.
- Child welfare data: While not easy to acquire, there may be a way to assess data on adult and child clients needing behavioral health care.
- American Community Survey: The ACS is an ongoing survey that provides vital information on a yearly basis about the United States and its people. Information from the survey generates data that help determine how more than \$675 billion in federal and state funds are distributed each year.
- 100% Community Survey: This is the survey your initiative will implement that asks residents to what degree they can access behavioral health services, and why access to these services may be challenging.

As mentioned, this won't be as simple an assessment as those for other sectors, but if you get these numbers, you should be able to tell if the situation in your community is going in a good or bad direction. In this project, you will be gathering as much data as you can to paint a picture of local behavioral health care, the first step in identifying challenges.

Deliverables: Create a one-page overview/update on the status of behavioral health care to present to the 100% Community team and stakeholders. (Rough time frame: 3–6 months)

The “behavioral care accessibility analysis” project

Your mission is to figure out where people of limited means can access behavioral health care. Make a list of all sliding scale clinics, health department operations, public hospitals designated for charity care, school-based health centers and the like, then see what you can learn about how accessible they are. Ask patients, or maybe even the administration, how many days or weeks it would take to get seen by a behavioral health care provider, or how many hours the average wait time for care is. As a bonus, you could call up a few psychologists, psychiatrists and health centers to see if they take Medicaid.

Deliverables: Create a one-page overview/update, ideally with supplementary maps, on the status of behavioral health care to present to the 100% Community team and stakeholders. (Rough time frame: 3 months)

The “what’s ailing you?” project

This is an advanced project, and may not be possible in your state, but here’s the background: As part of the ongoing effort to identify ways to reduce health care costs, many states have developed something called an all-payer claims database, and your state may be one of them. The idea is that instead of hoarding all this useful information for proprietary reasons, all payers (translation: insurance companies) would be forced to turn over data on what behavioral health services they are buying to a central state authority for further analysis. These data would, of course, be anonymized but should provide a helpful level of detail regarding the number of people receiving various treatments and the cost. We can also infer from this data the types of medical problems people have.

So if your state has one of these programs, and if the data are actually accessible to lay members of the public, then you may have an interesting data analysis project on your hands. Because this varies everywhere, our best advice is to find an expert at the local university to help see what you can find. Look for leading causes of death, the most expensive procedures, the most common ailments, ways in which your local area deviates from other parts of the state and other interesting trends.

Deliverables: Create a one-page overview/update on what the database shows for your county and present to the 100% Community team and stakeholders. (Rough time frame: 5–7 months)

👉 All-payer Claims Databases: <http://aae.how/118>

The “does our behavioral health care exist, and if so, where should it be?” project

Your behavioral health care system (notice the term “system,” as it should be one seamless system serving the entire county) should serve all residents, but especially your community’s most critical areas: communities with high rates of child welfare involvement, low income areas, areas with high unemployment, high schools with low achievement and high dropout rates. Find or make a map of the county, then make a map of all “high risk” areas and all behavioral programs. Next, see how well those two maps overlap. Also take a look at service frequency: is care, in its many forms, being offered when the need is the highest? Whether care “serves” the most critical areas depends on more than what the map looks like. This may become a strengths-based process, as you can identify where excellent assets exist and how they can be strengthened.

Deliverables: After analyzing your data, including all you can find on all forms of behavioral health care planning challenges and opportunities, present your findings to the 100% Community team. (Suggested time frame: 3 months)

👉 US census (the big version, not fast facts): <https://aae.how/170>

👉 CDC Data and Publications: <https://aae.how/171>

The “can you get cared for from here?” project

This might best be done in conjunction with the transportation task force/action team, but here’s the mission: Map out all your county’s behavioral health facilities, then figure out how accessible they are using only public transit. Look at service frequency, hours of operation, etc. Try to figure out if an average patient with a doctor’s appointment could make it work without a car. If you feel really creative, create a map in Google Maps showing where services are and where transit goes. If you are feeling adventurous, your action team could attempt to walk to services.

Deliverables: Create a short summary of where health care facilities located and how accessible they are using transit. Present initial findings to the entire 100% Community team and stakeholders. (Suggested time frame: 3 months)

👉 How to do custom Google Maps: <https://aae.how/24>

👉 American Community Survey: <https://aae.how/25>

Innovation #2: Ensuring current accessible behavioral health care programs are fully supported

The “who’s working on accessible behavioral health?” project

While state lawmakers support various forms of behavioral health care supports, often local communities are home to programs and activist groups that also work on the issue. Maybe it’s a non-profit that supports a free drop-in mental health clinic on a campus, or a private charity that helps out with family mental health care emergencies, or a group that lobbies for school-based behavioral health care. Your mission here is to make an inventory of those organizations and figure out what they’re doing.

Deliverables: Create a short summary of financial support needs for behavioral health care programs serving our most vulnerable populations and present to the entire 100% Community team and stakeholders. (Suggested time frame: 3–6 months)

Innovation #3: Engaging the private sector in supporting behavioral health care innovations

The “cool technology of care in the future” project

In some rural and urban areas without a seamless health care system, some health advocates are experimenting with behavioral health telesupport to reach rural folks. Of course, this requires access to a stable, high-speed internet connection, not something every community has yet.

Deliverables: Do your research and initial analysis of various forms of tech-empowered behavioral health care supports, including phone apps for cognitive behavioral therapy (CBT), mindfulness, etc. Your public library may also have some books on self-care. Write up a one-pager including the status of programs and products you identified, how they have been evaluated, and how they might benefit families, then present to the 100% Community team and countywide network of behavioral health care advocates and providers for feedback. (Suggested time frame: 1-3 months)

- 👉 Health Resources and Services Administration (HRSA) Behavioral Health: <https://aehow/172>
- 👉 Pro Bono Mental Health Handbook: <https://aehow/173>
- 👉 Pocket Confidant Self-Coaching: <https://aehow/174>
- 👉 “Depression” Apps: <https://aehow/175>
- 👉 Mental Health Apps: <https://aehow/176>

Innovation #4: Harnessing technology to create an online directory and resources

The “plain language on existing websites” project

In some cities, counties and school systems, thoughtful behavioral health care professionals and support staff spend a great deal of time and effort trying to design perfect websites with intuitive listings of behavioral health care services offerings, easy-to-read maps to get you to such services and other features to facilitate sign up for care and prevention programs. Your mission is to figure out whether your public agencies—including city government, county government and school district, are taking this opportunity to simply and efficiently provide on a website behavioral health care offered locally, downloadable and printable brochures and schedules in all relevant languages, or (bonus points) present information through an app.

Deliverables: Begin researching (yes, this is a big project if you live in a large city) all private and public behavioral health care and local government websites to identify what types of services are currently accessible. Note how clearly fees and accessibility are presented on websites. Present your findings to the 100% Community team and local stakeholders in the behavioral health care community. After feedback, network with local behavioral health care folks (and a web designer and graphic designer) to explore improving the user-friendliness of existing behavioral health care service websites. (Suggested time frame: 3–6 months)

Innovation #5 : Generating public awareness and engagement

The “create the Behavioral Health Care@100% user-friendly website” project

This is where you design and launch your own family-friendly website for the public to post vital information on behavioral health care services. As mentioned earlier, websites don't just pop up easily, but there are free services online to help with design.

Deliverables: Research behavioral health care organization, clinic and private practice websites across your county and state. You might even find great ideas across the nation and globe. Present your findings on the user-friendliness of existing local care websites to the 100% Community team. After feedback, network with local behavioral health care folks (and a web designer and graphic designer) to explore improving the user-friendliness of care websites. You can also include information on your Behavioral Health Care@100% action team and how you are working to improve local behavioral health care and related supports. (Suggested time frame: 3–6 months)

The “be patient and focused” project

Even completing a few of these projects will put you among the best educated one percent when it comes to accessible behavioral health care in your area, and one way you could put that know-how to good use is by serving on an advisory board or commission. Many school, city, county and higher education organizations have them, and there are often more generic school support boards or advisory panels looking for members as well. This is your opportunity to ensure that affordable care arguments are heard, progress is made and that the alignment of accessible care services becomes a reality. This is also an opportunity to connect with like-minded colleagues.

Deliverables: Attend at least a quarter’s worth of meetings, then present to the 100% Community team your analysis of current committee/task force working groups—including how data-driven and results-focused they appear to be. The goal is to work in alignment with existing groups and to be mutually supportive. (Suggested time frame: 4 months)

The “can we address the stigma of mental health care so it’s seen as normal as fixing a broken arm?” project

Convene people in your region (and via teleconferencing, your state) to discuss how we promote behavioral health care to those communities who may not understand it or fear and distrust it. We must listen closely to learn why people may be uncomfortable with behavioral health care. This will require public education campaigns, websites, social marketing and changes in the school curricula and how we educate our health and behavioral health care providers. Take time to read the Colorado Children’s Campaign’s valuable insights into ACEs prevention.

Deliverables: Write a short summary of recommendations and who could implement such an ongoing countywide awareness campaign. Present a one-page brief to the 100% Community team and stakeholders in mental health care. (Suggested time frame: 3–6 months)

👉 Colorado Children’s Campaign on ACEs: <https://aae.how/177>

The “can we view substance use disorders as chronic diseases like heart disease?” project

Convene people in your region (and via teleconferencing, your state) to discuss how we promote the care and treatment of people with substance use disorders. This may require public education campaigns, websites, social marketing and changes in the school curricula and how we educate our health and behavioral health care providers. You may find insights within the publications posted on the Center for Addiction website.

Deliverables: Write a short summary of recommendations and who could implement such an ongoing countywide awareness campaign. Note that many awareness campaigns have few results to show for all the resources put into them. Present a one-page brief to the 100% Community team and stakeholders in mental health care. (Suggested time frame: 3 months)

👉 Center on Addiction-Research: <https://aae.how/178>

The “email Behavioral Health Care@100% often” project

Email and social marketing are good tools for outreach. Social marketing strategies, just like website development, can be challenging. Yet there are “how to” websites that can help facilitate this process. (Revisit Tech: Chapter 36.) You should work to reach all stakeholders who have the concerns of families (and all residents) on their radar. You can send updates on the work of your action teams to raise awareness and garner support.

Populations to target:

- Youth-serving groups
- Family-serving groups
- Faith-based groups
- Cultural groups
- Elected officials
- Twelve-step groups or similar support groups
- School-based health care providers
- Public and private behavioral health care providers
- Local health care providers and agencies providing mental health care
- Substance misuse treatment providers

Deliverables: Identify the most tech-savvy in your network, then create a countywide list of stakeholders to email. Create a rough message and graphic identity for your messaging. Test it out with the 100% Community team and behavioral health care providers, tweak, and off you go. If you use a mailing service that can track your email's performance, check open rates after three months to assess responses. If you email your network directly, gauge how many of the messages received a reply or initiated action. (Suggested time frame: 4 months)

Innovation #6: Make sure your education system is on board

The “let’s explore the Santa Fe ‘Sky Center’ model” project

Learn how the Sky Center at Ortiz Middle School in Santa Fe, New Mexico brings behavioral health care to students and their parents. The Sky Center specializes in counseling youth and their families who may be experiencing a number of challenges including suicidal ideation. Students are referred for school difficulties, depressed mood, suicidal thoughts, family conflict and loss, substance use, bullying, and a number of other related issues. Counselors specialize in culturally sensitive family treatment. The goal is to empower young people and their families to cope with the stress of traumatic events and the everyday pressures and challenges of this modern age. The center is also a teaching facility, training the next generation of school behavioral health care specialists.

Deliverables: Explore the Sky Center site and connect with staff to fully understand their model, how they were formed and funded and their unique way of meeting the needs of students and family members. Also ask about their model of training future behavioral health counselors. Present your findings in a one-page brief to the 100% Community team, school community leaders, and student support network. (Suggested time frame: 1-2 months)

🔗 Sky Center in Santa Fe, NM: <https://aae.how/59>

The “Can the ‘Madison Public Schools model for care’ work for us” project

In Madison, Wisconsin is bringing behavioral health care to students. Madison schools recognize that one in five of their students have a diagnosable mental health condition. To meet this need, the Foundation for Madison’s Public Schools has partnered with community clinicians and funding partners to provide mental health services to students who do not have access outside of the school’s walls. The program is currently in five of their schools, with plans to expand to the rest of the school district.

Deliverables: Explore their site and connect with staff to fully understand their model, how they were formed and funded and their unique way of meeting the needs of students and family members. Present your findings in a one-page brief to the 100% Community team, school community leaders and student support network. (Suggested time frame: 1 month)

👉 Madison Public Schools: <https://aae.how/60>

The “analyze the ‘rural Kentucky online care’ model” project

Harvard Independent Schools in Eastern Kentucky were faced with the challenge of obtaining confidential mental health care services for students in a community where many faculty and staff are related and have known each other their entire lives. This school has elected to use an online mental health program, called Ripple Effects, to meet the mental health needs of students. We need to look closely at their evaluation to see if this model can work effectively.

Deliverables: Explore their site and connect with staff to fully understand their model, how they were formed and funded and their unique way of meeting the needs of students and family members. Look closely at any data that may have an online component. Present your findings in a one-page brief to the 100% Community team, school community leaders, and student support network. (Suggested time frame: 1 month)

👉 Rural Schools: <https://aae.how/61>

Innovation #7: Ensuring that local higher education is engaged in solutions, research and evaluation

The “convene behavioral health provider training programs to talk about addressing provider scarcity” project

This project brings together university departments of behavioral health, and other accredited educational institutions, to consider offering future mental health care providers subsidized or free schooling if they agree to serve in high need communities for five years. Currently the title IV-E grant is used to support developing the workforce in child welfare. Could this model be used to populate the general behavioral health care practitioner base? How? This is a long-term project for those willing to commit. There are many questions to answer in order to create a system that decreases scarcity of behavioral health care providers. We do have models for subsidized medical education, including psychiatry to increase care in places with shortages. We believe the need for this model is great. It could be a practical way to develop a robust system of accessible behavioral health care in both rural and urban settings.

Deliverables: Explore your state’s higher education systems to identify who might be offering incentives to students going into counseling. Which institutions might have the capacity in the future? You are likely to find incentive programs for psychiatrists or those committing to a career in child welfare. Dig deep in your state and perhaps other states, to learn how incentive programs for behavioral health care providers are currently funded—or could be funded and developed. Present your findings in a one-page brief to the 100% Community team. (Suggested time frame: 3–6 months)

🔗 Title IV-E Stipend Paying for MSW: <https://aae.how/181>

The “Learn how Oregon does incentives” project

Learn how Oregon is using medical students and degrees to reach their underserved areas in need of quality medical care. Provider incentive programs aid in supporting underserved communities in their recruitment and retention of high-quality providers. The Office of Rural Health (ORH) partners with the Oregon Health Authority (OHA) and the Health Resources Service Administration (HRSA) to offer a variety of programs, each with their own requirements and benefits. ORH works with health care providers to find incentive programs that will help them take their skills where they’re most needed. ORH also works with Oregon practice sites to identify incentive programs that can assist with their recruitment and retention efforts.

Deliverables: Examine Oregon’s model and discuss with colleagues within behavioral health care. Create a one-page summary and present to the 100% Community team. (Suggested time frame: 1 month)

🔗 Oregon Health Authority (OHA): <https://aae.how/124>

🔗 Health Resources Service Administration (HRSA) Loan repayment program: <https://aae.how/125>

The “Emotional Care for U” project

Learn how a small university in rural New Mexico rises to meet the needs of its student body for medical care, then imagine if this model was funded and crafted to provide behavioral health care. The goal is campus-based behavioral health care and navigation to local care. Eastern New Mexico University partnered with a local health care provider for preventive and acute care as well as immunizations. ENMU Health Services offers preventive and acute health services, similar to your family health care clinic, at little or no cost to students with a current ENMU student ID. In addition to flu shots, blood tests, prescriptions and other medical services, the program makes health awareness presentations to student groups and provides family planning services, Pap smears, STI (sexually transmitted infections) screening and treatment, and contraception products.

Deliverables: Explore the program’s website and engage with staff to learn about the program. Gather evaluation if available and analyze. Create a one-page brief on the program and recommendations for further research. (Suggested time frame: 1 month)

🔗 La Casa ENMU Student Health Services: <https://aae.how/126>

The “ECHO and telemedicine for mental health care provider mentoring” project

Project ECHO uses ongoing telementoring to equip primary care practitioners in rural areas with the knowledge they need to provide high-quality specialty care. Created by Sanjeev Arora, MD, a social entrepreneur and liver disease specialist at the University of New Mexico Health Sciences Center in Albuquerque, Project ECHO is a nationally and globally recognized model for bringing best practice health care to patients who can't get it because of where they live. Project ECHO uses a hub-and-spoke telementoring model to move knowledge instead of people. By participating in weekly virtual clinics with teams of specialist mentors, primary care practitioners in rural and underserved areas acquire the expertise they need to treat patients with complex health problems including: hepatitis C, HIV, chronic pain, opioid addiction, mental illness, diabetes and cancer.

Deliverables: Explore the program's website and engage with staff to learn about the program. Gather evaluation if available and analyze. Create a one-page brief on the program and recommendations for further research. (Suggested time frame: 1-3 month)

👉 Project ECHO: <https://aae.how/127>

👉 Robert Wood Johnson Foundation on Project ECHO: <https://aae.how/128>

The “Evaluate the effectiveness of mental health first aid in the US—especially in areas with few care providers” project

Addressing mental health in rural America requires creativity and ingenuity. The Mental Health First Aid model is a training that equips the community to recognize a person in need and funnel them to available services. The good news is that it can increase awareness of mental health challenges. Since it should only be used when there is a system of affordable and accessible behavioral health care in the community in which the training takes place, this severely limits its use in the US.

Deliverables: Explore the program's website and engage with staff or users of the training to learn about the program's effectiveness. Look closely at where this training took place and if an assessment of existing behavioral health care occurred before training people to refer residents to care. Gather evaluations if available and analyze. Create a one-page brief on the program and recommendations for further research. (Suggested time frame: 1-3 months)

👉 Mental Health First Aid: <https://aae.how/182>

The “integrate ACEs data and 100% Community Survey into primary care” project

Before you see a doctor or other health care provider, you first fill out forms detailing any surgeries you’ve had, which medications you’re allergic to, whether you use drugs, how often you drink, whether you feel safe at home and other factoids that medical professionals find useful. This all makes sense, but there’s something missing: data on ACE scores and information from the 100% Community Survey. This information would be useful to doctors were they to collect it. Your mission is to persuade a doctor, or group of doctors, to add those surveys to their intake process. This would likely take place under the auspices of a university researching how knowing such things might change how medical care is administered.

Deliverables: Connect with colleagues at a health clinic to discuss the possibility of using the ACEs Survey and 100% Community Survey as part of screening patients. Compile your insights, and hopefully some evaluation data, then share with the 100% Community team. (Suggested time frame: 1–3 years.)

👉 The National Institutes of Health: <https://aae.how/129>

👉 Health providers assessing and treating food and housing problems: <https://aae.how/130>

The “evaluate the ‘mental health & psychosocial support (MHPSS) model” project

The online mhps.net platform provides a hosted online platform to connect stakeholders in the field and actively support the sharing of knowledge and resources. The mhps.net platform is a scalable interface for knowledge-exchange. It uses both social networking technology, and deployment of online technical hosts to enable practitioners, policy-makers and other stakeholders to access and apply evidence-based and most-promising approaches.

Deliverables: Explore the program’s website and engage with staff, or users of the model to learn about the resources offered. Gather information about the users of the site if available and analyze. Create a one-page brief on the program and recommendations for further research. (Suggested time frame: 1–3 months)

👉 Mental health and psychosocial support: <https://aae.how/183>

The “What are the-cutting edge, groundbreaking approaches to substance misuse?” project

Here we share innovations, including how Portugal’s people are doing after they decriminalized drug use in 2000, moving all drug-related challenges from the legal arena to the public health arena. Convene leaders in higher education and public health to make recommendations on how to share new approaches to treating substance use disorders.

Deliverables: Write a one-page summary of the convening with recommendations for next steps and share widely. (Suggested time frame: 1–3 months)

👉 Portugal: Country Drug Report: <https://aae.how/184>

👉 Guardian’s “Long Read” on Portugal’s drug policy: <https://aae.how/185>

👉 NPR: In Portugal, Drug Use Treated as a Medical Issue, Not a Crime: <https://aae.how/186>

Innovation #8: Supporting city and county governments in behavioral health care innovation

The “learn how other localities in the nation are addressing behavioral health care” project

Behavioral health care is about more than just ensuring that we have enough trained counselors to meet the needs of families enduring behavioral health care challenges. We need to make training and professional development easy to access for all providers—new or seasoned. We also need to support public awareness campaigns to encourage residents from all socio-economic levels, with various beliefs about care, to engage with the care being offered. We need to track advances in technology-based solutions and insist on evaluating new approaches that are coming from the public and private sectors. The answers to these questions may spawn new items on your to-do list.

Deliverables: This can be one long research project, seeking best practice and promising practices in behavioral health care—especially programs that decrease behavioral health disparities. After a month of research, write a one-page brief on what you discover, and ask for feedback from your 100% Community team. (Suggested time frame: 3–6 months)

Innovation #9: Identifying how the federal and state levels can strengthen local services

The “invest wisely in care for all” project

This is where an action team identifies every potential foundation who might support behavioral health care agencies and providers who ensure access for all.

Deliverables: Dive into exploring the world of philanthropy online to identify which agencies might support reducing behavioral health care disparities. Create a summary of who is out there investing in behavioral health care for all. Write a one-page summary and share with the 100% Community team. (Suggest time frame 3 months)

The “we need a state coalition to make great things happen” project

If all the players work together in a county, through collaboration and the strategic use of data and technology, we find a way to ensure that no child, youth, parent, or grandparent lacks access to care. We are not trying to simplify our nation's and the state's most complex challenges in a sentence. We are advocating for the start of long local dialogue about how we end behavioral health disparities. This is a conversation that's been going on for decades involving the public and private sector. This particular project is about joining or creating a countywide and statewide network of health advocates and providers who believe that behavioral health care is a survival service and what cost-effective, far-sighted and civilized governments ensure. A coalition will allow you to have a strong voice in your community as well as your city, county and state government. You may find that local lawmakers, while sympathetic of issues, do not see addressing behavioral health disparities as the role of county or city government. For this reason, coalitions matter and they can be a force for awareness.

Your county and state network can educate local lawmakers about a new role for government: ensuring no child, student or parent is marginalized because they can't afford care. This coalition can work to elect officials who will prioritize access to care for all, using technology to connect everyone in the network with a shared vision, common goals, shared activities, data-use, communication and messaging, and evaluation processes. Your action teams starts with identifying who is in the lead with behavioral health care reform.

Deliverables: Find some passionate change agents and conduct informational interviews with sector stakeholders to assess interest in a county or state coalition. Assess the data-driven and result-focused quality of current coalitions. Create a one-pager to present to your 100% Community team and countywide network of behavioral health care agencies on your initial findings. (Suggested time frame: 3–6 months)

Innovation #10: Institutionalizing the work by developing the City Department of Behavioral Health and funding for innovations

The “County/City Partnership that funds the Department of Behavioral Health Care” project

Elevator pitch: When Eric’s mom scans the website for city hall for counseling for her son, she should be able to see right next to the Departments of Police, Fire and Parks—Department of Behavioral Health Care. Why not? It’s a vital resource we can’t live without. Clearly, a large segment of the county’s needs these resources. We can live without parks, but lack of access to mental health care is not an option. Beyond maintaining a website, every year this department would assess the need for behavioral health care support programs, evaluate the effectiveness of current programs, support ongoing research on best practices in policy and programs and promote creative ways to fund all initiatives.

Potential investors: mayors, city councilors, county commissioners and advocates for children’s health, and behavioral health care providers and researchers.

The “convene your fellow behavioral health advocates and enhance your skills in public speaking, committee briefing and how to get to a lawmaker” project

This project is a crash course that you develop with local experts about how to contact local and state leaders, give an elevator pitch on your projects, and the protocol for committee hearings that can lead to funding.

Deliverables: Find an accomplished colleague with good public speaking skills along with a professional with experience lobbying/networking with elected leaders. Together, discuss how a workshop for the entire 100% Community team could be created to enhance skills. Assess interest with teams, make a workshop plan, deliver, and evaluate. (Suggested time frame: 3 months)

The “know your stuff before you meet the mayor” project

Innovation #10, in some ways, is putting it all together. By this we mean that, by the time your action team becomes familiar with all nine innovation areas and their projects, you will be prepared to meet with elected officials and stakeholders to discuss ways to strengthen your city’s supports in the area of behavioral healthcare.

Deliverables: Identify at least one colleague to join you in reviewing every innovation project in this chapter. This means diving into the research, starting with our links, to help inform and support your project. Conduct an assessment of all 100% Community team members to identify which projects are of interest or are already in development. From here, present your global overview of project development with the entire 100% Community team for feedback. (Suggested time frame: 3 months)

The “create a bold vision and strategic plan” project

It’s time to create a detailed plan for this new (or improved) local Department of Behavioral Health Care. As with previous projects, you will have learned its potential strengths and weaknesses, possible funding sources and who the players are. You’ll be in a great position to document what’s working well, and can be kept as it is or expanded, and what needs to change.

Deliverables: After an assessment of county behavioral health care (see Innovation #1) and a survey of all 100% Community team members to identify which projects are of interest and in development, develop a draft outline of a strategic plan for a Department of Behavioral Health. From here, present the draft plan to the entire 100% Community team for feedback. (Suggested time frame: 3–6 months)

The “create a ‘no family goes without care’ tax” project

There are many ways for state, county and city governments to raise money to address a social need. For example, California created a fund to end climate change with a surcharge on eating out. Some cities have a 10% tax on gross receipts for marijuana sales. Other localities tax certain food products. This project is designed to focus on how to think creatively to identify mechanisms for funding behavioral health care. In some localities, ending lack of behavioral health care may be just as important as addressing climate change.

Deliverables: This requires lots of research and digging deep into policy, public awareness and evaluation. Things can get complicated when it comes to designing taxes that address social needs. Explore all you can, chat with an elected official or two (or their support staff) about generating funds and write up all you learned for the 100% Community team. (Suggested time frame: 3–6 months)

- 👉 1% surcharge to help fight climate change (model to adapt to support behavioral health): <https://aae.how/187>
- 👉 Explore marijuana revenue use model: <https://aae.how/188>
- 👉 Explore surcharge model: <https://aae.how/189>
- 👉 Explore surcharge on unhealthy foods: <https://aae.how/114>

The “Use Cause Marketing to allow customers to donate part of their sales to funding behavioral healthcare” project

Cause marketing has been around since at least the early eighties, when a credit card company offered to donate a portion of their revenues to the renovation of the Statue of Liberty. Many companies link up with charities. From raising money to address AIDS to the Breast Cancer Research Foundation, many health-related organizations have been very successful at using cause marketing to raise funds. New York State has some important things to say about cause marketing. So might your state. We are not suggesting that this type of fundraising is a sustainable answer to lack of resources, but it’s an interesting model to understand.

Deliverables: This requires lots of research into how to generate revenue in new ways. Tech will be part of this, too. Explore and write up what you learned for the 100% Community team. (Suggested time frame: 3–6 months)

- 👉 New York Office of the Attorney General on Cause Marketing: <https://aae.how/190>

The “Crisis-proof County Readiness Checklist” project

It's here you work with city and county emergency preparedness to assess readiness for a public health crisis that impacts behavioral health care. See Appendices.

Deliverables: Explore all you can, connecting with key officials and sector leaders, and write up a summary for the 100% Community team. (Suggested time frame: 3 months)

You're all about emotional health.

We're connecting the dots between behavioral health care and all aspects of family, school and work life.

Know that your work in health care impacts all the vital services that, in turn, impact childhood, student and workforce success.

Our entire 100% Community model is based on cross-sector work, asking all county stakeholders to connect the dots between what we call our five “survival” sectors and five “thriving” sectors. As you concentrate on behavioral health care services and programs that reduce care disparities, consider your works’ impact on the following interrelated sectors that comprise the focus of our entire 100% Community process.

SERVICES FOR SURVIVING

- **Food:** Parents with mental health challenges may struggle with work and ensuring access to food for their children. Teens who are essentially parenting themselves, with trauma due to ACEs, may struggle to identify where to find food for themselves and family members.
- **Housing:** Homeless and those escaping from domestic violence to shelter and rapid-rehousing will require trauma-informed behavioral health care.
- **Medical/Dental Care:** Our physical health depends on our mental health—it’s all connected.
- **Behavioral Health Care: This is you!**
- **Transportation:** We need to ensure that public transport exists to get family members to accessible behavioral health care programs.

SERVICES FOR THRIVING

- **Parent Supports:** For new parents in vulnerable spots, knowing how to access behavioral health care for all family members is a vital skill.
- **Early Childhood Learning Programs:** Children and their parents may need behavioral health care during their time in a learning center.
- **Community Schools:** Schools (including colleges and university campuses) have large segments of the student population enduring the impact of ACEs and trauma. For this reason, school-based behavioral health care is vital.
- **Youth Mentors:** Mentoring programs need to train mentors how to relate to their mentees, many of whom may have high ACEs scores. The basics of behavioral health will be of great value in mentor training with ongoing follow up case work.
- **Job Training:** Employees can be supported in the workplace by having options for various forms of behavioral health care.

Monumental achievements start with one step

Promoting innovations in behavioral health care with the long-term goal of reaching all who need support, is nothing less than profound.

Our goal is to set you up for success so steps can be carefully taken, moving from short, to intermediate, to long-term goals. It all starts with one innovation developed, launched and evaluated for success.

With 100% Community, you have joined one of the few initiatives working in a data-driven and cross-sector process to end mental health care disparities that have existed in this nation as long as it has been a nation. We don't underestimate the challenges ahead, nor do we overstate ourselves when we say to you that you can accomplish measurable and meaningful work with collaboration, creativity and a framework for success.

If you are ready to get started with your countdown to 100% with behavioral health, you might be tempted to skip the other nine chapters focused on key services to create healthy families and communities. We do, however, strongly recommend that you review the nine other chapters to gain a deeper understanding of our entire cross-sector process. You might be surprised how often your focus area of behavioral health care plays a role in many areas of family and community life.

Bottom line: Until mental health care disparities are history, we need a countywide monitored system of services to strengthen behavioral health care for all our residents

Keywords: apps for finding mental health care, online mental health care, the future of mental health care

There's an app for that: If you search for mental health care apps, you will find pages of self-help solutions and apps designed to make you feel better about yourself. The rarer, and arguably, more solution-oriented apps help connect you with a licensed therapist. These range from apps to help physically locate a therapist who would be a good match for your situation to apps that connect you virtually to someone with the qualifications to help. Start with TherapistFinder, The Crisis Text Line and CounselChat. Compare their goals, solutions and claims with each other and to other apps that come up in your search. Keeping track of these solutions may come in handy as you come across situations where traditional methods are not available.



Q+A: Perspectives from the real world

Deborah Harris worked as clinician and adjunct faculty at the University of New Mexico Department of Psychiatry, where she provided direct service and program development on the adolescent inpatient unit and supervision and teaching for psychiatry residents. Deborah now provides training and reflective supervision and consultation for agencies and individual practitioners on a state and national level, with a specific focus on rural, frontier and indigenous communities.

In times of a public health crisis what do you see as the immediate and long term needs in your area of work?

Like most areas of human service work right now, the impact is both immediate and will have unforetold ripple effects long into the future. Specific to my area of Infant and Early Childhood Mental Health the immediate need for practitioners is to find ways to keep connected to families who need services including home visiting, developmental guidance, evaluations and treatment, risk assessments and response to abuse and neglect incidences. The practitioners and agencies that I consult with have been remarkably quick in responding and finding creative ways to stay in touch with families through Telehealth, phone and even dropping off supplies and developmental toys for families. Personally, my consultation and training time on Zoom has gone up exponentially in response to programs and agencies requesting training and support for their providers from home visitors to experienced trauma clinicians.

At greatest risk and need are those in more isolated and rural parts of our state (and other states I work with). Bandwidth access may be poor or limited, families may not have tablets or personal devices with which to stay in contact. As has been well documented, isolation and stress increases the risk for abuse and domestic violence. We will need to remain available and find ways to continue to both monitor and respond to those at most risk during this pandemic as well as for the long term needs that come with unemployment, lack of housing, and disruption of many social services due to overwhelm and financial strains. On the bright side, I have been so impressed with the collective response to those we serve and it gives me great faith that this is an opportunity to think outside of the box we have operated in for so long.

Each community faces numerous mental health challenges. Can you share what you have observed through your work?

I have seen some positive changes with regard to the awareness and acknowledgment of the importance of early childhood development (including prenatal, infancy and early childhood periods). There is a greater understanding of trauma's impact on brain development, physical and mental health, and personality development. Clinicians, judges, attorneys, legislators and policy makers have the hard data and proven evidence that early experiences matter from brain research and the longitudinal ACEs study.

In my 30-plus years of work in the field of infant mental health in New Mexico, I have observed a growing acceptance of these facts and an openness to using the data when decisions are made regarding children's needs. That said, all this progress is still not nearly enough to meet the needs of preventing childhood deaths, minimizing or eliminating the childhood trauma experienced in every corner of our state, and addressing and treating its impact. The bottom line is that childhood wellbeing in New Mexico is still not yet a high priority issue. And until it is, children will continue to be treated as second class citizens, and their critical needs will be minimized.

What other concerns come to mind in times like these?

I believe that we will need to find ongoing solutions to funding, reimbursement and accessibility as well as new and innovative ways to support the work force with state of the art training and more rapid response to both the needs of the providers (for training, supervision and consultation) and the needs of the very young and most vulnerable in our communities.

Some people have a difficult time connecting the dots between childhood trauma and the impact later in youth and adulthood. Can you talk about the long term impact of ACEs and trauma?

We can look at the long term impact of Adverse Childhood Experiences and traumatic situations from many angles. It is indisputable that babies and young children remember what happens to them and they demonstrate this experience through their psychological development, the emotional quality of their relationships and how they progress cognitively, socially, emotionally and even physically.

It's clear that a child's developing brain and neurobiology is negatively impacted by trauma at critical periods, and yet, early childhood mental health interventions do not usually include a systematic assessment of child exposure to traumatic events. Dr. Jack Shonkoff and the Developing Child Center at Harvard has published numerous papers on the physiological assault of toxic stress and trauma. To quote from some of his work:

[Childhood trauma] produces serious disruptions of the developing brain and other biological systems that can lead to a wide range of problems in health and development. Persistently elevated stress hormones can disrupt brain circuits that affect memory and the ability to focus attention and regulate behavior. Excessive inflammation and metabolic responses to stress in childhood increase the risk of heart disease, diabetes, depression, and other chronic illnesses in the adult years. Unlike “positive” or “tolerable” stress, which can build resilience, the extended absence of the nurturing protection provided by a parent or other responsive caregiver produces a toxic stress response that increases the risk of serious impairments that can last a lifetime.

Research has also shown that this kind of hindrance to development is also true when young children experience life-threatening events and chronic, on-going adverse and traumatic conditions. Generational trauma has now been added to the ACEs pyramid and we know that historical trauma—unresolved, unacknowledged and unrepaired—is passed down to subsequent generations and reveals itself in the chronic repetition of emotional and physical distress. Unfortunately, in New Mexico we have more than our share of historical trauma that has been passed down and we see this re-enacted over and over again. I believe this is a great contributor, along with poverty and lack of resources, to our ranking at the bottom for childhood well-being.

We have yet to invent a countywide system of accessible behavioral health care for all. Instead we have individual providers with pay-for service or limited access with programs like Medicaid. How does a city and county begin to collaborate to address mental health care disparities?

I have been working in the field of infant and early childhood mental health for over 35 years, primarily in rural communities where services are scarce, access is difficult and systems are confusing to navigate. Inadequate funding is a perennial problem, but I feel that lack of collaboration is perhaps an even bigger barrier to successfully overcoming the disparities in access to mental health care. There are good early childhood mental health and family therapy providers in New Mexico (although certainly not enough), and there is a workforce that is well trained in infant and early childhood mental health and a smaller number that is trained in assessing and treating early childhood trauma and the impact of ACEs. However, this professional force is spread across agencies and is not adequately networked. The knowledge, skills and best intentions of a scattered field of providers cannot address the problem at hand. To successfully reach and meet the needs of traumatized young children and their families there must be a well-structured system of oversight that “connects the dots” of service provision. This can only happen if there is true communication, based on trust and a shared understanding of the problem and a shared commitment to addressing it. Such an effort must address entrenched, siloed programs, ego-driven agendas, turf wars and monetary territorialism. Children’s needs are left by the wayside by a lack of communication and collaboration among the very departments that were created to serve children and families.

I would be remiss not to also emphasize that at the state and local level, those working on the front lines in the child protection system have unmanageable caseloads. They need training and support to meet the challenges of working with profoundly distressing situations every day, all day. This results in a high turnover rate in this workforce. And this, along with a lack of training and education regarding trauma and its early and life-long impacts, most often results in inconsistencies in approach and decision-making when dealing with vulnerable and traumatized young children.

We asked a few questions of Robin Swift, a long-time public health advocate in New Mexico. She works with Project ECHO on projects related to behavioral health care provider mentoring at the University of New Mexico.

What are the biggest behavioral health care challenges facing the community?

It's a long list that includes: lack of access to care, expensive care, not enough providers and few trauma-informed care providers.

How do community change agents begin to address this long standing challenge?

Think about recruitment of the kinds of professionals you need. Establish a scholarship fund to train promising college graduates in the field. Recognize service providers who go “above and beyond” to help people.

Many behavioral health care providers in the private and public sectors do not see themselves as part of a “system” of care—they are siloed. How does a county create a network of providers to create a virtual community?

Figure out incentives for cooperation. Consider having the hospital “buy” practices and insure them under a central liability policy.

How is technology impacting the capacity of behavioral health care providers to serve families?

Telemedicine can bring a skilled behavioral health provider virtually to patients. Many patients are anxious about using such a service for behavioral health and need to be educated about how the process works and its benefits. Apps and self-help strategies work best if there's someone to tell about your successes or roadblocks. Also, Project ECHO at the University of New Mexico can train primary medical care providers to integrate behavioral health care into their practices, and it provides them a community of peer support as well.

Speaking of real world perspectives, we are constantly updating our electronic and paper edition of 100% Community. If you would like to share a perspective, please contact us.

Innovations and Project Checklist

Progress-at-a-glance for Action Teams

Innovation #1: Designing a county data system to track supply and demand within behavioral health care

- The “all-important behavioral care analysis” project
- The “behavioral care accessibility analysis” project
- The “what’s ailing you” project
- The “does our behavioral system exist and if so, where should it be” project
- The “can you get cared for from here?” project

Innovation #2: Ensuring currently accessible behavioral health care programs are fully supported

- The “who’s working on accessible behavioral health?” project

Innovation #3: Engaging the private sector in supporting behavioral health care innovations

- The “cool technology of care in the future” project

Innovation #4: Harnessing technology to create an online directory and resources

- The “plain language on existing websites” project

Innovation #5 : Generating public awareness and engagement

- The “create the Behavioral Health Care@100% user-friendly website” project
- The “be patient and focused” project
- The “can we address the stigma of mental health care so it’s as normal as fixing a broken arm?” project
- The “can we view substance use disorders as chronic diseases like heart disease?” project
- The “email Behavioral Health Care@100% often” project

Innovation #6: Make sure your education system is on board

- The “let’s explore the Santa Fe ‘Sky Center’ model” project
- The “Can the ‘Madison Public Schools model for care’ work for us” project
- The “analyze the ‘rural Kentucky online care’ model” project

Innovation #7: Ensuring that local higher education is engaged in solutions, research and evaluation

- The “convene behavioral health provider training programs to talk about addressing provider scarcity” project
- The “Learn how Oregon does incentives” project
- The “Emotional Care for U” project
- The “ECHO and telemedicine for health care provider mentoring” project
- The “Evaluate the effectiveness of mental health first aid in the US—especially in areas with few care providers” project
- The “integrate ACEs data and the 100% Community Survey into primary care” project
- The “evaluate the ‘mental health & psychosocial support (MHPSS) model’” project
- The “What are the cutting edge, groundbreaking approaches to substance misuse?” project

Innovation #8: Supporting city and county governments in behavioral health care innovation

- The “learn how other localities in the nation are addressing behavioral health care” project

Innovation #9: Identifying how the federal and state levels can strengthen local services

- The “invest wisely in care for all” project
- The “we need a state coalition to make great things happen” project

Innovation #10: Institutionalizing the work by developing the City Department of Behavioral Health and funding for innovations

- The “County/City partnership that funds the Department of Behavioral Health Care” project
- The “convene your fellow behavioral health advocates and enhance your skills in public speaking, committee briefing and how to get to a lawmaker” project
- The “know your stuff before you meet the mayor” project
- The “create a bold vision and strategic plan” project
- The “create a ‘no family goes without care’ tax” project
- The “Cause Marketing to allow customers to donate part of their sales to funding behavioral health care” project.
- The “Crisis-proof County Readiness Checklist” project

Next Steps

Gather your action team* to:

- Prioritize projects
- Assign tasks
- Schedule timelines

100% COMMUNITY *Ideally, you are part of an action team, which is part of a countywide 100% Community initiative (which could be part of a statewide campaign). If you are reading this as a solo prospective change agent, please contact us to connect with like-minded local folks and get the synergy and support needed to take on projects.

Transportation@100%

Transportation@100% means all our families and county residents get where they need to go. Family-friendly cities are places where public transport is efficient, accessible, affordable and safe for kids and parents.

When we begin to “Google it” for solutions:

- how cities can solve public transportation problems: 2,380,000,000
- what are innovations in public transportation: 824,000,000
- how can cities create ways to live car-free: 295,000,000
- what is parent-friendly public transportation: 294,000,000
- how does technology impact transportation: 1,980,000,000

Amid the clutter, solutions await

Eric’s Story

Lots of folks like fourteen-year-old Eric’s family are car-free either by choice or as a result of economic difficulties. When you don’t have an extra dollar to your name, riding a public bus for free can be a good deal. Eric loves to tell you about his big adventure going downtown. He figured out that he could get from his neighborhood to the heart of the city—the historic Plaza—for free on the transit line as a student. There were lots of places he wanted to visit around the city on a Saturday but the bus near him didn’t seem to go there, at least from what he could figure out from the schedule and map. Eric and his pal would have loved to fill an afternoon in one of the most famous tourist sites in the state. However when asked how he spent money-free time in the only destination he figured he could get to, Eric revealed that he and his friend found an office building that was open and they rode up and down the elevator to the second floor. For hours. Then they took the bus home. Such is the life of car-free teens living on the other side of town.

Jen and Marie's Story

Jen and Marie have not had to depend on public transport as Jen has a good car and the resources to pay for insurance, gas and repairs. The same can't be said for her neighbor Sandra and her three kids. For now, Jen and some other neighbors have formed a sort of a collective to pitch in on the "let's get Sandra and her kids where they need to go" project. Jen and Marie are seeing first-hand how difficult it is to be car-free in their town. Clearly, one of the reasons people like Sandra and her kids don't access vital services is that no public transport exists. Jen has called city hall and county government to research options for public transport. In their rural community, it's clear to Jen that transport challenges have to be addressed somehow. Jen wonders why the county doesn't subsidize an existing ride-sharing system or create an app-based car-pool system for the neediest residents.

WITH THE AFOREMENTIONED wealth of information on creating public transit systems that residents will happily ride, why doesn't each city have one? We will answer that soon.

When we talk about making an easy path to health care, healthy food in real grocery stores, better jobs, and quality child care, that path is often traversed by public transit. So it's pretty darn important. We know from our 100% Community surveys of parents that one of the main reasons families can't access vital services is lack of transport.

In this chapter, we take on a very complicated system with numerous challenges. Get ready to be overwhelmed and also inspired. We will guide you through all the steps to put these ideas for increasing access to services into action.

Getting to vital services and support systems should be easy, and more than ever, it can be. A decade ago, one could only consider living car-free in about ten US cities. Now, with services like Uber and Lyft, carshares, e-scooters and easier deliveries of online purchases, we're starting to see more options. We need to stretch our imaginations as far as possible in order to solve public transportation disparities, especially in rural America and in those parts of urban cities that get forgotten.

Speaking of ideas bubbling up, you will want to visit our 100% Community site that houses our 100% Innovation Center, where new ideas for projects to increase and improve vital services are added constantly (<https://aae.how/288>).

Can we get there?

Even with these advances, our fifty unique states make up a pretty car-centric nation. For children, teens, rural folks, or those on limited incomes, that means extreme difficulty going to the grocery store, to work, or to recreational opportunities. While many urban transit systems run like tops, others are very inefficient. In rural communities, public transport services range from minimal to non-existent. We need to be focusing on solutions for urban and rural families, using technology and collaboration to ensure all community members get to vital services and programs.

A focus on rural transportation is essential. Previous urban planning policy blocked people who couldn't afford a car, or were too old to drive, from full membership in society. Those people didn't actually disappear, meaning some problems can still be solved with good public transit. Meanwhile, other people prefer to read up on work projects to make transit time productive rather than stare at traffic lights, so we have all the more reason to act.

First things first

What are the root causes of the lack of access to transport in the US?

It's pretty simple: money and the design of cities and towns. For much of the entirety of human history, people have considered a half hour to be an acceptable maximum commute time. This is why a lot of old European cities are packed tightly together. Not because they were somehow more enlightened than the people who built Phoenix, but because they didn't want to walk more than about a half hour in the course of doing whatever they needed to do. Cities started to sprawl not with the invention of the car, but with the invention of the bicycle. Suddenly, a half hour's effort could get you a lot farther, and so people lived further from the city center.

Eventually, though, the car came along and supercharged that sprawl dynamic. Suddenly, entire cities and neighborhoods were developing with the idea that no errand, from seeing a movie to buying a stick of gum, would be accomplished without getting into a car.

This created two big problems. The first is that car-centric cities work best when a minimal number of people actually drive, which is why I-405 in Los Angeles looks the way it does at 5 p.m. every weekday. Second, even though cars were cheap enough to cause huge challenges with congestion, they were still pretty expensive. Before, the price of doing your business around town was two legs or maybe a bicycle. These days, it's a machine that costs many thousands of dollars to buy and maintain.

“Can’t people just get their own darn car?”

You might be asking, “I get around just fine, what can’t others?” Lots of reasons.

- **Public health crisis:** In times of chaos, public transport options may be disrupted. People may also lose their jobs and be unable to pay for gas or car repairs.
- **Financial catastrophe:** People lose their jobs for a variety of reasons all the time, often due to circumstances outside of their control. A sudden illness, either physical or mental, can also catastrophically knock out an income stream, forcing hard choices at the end of the month.
- **Relationship catastrophe:** Breakups and divorce throw entire families into an unstable situation, especially if one partner was dependent on the other’s income for transportation.
- **Low wages:** Employers don’t have to pay wages that would allow a full time worker to afford car ownership, gas and expenses throughout the month. And maybe they do make enough to pay for a car in a normal month, but unexpected bills or taxes often mean there’s no money at the end of some months for gas or repairs.
- **Job availability:** There are not enough well-paying jobs for everyone who wants one, hence no money for a car and all the expenses that come with it.
- **Chronic mental health issues:** Folks with mental health challenges can’t always hold down full time jobs in order to pay for a car.
- **Teens in insecure situations:** Teens having to leave unsafe home environments often find themselves without the resources to be self-sufficient. In such cases, car ownership is impossible.

Fast forward to your reality today: With data from the **100% Community Survey** (see Appendices) and other sources, you have a good idea about where the need for transport may exist in your county, and that’s why it’s difficult to access for both parents and youth. While global, national and state data on transport are very interesting and instructive, the real data that informs your work are generated by your 100% Community initiative work diving deep into local neighborhoods. That said, you may be surprised by your survey results and learn that a challenge is far bigger or smaller or more localized than you originally thought.

Where on earth are our challenges already fixed?

Transportation@100% is looking at tested transport security solutions, focused on innovations, projects, policies and programs implemented in large and small cities around the world.

If you have come this far, you know that ensuring transport for all families and residents starts with knowing the magnitude of the problem, where precisely the lack of transport is being experienced in your county and why youth and adults can't access services to address these problems.

We present this challenge to you, your local businesspeople and government leaders: ***make transportation accessible to every child, student and family member, so all can thrive.***

As you will see below, we have offered only a sliver of what's out there in terms of innovations that have been shown to work. Some of the models have been with us for many decades. Some ideas are working successfully a few states over, while others are implemented on the other side of the planet. Some are quite new, thanks to changes in technology, and merit experimentation and their own evaluation. We do not lack for solutions, just political will.

The innovations you're about to explore can be developed with three important frameworks.

As we say in all ten sector chapters, we want to reference the data-driven framework called **Continuous Quality Improvement** and its four phases: assessment, planning, action and evaluation (revisit Chapter 29). This four-step process will guide your development of innovations in the arena of transportation. And, as a gentle reminder, you will want to use **Collective Impact** (revisit Chapter 31) to organize your project and **Adaptive Leadership** (revisit Chapter 30) to determine if the particular challenge you seek to solve is technical, with established protocols for moving forward, or adaptive, where you are entering new uncharted territory without a clear path.

Designing a countywide family-friendly transport system

The past: How did we get to this point of needing a family-friendly transit system? Why even have a public transit system at all? Who exactly needs it anyway? What problems is it supposed to solve? Why don't people just drive their own cars?

The present (action agenda): Within this subject, we've identified ten strategies—called innovation areas—that can be used to tackle the transit problem. Within those, we suggest about twenty 100% Community projects that you (yes, you) can take on, thus propelling your community towards family-friendly transport systems.

The future (goals): With enough work on these innovations/projects, we'll get to the point where Innovation #10—the creation of a City/County Department of Family-Friendly Transport—becomes a reality. With a state-of-the-art transit system in place, 100% of our county's families report excellent service.

A menu of innovations and projects

You are about to review approximately twenty projects that can, if completed successfully, improve the quality and accessibility of current services. The ultimate long-term goal of these innovations and projects is to ensure that 100% of county residents have access to this vital service. Your task is to review all projects, individually and as part of an action team, to identify which one you wish to implement. In the time it takes to enjoy a grande latte, you can give our menu a quick read to see which project pops out at you.

10 innovations your action team can implement

The following innovations represent strategies that have the capacity to increase access to transport.

(Note: for more information on Action Teams, see the Appendices.)

Innovation #1 sets your action team up for success using a software system to track progress with all innovations within a county. Innovations #2 through #9 are options to explore and implement. Innovation #10 sets your team up to be very well-informed change agents. Be aware that some of these innovations and projects could be completed in a few months, but others might require at least a year commitment or far more.

Innovation #1: Designing a county data system to track supply and demand within transport programs

The “all-important ridership analysis” project

Every time somebody gets on a bus, their presence is recorded either by some computer reading a scanned pass, or the low-tech method of a driver punching a digital or manual counter button. Generally, transit agencies aggregate this information and break it down by route and by riders per service hour, which is just the total ridership divided by the number of hours the bus was in service. Transit agencies should be able to get this down to the month or maybe even the time of day, though there may be a lag in data availability. Ideally, this ridership information should all be published on the transit agency’s website. The same website should display the supply of transit in the form of bus schedules or information on point-to-point options for parents with baby carriers, the elderly and those with physical and emotional challenges.

🔗 Ridership stats example one: <https://aae.how/22>

🔗 Ridership stats example two: <https://aae.how/23>

Imagine a future where all residents have a transit pass (a plastic card or mobile app with barcode) that would be used for all forms of transit: bus, taxi, Uber-like services, trams, etc. Now imagine an artificial intelligence (AI) program with friendly staffers analyze all this data from all county residents to identify high and low use and where gaps in services exist, offering recommendations for fixing gaps and enriching lives. In this project, you will be gathering as much data as you can to paint a picture of local transport. This is the first step in identifying challenges.

Deliverables: Create a one-page overview/update on the status of public transport to present to the 100% Community team and stakeholders. (Suggested time frame: 3 months)

The “can you get there from here” project

Good transit planners will figure out where people are concentrated and then plan service accordingly, but a lot of transit systems are pretty haphazard affairs that never really do this kind of self-assessment. Luckily, using census data, your own eyes and Google Maps, you can do it for them. First, learn how to do custom drawings on Google Maps (an internet search will lead to some simple tutorials). Then take a look at the American Community Survey (search it), Google Earth satellite images and the results from your **100% Community Survey**. This should give you enough to get started.

Deliverables: After getting comfortable with Google Maps and data, present your findings to the 100% Community team. (Suggested time frame: 3 months)

👉 How to do custom Google Maps: <https://aae.how/24>

👉 American Community Survey: <https://aae.how/25>

The “does it go where it should” project

Your transit system should serve your community’s most critical areas: educational institutions, government services, job centers and medical facilities. Most systems think this is a no-brainer and act accordingly, but check yours to be sure. Some systems are run by total pros with practical field experience, and others have never taken a bus. Find or make a map of the transit in your town, then make a map of all schools, major government service outlets (Social Security, unemployment office, etc.) major medical facilities and job centers. Then see how well those two maps overlap. Also take a look at service frequency: if you have a 10 a.m. doctor’s appointment, is the next bus at 11 a.m. or 4:30 p.m.? Whether transit “serves” the most critical areas depends on more than what the map looks like. One other critical service area may well be the next town over. Can you get there from your town? Often the answer is no. That leads to situations where getting around a county is easy and getting to the next county is hard, even if it’s a major population center.

Deliverables: After analyzing your data, including all you can find on transit planning problems, present your findings to the 100% Community team. (Suggested time frame: 3 months)

👉 County/state transit planning problems: <https://aae.how/26>

Innovation #2: Ensuring current transport programs are fully supported

The “do we have enough money” project

By now, you should have a pretty good idea of how your system is doing and which areas might still need improvement. Sometimes, it may be a matter of using existing transit budgets differently. Often, however, you will discover that the funding simply isn’t there to create a user-friendly schedule or make it so people don’t have to wait five hours at the doctor’s office for the next bus. Do your evaluation, and be sure to touch on the two key types of bus service: paratransit (often called dial-a-ride) for elderly and disabled people who have a hard time getting to bus stops, and fixed routes, which feature those bus stops. Everything you need from a city or county system should be public and accessible online.

Deliverables: After analysis, including paratransit and fixed routes, create a one-page brief to be shared widely online with the 100% Community team and all county stakeholders engaged in using or providing transport. (Suggested time frame: 3 months)

👉 All about paratransit: <https://aae.how/27>

👉 All about fixed routes: <https://aae.how/28>

Innovation #3: Engaging the private sector in supporting public transport innovations

The “cool technology of our mobility future” project

In some rural areas without transit systems, local leaders are experimenting with subsidizing Uber and Lyft rides to fill the gap, though the idea is not without growing pains. In other cities, the tech giants are working with transit authorities to, for example, simplify the process of taking a rideshare car to a train station. If nothing else, it’s an interesting idea that may work in some places. And if none of the ridesharing apps are in your town, the same sort of program could also be assembled together with taxi vouchers. This project is all about getting people around cities efficiently.

Deliverables: Do your research and initial analysis, then present to the 100% Community team for feedback. (Suggested time frame: 1-3 months)

👉 Uber as transit idea: <https://aae.how/29>

👉 Rideshare to train: <https://aae.how/30>

👉 Getting people around cities efficiently: <https://aae.how/31>

The “we’ll (hand over a) pass on that” project

The idea of a private company giving an employee a free bus pass is nothing new, but it may be new to your town and your industries. We know of at least one city, Columbus, Ohio, experimenting with giving out bus passes to everyone who works downtown.

Deliverables: Do a search of US businesses, and even a few based outside our borders, to compare and contrast findings. Present to the 100% Community team. (Suggested time frame: 1-3 months)

👉 Columbus, OH transit pass: <https://aae.how/32>

Innovation #4: Harnessing technology to create an online directory and resources

The “plain language for existing websites” project

In some transit systems, thoughtful professionals spend a great deal of time and effort trying to design perfect transit timetables with intuitive time listings, easy-to-read maps and other features, making it much easier to figure out how to catch a bus and get where you need to go. Others literally describe routes in paragraph form without any maps, or use confusing terms like “outbound” and “inbound” that are very much relative depending on where you are and where you’re going. Your mission is to figure out whether your transit system is taking this opportunity to simply and efficiently explain what they do on their own website, on printed schedules or (bonus points) on an app.

Deliverables: Research transit schedules online serving your county. Then identify user-friendly schedules used in other counties (and around the nation and globe). Present your findings on how user-friendly your county’s websites are to the 100% Community team. After feedback, network with local transit folks to explore creating user-friendly schedules on websites and on paper. (Suggested time frame: 3–6 months)

🔗 Example of easy bus schedule: <https://aae.how/33>

🔗 Example of hard bus schedule: <https://aae.how/34>

Innovation #5 : Generating public awareness and engagement

The “create the Transportation@100% user-friendly website” project

This is where you design and launch your own family-friendly website for the public to post vital transportation information. As mentioned earlier, websites don’t just pop up easily, but there are free services online to help with design.

Deliverables: Research transit schedules and public transportation websites across your county and state. You might even find great ideas across the nation and globe. Present your findings on the user-friendliness of existing local transit websites to the 100% Community team. After feedback, network with local transit folks, web designers and graphic designers to explore creating a user-friendly transportation website that houses easy-to-understand transit information. You can also include information on your Transportation@100% action team and how you are working to improve local transportation. (Suggested time frame: 3–6 months)

The “be patient and focused” project

Even completing a few of these projects will place you among the best-educated one percent when it comes to transit in your area, and one way you could put that know-how to good use is by serving on an advisory board or commission. Many—but not all—transit agencies have generic transportation boards or walkability advisory panels that are often hurting for members.

Deliverables: Attend at least a quarter’s worth of meetings, then present to the 100% Community team your analysis of current committee/task force working groups—including how data-driven and result-focused they appear to be and benefits to supporting their work. The goal is to work in alignment with all existing groups and be mutually supportive. (Suggested time frame: 4 months)

The “email Transport@100% often” project

Outreach via email and social marketing are good tools. Social marketing strategies, just like website development, can be challenging. Yet there are “how to” websites that can help facilitate this process. (Revisit Tech: Chapter 36.) You should work to reach all stakeholders who have the concerns of families (and all residents) on their radar. You can send updates on all the work of your action teams to raise awareness and garner support.

Populations to target:

- Youth-serving groups
- Family-serving groups
- Faith-based groups
- Cultural groups
- Transport industry
- Elected officials

Deliverables: Identify the most tech-savvy in your network, then create a countywide list of stakeholders to email. Create a rough message and graphical identity for your messaging. Test it out with the 100% Community team, tweak, then off you go. If you used a mailing service that can track your email’s performance, check open rates after three months to assess responses. If you simply emailed your network directly, gauge how many of the messages received a reply or initiated action. (Suggested time frame: 4 months)

Innovation #6: Making sure your education system is on board

The “school’s out” project

We’ve all had the benefits of after-school programs drilled into us, perhaps since the day when we ourselves were engaged in them. But they can’t do kids much good if they’re out of transportation’s reach. Your mission here is to figure out whether the buses that take kids home from school make a second loop around for the kids doing afterschool programs. This information should be readily accessible on the school district site or at least through a school district staffer. And don’t forget that a lot of schools do “before school” programs, but some students may not be able to attend due to eating breakfast in the cafeteria. Besides the school buses that school districts deploy, one way to get kids to and from afterschool and other educational activities is to give them a free bus pass, like Los Angeles is doing. Would that work for your district? Or how about something like the GoKid app, which aims to help parents do carpooling.

Deliverables: After you analyze your school district’s transit, along with city and county options like LA has and GoKid provides, present your findings to the 100% Community team. (Suggested time frame: 3 months)

👉 Los Angeles free bus pass program: <https://aae.how/35>

👉 School transportation options for kids: <https://aae.how/36>

👉 GoKid app: <https://aae.how/283>

The “get to school safely” project

The Safe Routes to School program aims to make it safer for students to walk and bike to school and encourages more walking and biking where safety is not a barrier. Transportation, public health and planning professionals, school communities, law enforcement officers, community groups and families all have roles to play using education, encouragement, engineering (changes to the physical environment) and enforcement to meet a local community’s needs. Traditionally underserved communities deserve particular attention, in part because they tend to have more pedestrian and bicyclist injuries. Data collection is critical to the planning, implementation and evaluation of programs.

Deliverables: Start with one school and analyze its “safe” routes. Conduct some interviews with school community members, explore how other districts successfully implemented the “Safe Routes to School” program, and present your findings to the 100% Community team. (Suggested time frame: 3 months)

👉 Safe routes to school program: <https://aae.how/37>

👉 National Center for Safe Routes to School: <https://aae.how/38>

Innovation #7: Ensuring that local higher education is engaged in research, solutions and evaluation

The “Transit U” project

Just like with the K–12 students, colleges are great places for student or faculty bus pass programs. They work especially well because, while normal transit use peaks at commute times, students often take the bus between those peak times. Also, while not all higher ed institutions are set up to do this, it’s worth asking whether the local college or university devotes any time, research, or other resources to making sure that their fellow residents have more and better transportation options tomorrow. The ABQ RIDE Bus Pass Program with the University of New Mexico is worth noting.

Deliverables: After you analyze options and case studies across the country, conduct some interviews with local campus community members. Present your initial findings to the 100% Community team. (Suggested time frame: 3 months)

👉 The ABQ RIDE Bus Pass Program with the University of New Mexico: <https://aae.how/39>

Innovation #8: Supporting city and county governments in transport innovation

The “getting the details right” project

Transport is about more than just vehicles on roads. Lots of kids walk or ride their bikes to a neighborhood school, and an important thing to evaluate is whether those physical routes are safe. Are there sidewalks? Are there bike lanes? Are certain area residents in the habit of turning normal residential streets into drag strips? The answers to these questions may end up on your to-do list. This is what the “Safe Routes to Schools” program, listed earlier, is all about. So let us expand on this concept.

Of course, as long as we're making the world safe for kids who walk or ride bikes, it's worth noting that lots of adults like those options for transportation and recreation alike. The more your city has sidewalks, bike lanes, multi-use trails, well-enforced speed limits and roads designed in such a way as to encourage slower speeds, the more likely you'll be to see people getting around without a car all the time. Some cities, especially on the East Coast, are already pretty close to this. Often Western cities, particularly those developed after the popularization of the car, will need to retrofit these features into their current urban landscape and, as a requirement, make sure they come standard in new development.

Deliverables: After you research “getting around” options in people-friendly cities across the globe, check out the Smart Growth America site, and analyze your city’s transport-friendliness in its many forms. You can focus on one community to start with—ideally one that has high-risk families. Conduct some interviews with local community members then present your initial findings to the 100% Community team. (Suggested time frame: 3–6 months)

👉 Smart Growth America: <https://aae.how/40>

Innovation #9: Identifying how the federal and state levels can strengthen local services

The “know your state and federal options” project

Rare is the urban or rural transit agency that gets by without a lot of help and guidance from the state or federal government (or both). Knowing a bit about those relationships will be great background and possibly aid you with your own relationship to the local agency. Yes, this is quite a research project, but it is an invaluable one. Starting points include your state department of transportation, as many federal projects go through them.

Deliverables: Find some fellow research enthusiasts with a taste for tiny details and dive into federal and state funding options. (Strong coffee recommended.) Create a one-pager to present to your 100% Community team on your initial findings. (Suggested time frame: 3 months)

👉 Example of state transit agency: <https://aae.how/41>

👉 Federal transit administration: <https://aae.how/42>

The “we need a state coalition to make great things happen” project

Through collaboration of the players and the strategic use of data and technology, we can find a way to ensure that no child or parent lacks access to transport for vital services, learning programs, and work. We are not trying to simplify one of our nation’s and states’ most complex challenges in a sentence. We are advocating for the start of a long-term, local dialogue about how we end transport disparities. This is a decades-old problem involving the public and private sector. This particular project is about joining or creating a countywide and statewide network of transport advocates who believe that public transport is not a luxury, just something civilized governments ensure. A coalition will allow you to have a strong voice in your community as well as your city, county and state government. You may find that local lawmakers, while sympathetic to issues, do not see addressing transport disparities as the role of county or city government. For this reason, coalitions matter and they can be a force for awareness.

Your county and state network can educate local lawmakers about a new role for government: ensuring no child, student or parent is kept from educational and work opportunities because of lack of public transport. This coalition can work to elect officials who will prioritize access to transport. Also, technology can connect everyone in the network with a shared vision, goals, activities, use of data, use of communication and messaging, and evaluation processes. Your action team starts with identifying who is in the lead with public transport reform.

Deliverables: Find some passionate change agents and conduct informational interviews with sector stakeholders to assess interest in a county or state coalition. Assess the data-driven and result-focused quality of current coalitions. Create a one-pager to present to your 100% Community team on your initial findings. (Suggested time frame: 3 months)

Innovation #10: Institutionalizing the work by developing the City Department of Transport and funding for innovations

The “County/City Partnership that funds the Department of Transport” project

Elevator pitch: When Eric’s mom scans city hall’s website to find a bus to get her son to a weekly counseling appointment, she should be able to see a clearly defined menu item called “Transportation” right next to the Departments of Police, Fire and Parks. It should not be buried deep in the bowels of the website. It’s a vital, stand-alone department (or should be) and deserves to be treated as such.

Why is this so important? After all, local transit is often taken care of by county entities, or multi-county coalitions. In some rural areas, even senior centers run the transit system. Here's why. Even if the transportation department doesn't put buses on the road, it should at the very least regularly evaluate the transportation needs of its constituents, determine if they are adequate and regularly research innovations. This job will look very different depending on the town, for example, it may just take a part-time city manager a few hours per year in the smallest of hamlets. But it's important work, and it needs to be done by someone who reports to someone who regularly stands for election.

Potential partners: mayors, city councilors, county commissioners, advocates for public transport, transport leadership and socially-engaged businesses.

The “convene your fellow transport advocates and enhance your skills in public speaking, committee briefing and how to get to a lawmaker” project

This project is a crash course that you develop with local experts about how to contact local and state leaders, give an elevator pitch on your projects and the protocol for committee hearings that can lead to support and funding.

Deliverables: Find an accomplished colleague with good public speaking skills, along with a professional with experience lobbying/networking with elected leaders. Together, discuss how a workshop for the entire 100% Community team could be created to enhance skills. Assess interest with teams, make a workshop plan, deliver, and evaluate. (Suggested time frame: 3 months)

The “know your stuff before you meet the mayor” project

Innovation #10, in some ways, is putting it all together. By this we mean that, by the time your action team becomes familiar with all nine innovation areas and their projects, you will be prepared to meet with elected officials and stakeholders to discuss a city strengthening its support of public transport.

Deliverables: Identify at least one colleague to join you in reviewing every innovation project in this chapter. This means diving into all the research that you can get your hands on, starting with our links to support your project. Conduct an assessment of all 100% Community team members to identify which projects are of interest and in development. From here, present your global overview of project development with the entire 100% Community team for feedback. (Suggested time frame: 3 months)

The “create a bold vision and strategic plan” project

This project is focused on creating a new or improved Department of Transportation. With previous projects, you will have learned its strengths and weaknesses, potential funding sources and who the players are. You’ll be in a strong position to document what’s great, and needs to be kept as it is or expanded, and what needs to change.

Deliverables: After an assessment of county transit (see Innovation #1), and a survey of all 100% Community team members to identify which projects are of interest and in development, develop a draft outline of a strategic plan for a Department of Transport. From here, present the draft plan to the entire 100% Community team for feedback. (Suggested time frame: 3–6 months)

The “Crisis-proof County Readiness Checklist” project

It’s here you work with city and county emergency preparedness to assess readiness for a public health crisis that impacts public transport. See Appendices.

Deliverables: Explore all you can, connecting with key officials and sector leaders, and write up a summary for the 100% Community team. (Suggested time frame: 3 months)

You're all about how the public gets to vital services and more.

We're connecting the dots between transportation and all aspects of family, school, work and community life.

Know that your work in transportation impacts all the vital services that, in turn, impact childhood, student and workforce success.

Our entire 100% Community model is based on cross-sector work, asking all county stakeholders to connect the dots between what we call our five “survival” sectors and five “thriving” sectors. As you concentrate on transportation and transport insecurity, consider how your work impacts the following interrelated sectors that our entire 100% Community process is focused on.

SURVIVAL SERVICES

- Food: Transport needs to get us to food banks and programs.
- Housing: Local transport needs to get to all key housing areas including shelters.
- Medical/Dental Care: Also, we need to ensure transit gets to health care.
- Behavioral Health Care: Parents and youth may need transit to care.
- **Transportation: This is you!**

THRIVING SERVICES

- Parent Supports: For new parents, knowing how to access transport can get them to vital services.
- Early Childhood Learning Programs: Let's get these programs on bus lines.
- Community Schools: Students have all types of transport issues, so let's address them.
- Youth Mentors: We need to be connecting mentors to mentees; that may mean app-ordered cars, buses, bikes and more.
- Job Training: Getting to job training, which might be at a college, may depend on a bus. Let's ensure transport exists.

Monumental achievements start with one step.

Taking on innovations in transport, with the long-term goal of reaching all those in your county who need transportation support, is nothing less than profound.

Our goal is to set you up for success so steps can be carefully taken, moving from short, to intermediate, to long-term goals. It all starts with one innovation developed, launched and evaluated for success.

With 100% Community, you are part of one of the very few initiatives working in a data-driven and cross-sector process to end all forms of disparities (health, education, mentorship, etc) that have existed in this nation as long as it has been a nation. We don't underestimate the challenges ahead, nor do we overstate when we say that you can accomplish measurable and meaningful work with collaboration, creativity and a framework for success.

If you are ready to get started with your countdown to 100% with transport, you might be tempted to skip the other nine chapters focused on key services to create healthy families and communities. We do, however, strongly recommend that you review the nine other chapters to gain a deeper understanding of our entire cross-sector process. You might be surprised how often your focus area of transportation will play a factor in most areas of family and community life.

Bottom line: To ensure that every child and youth benefits from excellent transport, we need a city/county government-based organization to assess transport access and quality of service yearly, and leverage governmental power to get all the transportation players working in alignment.

Keywords: car alternatives, living without a car in America, subsidized transportation for teens, rural transportation options

There's an app for that: Did you know that Google Maps doesn't just provide driving directions? Put in any destination and starting point, then select the walking, cycling or public transportation icon in the directions tab. It's a great tool for gauging how difficult it is to get from one part of your town to another without a car by foot, bicycle or public transport. Google Maps is an invaluable tool when used in conjunction with the fundamental tools discussed in our technology chapter.



Q+A: Perspectives from the real world

We asked Rural Transit Graphics founder Peter Rice of Albuquerque, NM a few questions about local transit systems and how to improve them.

In times of a pandemic, what is the impact on public transport?

It's pretty grim. So far the bigger cities are recognizing that for many it provides an essential link to essential things (food, medicine, jobs working in a hospital, etc.) and so are keeping it up on some level, often scaled back. Two rural systems I keep in touch with have shut down altogether, and a third is just taking one passenger at a time in their small van to promote social distancing. On the flip side, early data seem to indicate that hardly anybody is using transit these days anyway, which makes sense. Some are freaked out about being in an enclosed space with others, while others just don't have jobs to commute to anymore. And let's not forget about the poor drivers. In times when I'm not hanging out with close friends they're expected to work with a parade of people whooshing by the driver's seat.

For those who depend on public transport, what other options exist—like a subsidized Uber-like solution? Or?

Rideshare apps are still running so I supposed governments could subsidize trips on those just like they could during normal times. Rental bikes, rental scooters, etc. are looking a lot better now, as is our always-over-the-horizon driverless car future. Enhanced delivery of essentials could eliminate the need for some trips. For those who still need a good option after that, I'd recommend asking around. These are extraordinary times and neighbors and governments are suddenly willing to do extraordinary things. For example here in Albuquerque, if bus service is scaled back so that you suddenly can't get to a doctor's appointment, I would call up the transit department and lay out the situation. There's a decent chance they'd just send one of their vans over and pick you up. Local social media like Nextdoor might also be a place to ask for help.

As for your work as a community blogger, what role can community bloggers, with a focus on improving city services and community life as DAN (Downtown Albuquerque News) is, have during a public crisis?

On one hand, we've never been more useless. It's the biggest global story since World War II and I normally do stories about parks and speedbumps. We're not going to do team coverage about the latest hotspot or anything like that. But on the other hand we've never been more valuable. The trick seems to be to take it day by day and see what's needed, what you can actually do, and patch the right information in from there. For example, given the limited outside-of-house recreation opportunities, we did a big walking tour guide of our area. (You can still go for walks as of this writing.) We also passed on the link to get an absentee ballot for the upcoming election, and ten percent of our readers clicked on it. So it's not comprehensive coverage by any stretch, but we do what we can do and also reserve some focus for the parks and speedbumps.

How can a small group of people begin to make changes in such a complicated field as transit?

Show up and speak your mind. Rare is the transit system that doesn't have some kind of advisory board that normal citizens can either talk to or join outright. Often, the governing boards of transit agencies are drawn from elected officials across a region, so they're pretty accessible. Or, sometimes, a single city administers the system, in which case you've got a mayor and/or city councilors to chat with. But definitely make sure you know what you're talking about. Most of the complaints these people get amount to individuals wishing the entire system would bend to their own personal convenience in pretty impractical ways. Come to them with reasonable, system-wide improvements and offer some people power to make it all happen, and you'll probably get further than the cranks.

What are a couple of good places to start making transit better?

Systems in urban areas are generally more professionally administered. Often they've got great systems with terrific access for all neighborhoods and have moved on to figuring out how to make the system an attractive option to people who can afford cars (those are literally called "choice riders" sometimes). But that's not always the case, so do your homework to make sure people who really need transit are well connected to job and service hubs. In rural areas, the first thing to tackle is probably whether the system is easy or hopelessly confusing to use. Do they have a website? If they do, can you actually figure out how to use the system using the schedules and (if you're lucky) maps? Have they integrated with online map apps? Rural transit operations are often spit-and-polish affairs, and the main qualification for running them is an ability to hire drivers and deploy them. System design, explaining how it all works, and making sure things like signs and shelters are clear and in place are sometimes considered secondary skill sets/tasks. The good news is that it's pretty easy to evaluate your system: Just take a day and try getting somewhere on it and you'll have a pretty good idea.

Who are the people who can implement good transit or slow it down to a crawl? And any tips for getting around the obstructionists?

Mostly the politicians mentioned in the first answer, but especially in the case of rural systems, I'd include the state transit officials who deal with all the grants in that equation (urban systems usually depend more heavily on local taxes). For obstructionists, I'd recommend making sure the visuals are on your side, which is one advantage of dealing with an agency that is transparent by design. Don't like the map the system is using? Make and propose your own. Is the schedule way too confusing? Ditto. Service not happening late enough in the evening for people to go work? Redesign the system, using the same number of in-service hours, to fix the problem. Or figure out how much money it would take to fix (likely not much). People can more easily rally around visuals than abstract concepts.

We approached our 100% Community champion in Las Cruces, New Mexico, City Councilmember Kasandra Gandara about making public transportation work for everyone.

Why did you decide to ride the bus?

I made a decision as a city councilor to ride the public bus for a week to learn how it all works. There's a lot of stigma about who rides the bus. People think the bus is only for people who can't afford a car, the poorest of the poor. Although you see some of that, you also see people who believe in sustainability and reducing the carbon footprint. It was a fascinating experience seeing firsthand what it's like, as I was not an experienced bus user. What I found is that it's a community within a community, and for the most part a very caring one.

How did you get started?

First I downloaded the bus transit app which went to my junk email. When I did find it, I began looking at the maps and routes and was totally confused. Then I called the bus help line and they were so helpful. And then I finally started my week of ridership and got on the bus. The bus drivers are all very nice.

The bus stops are all different. Some of them don't have shade structures. Some of them have maybe a shade canopy like a small tree that will in a few years be able to provide the shade. Some of them have seating, others do not. Some of them are clearly identified as bus stops. Some of them are not. For me to get from my home to City Hall requires two buses and a two block walk.

Who did you meet during the week of riding?

I met some incredible people. People going to and from grocery stores, to doctor's appointments, to the job, people from halfway houses. I saw real difficult situations, including a domestic dispute occur out in the street and people addicted and drunk on the bus. I saw disabled people, elderly people loaded down in groceries. So my heart goes out to people who use the bus system, especially the system that we have in place today. Although we've made incredible strides, we still have a lot of room to grow and improve.

Speaking of real world perspectives, we are constantly updating our electronic and paper edition of 100% Community. If you would like to share a perspective, please contact us.

Innovations and Project Checklist

Progress-at-a-glance for Action Teams

Innovation #1: Designing a county data system to track supply and demand within transport programs

- The “all-important ridership analysis” project
- The “can you get there from here” project
- The “does it go where it should” project

Innovation #2: Ensuring current transport programs are fully supported

- The “do we have enough money?” project

Innovation #3: Engaging the private sector in supporting public transport innovations

- The “cool technology of our mobility future” project
- The “we’ll (hand over a) pass on that” project

Innovation #4: Harnessing technology to create an online directory and resources

- The “plain language for existing websites” project

Innovation #5 : Generating public awareness and engagement

- The “create the Transportation@100% user-friendly website” project
- The “be patient and focused” project
- The “email Transport@100% often” project

Innovation #6: Making sure your education system is on board

- The “school’s out” project
- The “get to school safely” project

Innovation #7: Ensuring that local higher education is engaged in research, solutions and evaluation

- The “Transit U” project

Innovation #8: Supporting city and county governments in transport innovation

- The “getting the details right” project

Innovation #9: Identifying how the federal and state levels can strengthen local services

- The “know your state and federal options” project
- The “we need a state coalition to make great things happen” project

Innovation #10: Institutionalizing the work by developing the City Department of Transport and funding for innovations

- The “County/City Partnership that funds the Department of Transport” project
- The “convene your fellow transport advocates and enhance your skills in public speaking, committee briefing and how to get to a lawmaker” project
- The “know your stuff before you meet the mayor” project
- The “create a bold vision and strategic plan” project
- The “Crisis-proof County Readiness Checklist” project

Next Steps

Gather your action team* to:

- Prioritize projects
- Assign tasks
- Schedule timelines

100% COMMUNITY *Ideally, you are part of an action team, which is part of a countywide 100% Community initiative (which could be part of a statewide campaign). If you are reading this as a solo prospective change agent, please contact us to connect with like-minded local folks and get the synergy and support needed to take on projects.

Parent Supports@100%

Parent Supports@100% means all of our parents are empowered to succeed. A seamless system of support helps ensure every mom and dad can provide safe and successful childhoods

When you begin to “Google it” for solutions:

- parent-friendly urban design: 76,700,000
- supporting parents in rural communities: 205,000,000
- strategies for supporting single parents: 151,000,000
- how to create a cadre of parent educators: 1,640,000
- how to support parents with special needs children: 888,000,000

Amid the clutter, solutions await

Eric’s Story

When Eric was born, his mom didn’t have much support from extended family but she did have a stable home with enough money to pay for rent, food and utilities. Nevertheless, Noel struggled with postpartum depression and would often leave Eric crying in his crib for long periods of time. Noel had no idea that such services exists, but she would have greatly benefited from a home visitor who could have helped Noel connect with a wide variety of family services as well as tips on dealing with Eric’s crying.

Jen and Marie’s Story

Jen and Marie go to a church and one of their fellow congregants is Diane, a mom who has just had a baby. Diane is a single mom so Jen knows how hard it must be for her. Jen has been there and knows what a difference parent support programs can make. Jen had a home visitor when Marie was a baby, and it provided invaluable support for Jen. The home visitor helped Jen with questions about nursing, making sure Marie was up to date on vaccinations, and even helped Jen connect to childcare when it was time to return to work. Jen can’t imagine how Diane can manage with an infant on her own without this type of support. Jen and Diane have spent some time online researching parent supports in the county and not found much. Jen found out that the parent program she had been part of had been discontinued due to lack of funding.

PARENTS HAVE THE most challenging and rewarding jobs on earth; important work for which almost no one receives any formal training. And during a public health crisis, parents face new challenges daily. The good news is that we have more research—many thousands of articles and books—on effective parenting; enough to rival almost any field of study. We know precisely which services parents need in order to have the best chance of raising healthy children. What we have lacked are the parent supports to empower moms and dads.

With collaboration between our city, county and school leadership, every city and town can create a robust system of support for every parent. This gives us the best chance of reducing adverse childhood experiences and ending the cycle of trauma, abuse and neglect. It also means that during a public health crisis, parents will know where to locate the support they need to keep their families healthy and safe.

We will guide you through the steps needed to turn ideas about increasing services and improving services into action.

In this chapter, we take on a very complicated system with numerous challenges. We provide an overview of parent support systems that all offer solutions to challenges facing parents. We hope to overwhelm you with options and ways to increase parent supports in big and small cities, rural and urban. We hope to inspire new projects to increase access to parent supports and the quality and user-friendliness of such supports. We will guide you through the steps needed to turn ideas about increasing services and improving services into action.

Speaking of ideas bubbling up, you will want to visit our 100% Community site that houses our 100% Innovation Center, where new ideas for projects to increase and improve vital services are added constantly (<https://aae.how/288>).

Different Parents. Different supports.

Parent supports come in many forms, including: expectant parent workshops, new dad events, parent mentoring, training, home visiting and child care. Our goal with this chapter is to empower you and your action teams in creating a seamless system of support that includes home visitation, child care and parent empowerment/education programs.

One of the best strategies we have for ensuring safe childhoods is called home visitation. This entails sending a nurse or other professional to a parent's home for a weekly visit for the first few years. During the home visit, this professional will ask questions, listen and review parenting best practices. He or she is working to make sure that the child is healthy and safe, and that the parent is fully supported and able to access key services.

To support the overwhelming job of parenting, especially with a newborn, we strongly advocate for child care. These types of programs give moms and dads a break from the 24/7 stress of parenting and allows them to take on other tasks that include self-care.

Lastly, our countywide system needs to provide a menu of parent empowerment/ education programs that give parents-to-be and parents of all ages of children the information and skills needed to be successful. In our perfect world, each county would have a parent center that houses a cadre of parent educators with the skills to facilitate workshops on every topic relevant to child rearing, including awareness of adverse childhood experiences (ACEs) and trauma. These parent educators could also serve as navigators, helping parents connect with all the vital services that support families of all income levels and cultures.

“Why do parents need support... doesn’t everyone know how to do it?”

For the most exhausting job on earth, we vote to supply as much support as possible. Some might say that the gold standard in parenting supports is the Nurse-Family Partnership for home visitation. Evaluations of these types of programs demonstrate that, when, properly administered with a particular population, they can reduce child maltreatment. It’s data worth pouring over. As for other programs, in this chapter we will introduce you to a wide variety of parenting education curricula including: Nurturing Parenting Program, Triple P Positive Parenting and the Strengthening Families Program. In addition to the Nurse-family partnership home visiting model, we will also highlight Healthy Families America and Parents as Teachers.

First things first

What are the root causes of the lack of access to parent supports in the US?

Some attitudes about parenting support, mostly on the less-than-supportive side, include:

- We expect parents to understand why children act the way they do without training
- We expect parents to know how to be effective parents
- We expect parents to fix themselves if they face challenges
- We think if parents need help they should just pay for it
- We think that if a single teen has a baby, then the parent made a bad choice and has to live with it
- Some think that it's not the job of government to help struggling parents
- Some think the consequences of trauma and crises are unfortunate, but it's not really their problem so parents should deal with it alone.

For a nation that provides itself on being pro-family, we sure don't pour resources into supporting parents. As for why parent support is needed, the answers are easy to identify. Without support, some parents may struggle, increasing the chance of trauma. We know from child welfare data that most parents engaged with child protective services will be struggling with one or more of the following challenges: substance misuse, domestic violence and mental health challenges. Most parents have difficulty accessing help. Sometimes services don't exist. Other times, parents are not aware of them or how to access them.

With data from the **100% Community Survey** (See Appendices) and other sources, you can have a good idea about where in your county the need for parent supports exist and why they may be difficult to access—for both parents and youth considering becoming parents. While global, national and state data on parent support is very interesting and instructive, the real data that informs your work is generated by your 100% Community initiative and dives deep into local neighborhoods. Then again, you may be surprised by your survey results and learn that a challenge is far bigger or smaller or more localized than originally thought.

Where on earth are our challenges already fixed?

Parent Supports@100% is looking at tested parent support solutions, focusing on innovations, projects, policies and programs implemented in large and small cities around the world.

If you have come this far, you know that ensuring parent supports for all parents and parents-to-be starts with knowing the magnitude of the problem, where precisely lack of parent supports is experienced in your county and why residents can't access services to address challenges.

We present this challenge to you and your local businesspeople and government leaders: ***make parent supports accessible to the caregiver of every child, so all families can thrive.***

As you will see below, we have offered only a sliver of what's out there in terms of innovations that have been shown to work. Some of the models have been with us for many decades. Some ideas are working successfully a few states over, while others are being implemented on the other side of the planet. Some are quite new, thanks to emerging technology, and merit experimentation and their own evaluation. We do not lack for solutions, just the political will.

The innovations you're about to explore can be developed with three important frameworks: Continuous Quality Improvement, Collective Impact and Adaptive Leadership.

As we say in all ten sector chapters, we want to reference the data-driven framework called **Continuous Quality Improvement** and its four phases: assessment, planning, action and evaluation (revisit Chapter 29). This four-step process will guide your development of innovations in the arena of parent supports. And, as a gentle reminder, you will want to use **Collective Impact** (revisit Chapter 31) to organize your project and **Adaptive Leadership** (revisit Chapter 30) to determine if the particular challenge you seek to solve is technical, with established protocols for moving forward, or adaptive, where you are entering new uncharted territory without a clear path.

Designing a countywide family-friendly parent support system

The past: How did we get to this point of needing a family-friendly parent support system? Who exactly needs it anyway? What problems is the system supposed to solve? Why don't people figure out how to parent and not ask for outside help?

The present (action agenda): Within this subject, we've identified ten strategies—called innovation areas—that can be used to tackle the parent support access problem. Within those, we suggest about twenty 100% Community projects that you (yes, you) can select from, thus propelling your community towards family-friendly parent support in its many forms.

The future (goals): With enough work on these innovations/projects, we'll get to the point where innovation #10—the creation of a City/County Department of Family-Friendly Parent Support—becomes a reality. With a state-of-the-art system of care in place, the goal is for 100% of our county's families to report excellent support and service.

A menu of innovations and projects

You are about to review approximately twenty projects that can, if completed successfully, improve the quality and accessibility of current services. The ultimate long-term goal of these innovations and projects is to ensure that 100% of county residents have access to this vital service. Your task is to review all projects, individually and as part of an action team, to identify which one you wish to implement. In the time it takes to enjoy a grande latte, you can give our menu a quick read to see which project pops out at you.

10 innovations your action team can implement

The following innovations represent strategies to increase access to parent supports. Let's ensure parents are empowered with tools so their children can be safe and successful.

(Note: for more information on Action Teams, see the Appendices.)

Innovation #1 sets your action team up for success using a software system to track progress of innovations within a county. Innovations #2 through #9 are options to explore and implement. Innovation #10 sets your team up to be very well-informed change agents. Some of these innovations and projects could be completed in a few months while others might require at least a year or more commitment.

Innovation #1: Designing a county data system to track supply and demand within parent support programs

The “all-important parent support analysis” project

Unlike other services like transport, we don't track every single time somebody starts a parenting support program or when a program ends.

No single number will give a complete picture of the situation. But, by gathering information from multiple data sources and tracking them over time, you should get an idea of parent supports in your community. Here's your list:

- **School districts:** They may have data on student need and access of various forms of parent support.
- **Domestic violence programs:** Some may keep data on residents seeking parent supports. Unlike the government, they're not necessarily obligated to give you the data, but they probably will.
- **Child welfare data:** While not easy to acquire, there may be a way to assess data on parents needing support. Maybe.
- **American Community Survey:** The ACS is an ongoing survey that provides vital information on a yearly basis about the United States and its people. I
- **100% Community Survey:** This is the survey your initiative will implement that asks residents to what degree they can access parent support programs, and why access to these programs may be challenging.

As mentioned, this won't be as simple an assessment as that of transportation, but if you get these numbers, you should be able to tell if your community is going in a positive or negative direction. In this project, you will be gathering as much data as you can to paint a picture of local parent support. A first step is identifying challenges. Imagine, in some sci-fi future, if all caregivers had a parenting pass—a plastic card or mobile app with a barcode—that was used to access parent support programs. Now imagine that an AI program analyzes all this data from all county residents to identify high and low use, and where gaps in services exist, offering recommendations for fixes.

Deliverables: Create a one-page overview/update to present to the 100% Community team and stakeholders. (Rough time frame: 3 months)

The “can you get there from here?” project

Good parent support planners will figure out where candidates for parent supports are concentrated, then plan service accordingly. Many parent support programs, however, are good-hearted but pretty siloed entities don't do this kind of self-assessment. Luckily, using census data, your own eyes and Google Maps, you can do it for them. First, learn how to do custom drawings on Google Maps (an internet search will lead to some tutorials). Then take a look at the American Community Survey, Google Earth satellite images and the results from your **100% Community Survey**, and you should have enough to get started.

Deliverables: After getting comfortable with Google maps and data, present your findings to the 100% Community team. (Suggested time frame: 3 months)

👉 How to do custom Google Maps: <https://aae.how/24>

👉 American Community Survey: <https://aae.how/25>

The “does our parent support go where it should?” project

Your parent support system (notice the term “system,” as it should be one seamless system serving the entire county) should serve all residents, especially your community's most critical areas: communities with high rates of child welfare involvement, low income areas, areas with high unemployment, and high schools with low achievement and high dropout rates. Find or make a map of the county, then make a map of all “high risk” areas and all parent support programs. Then see how well those two maps overlap. Also take a look at service frequency: are parent supports being offered when the need is the highest? Whether parent supports “serve” the most critical areas depends on more than what the map looks like.

One issue to tackle will be transportation. One type of parent support may well be in the next town over from where the need for that particular service is the greatest. Can you get there from your town? Often the answer is no, especially in places where state transit leaders have ceded their planning authority to county leaders. This may lead to your action team talking with the transportation action team (and possibly more teams).

Deliverables: After analyzing your data, including all you can find on all forms of parent support, present your findings to the 100% Community team. (Suggested time frame: 3 months)

The “mapping out the parent program eligibility criteria” project

In this project, you will create a chart to diagram your county’s parent support programs and criteria for eligibility. Your list should include: age ranges of kids, participant household income levels, costs of programs and sliding fee scale options and more.

Deliverables: After analyzing your information, including scale criteria for accessing parent support, present your findings to the 100% Community team. (Suggested time frame: 3 months)

Innovation #2: Ensuring current parent support programs are fully supported

The “do we have enough money?” project

By now, you should have a pretty good idea of how your parent support “system” is doing and which areas may require improvement. Sometimes, it may be a matter of using existing budgets differently. Often you will discover that the funding simply isn’t there to prevent long waits to access care, such as home visitation or child care. Your assessment of all current parent support programs will help you know the quality and quantity of services available and their financial needs.

Deliverables: Create a short summary of financial support needs for parent programs and present to the entire 100% Community team and stakeholders.

Innovation #3: Engaging the private sector in supporting parent support program innovations

The “cool technology of our parenting future” project

In some rural areas without a seamless system of parent support systems, some parent advocates are experimenting with telesupport, not unlike what health care providers are doing. You will want to review the Triple P (Positive Parenting Program), part of which includes a “virtual” home visitation process.

Deliverables: Do your research and initial analysis of various forms of tech-empowered parent support programs, including the Triple P. Write up a one-pager including the status of programs you identified in your county and how they might benefit local parents, then present to the 100% Community team and countywide network of parent support advocates and providers for feedback. (Suggested time frame: 1–3 months)

👉 Triple P: Positive Parenting Program: <https://aae.how/191>

The “our boss will support that” project

The idea of a private company giving an employee a free bus pass is nothing new, but it may be new for employers to provide a subsidy for some forms of parent supports. Sometimes an employer might include a special program for parents as part of a benefits package. This would be an innovation to present to your chamber of commerce and local elected leadership.

Deliverables: Do a search of US firms and even a few based outside our borders, to compare and contrast findings. Present to the 100% Community team and interested stakeholders. (Suggested time frame: 1–3 months)

Innovation #4: Harnessing technology to create an online directory and resources

The “plain language for existing websites” project

In some city and county systems, thoughtful professionals spend a great deal of time and effort trying to design perfect websites, with intuitive listings of parent support offerings, easy-to-read maps to locate such service and other features to facilitate signing up for parent support. Your mission is to figure out whether your county and city websites—or parent support programs—are taking this opportunity to simply and efficiently explain on a website accessible parent supports, downloadable and printable brochures and schedules in all relevant languages, or present information through an app. A gentle warning: This is not an easy or inexpensive undertaking, and will likely involve a lot of other people and departments. Consider starting small with the website by posting an informational PDF on an existing site.

Deliverables: Research all parent support agency and local government websites to identify parent support information and schedules. Take time to research parenting support agency websites from around the state, nation and globe. Present your findings to the 100% Community team and local stakeholders in parent support. After feedback, network with local parent support folks (along with a web designer and graphic designer) to explore improving the user-friendliness of current parent support resources websites. (Suggested time frame: 3–6 months)

Innovation #5 : Generating public awareness and engagement

The “create the Parent Supports@100% user-friendly website” project

This entails designing and launching a family-friendly website where the public can post vital information on all parent support services. As mentioned earlier, websites don't just pop up easily, but there are free services online to help with design.

Deliverables: Research parent support agency websites across your county and state. You might even find great ideas across the nation and globe. Present your findings on the user-friendliness of existing local parent support websites to the 100% Community team. After feedback, network with parent support folks (along with a web designer and graphic designer), to explore creating a user-friendly website to house easy-to-understand parent support information. You can also include information on your Parent Support@100% action team and how you are working to improve local parent supports. (Suggested time frame: 3–6 months)

The “be patient and focused” project

Even doing a few of these projects will make you among the best educated one percent when it comes to parent supports in your area, and one way you could put that know-how to good use is by serving on an advisory board or commission. Many—but not all—city, county, higher ed and child welfare agencies have them. There are often more generic parent support boards or advisory panels as well, and they often need members. This could be your opportunity to ensure alignment of services becomes a reality.

Deliverables: Attend several meetings over a few months (ideally, 3–4 times if the group meets monthly), then present your analysis of current committee/task force working groups, including how data-driven and results-focused they are to the 100% Community team. (Suggested time frame: 4 months)

The “email Parent Supports@100% often” project

Email and social marketing are good tools for outreach. Social marketing strategies, just like website development, can be challenging, yet there are “how to” websites to help facilitate this process. (Revisit Tech: Chapter 36.) Make efforts to reach all stakeholders who have the concerns of families (and all residents) on their radar, sending updates on the work of your action teams to raise awareness and garner support.

Populations to target:

- Youth-serving groups
- Family-serving groups
- Faith-based groups
- Parent support advocates and providers
- Elected officials

Deliverables: Identify the most tech-savvy in your network, then create a countywide list of stakeholders to email. Create a rough message and graphic identity for your messaging. Test it out with the 100% Community team and parent support providers, tweak, and off you go. If you use a mailing service that can track your email’s performance, check open rates after three months to assess responses. If you simply email your network directly, gauge how many of the messages receive a reply or initiated action. (Suggested time frame: 4 months)

Innovation #6: Make sure your education system is on board

The “students as potential future parents” project

We have the data to indicate that most students will eventually become parents. So how are we preparing students for the most difficult and costly job on the planet? What amount of course work ensures they understand the following topics:

- Why people choose to be parents
- How children develop in a healthy family
- Positive strategies and techniques for managing child behavior
- How adverse childhood experiences and trauma occur
- The financial costs of parenting
- The impact of effective parenting on children’s future education and work success
- The relationship between parenting and poverty

Your mission here is to figure out what the public schools offer and how it’s all being evaluated. Some schools serve as hubs for the Parents as Teachers home visitation program. This is an interesting model you will want to review. If it seems like a good fit for your community, you might seek funding for it.

Deliverables: After you analyze your school district’s support of parent programming, along with Parents as Teachers, present your findings on availability and opportunities for expansion, to the 100% Community team, school community leaders and parent support network. (Suggested time frame: 3 months)

👉 Parents as Teachers: <https://aae.how/192>

The “community schools parent support” project

We have lots of research on how community schools can become a hub for parent support programs, especially parent empowerment and education programs. Your action team can connect with the community schools action team to learn what schools are offering onsite or how staff serve as navigators to programs across the county to support parents. The Nurturing Parenting Program offers training for parents of all age ranges in all sorts of settings (schools, churches, domestic violence programs, prisons).

Deliverables: After you analyze your community school’s support of parent support programming along with the Nurturing Parenting Program and Parents as Teachers, present your findings to the 100% Community team, school community leaders and parent support network. (Suggested time frame: 3 months)

👉 Nurturing Parenting program: <https://aae.how/193>

Innovation #7: Ensuring that local higher education is engaged in research, solutions and evaluation

The “Parent U” project

Just like with K-12 students, colleges and universities can be great places for parent support programs, including research and facilitation of training parent educators. It’s worth inquiring whether the local college or university devotes any time, research or other resources ensuring students and staff have campus-based parent supports available. This project assesses all colleges and universities in the region to measure support.

Deliverables: After analyzing your higher ed institution’s available parent supports, it’s time to research more institutions of higher education across the state and country. Conduct some interviews with campus community members and explore how other campuses successfully implement parent support programs for staff and students alike. (Suggested time frame: 3 months)

Innovation #8: Supporting city and county governments in parent support innovation

The “family-friendly city on the go” project

Parent support is about more than just workshops and visits by caring professionals. It’s about having a wide range of services to make parenting easier. Does the public transport system accommodate baby strollers or car seats? Are there sidewalks for safe walking and strolling? Are there bike lanes for parents with kids on wheels? Are there easy-to-access restrooms (with changing tables) in city and town centers for parents and families? Can you stroll to a kiosk in front of city hall or a business downtown, as they do in NYC, to get directed to every local family-friendly service? The answers to these questions may end up on your to-do list.

Of course, as long as we're making the world excellent for parents, it's worth noting that lots of youth and child-free adults like those options for transportation and recreation alike. The more your city has sidewalks, bike lanes, multi-use trails, well-enforced speed limits and roads designed in such a way as to encourage slower speeds, the more likely you'll be to see families, and all sorts of people, getting around without a car (<https://aae.how/40>). Some cities, especially on the East Coast, are already pretty close to this. But often Western cities, particularly those developed after the popularization of the car, will need to retrofit these features into their current urban landscape and, as a bonus, make sure they come standard in any new developments.

Deliverables: After you research parent-friendly cities across the state, nation and our tiny globe, compare and contrast these findings to what your city's parent support offerings. You can begin with a focus on one community, ideally one with at-risk families who may lack reliable transportation. Conduct interviews with local community members, then present your initial findings to the 100% Community team and stakeholders in the parent support world. (Suggested time frame: 3–6 months)

Innovation #9: Identifying how the federal and state levels can strengthen local services

The “know your state and federal options” project

Rare is the urban or rural parent support program or agency that doesn't get by without a lot of help and guidance from the state or federal government (or both). Knowing a bit about those relationships will provide background information and possibly aid you in building relationships to help you secure funding for a local agency.

Deliverables: Find some fellow research enthusiasts with a taste for tiny details and dive into federal and state funding options. (Strong coffee recommended.) Create a one-pager to present to your 100% Community team and parent support leadership on your initial findings. (Suggested time frame: 3 months)

The “find funding for the gold standard of home visitation; The Nurse Family Partnership” project

This evidence-based program can be offered through many sponsors; including state and county public health. Your project will want to identify funding streams for this home visitation model shown to reduce abuse and neglect.

Deliverables: Present a short summary on the program, evaluation, and recommendations for adopting the program and funding in your county.

👉 Nurse Family Partnership: <https://aae.how/194>

The “we need a state coalition to make great things happen” project

Through collaboration of the players and the strategic use of data and technology, we can find a way to ensure that no child or parents lacks access to parent support programs. We are not trying to simplify our nation and states’ most complex challenges in a sentence. We are advocating for the start of long local dialogue about how we end parenting support disparities. This is a conversation that’s been going on for decades involving the public and private sector. This particular project is about joining or creating a countywide and statewide network of parent support program advocates who believe that these services are not a luxury, it’s what civilized governments ensure. A coalition will allow you to have a strong voice in your community as well as your city, county and state government. You may find that local lawmakers, while sympathetic to issues, do not see addressing parent support disparities as the role of county or city government. For this reason, coalitions matter and they can be a force for awareness.

Your county and/or state coalition can educate local lawmakers about a new role for government: ensuring all caregivers have access to parent supports. This group can also work to elect officials who will prioritize access to parent support. Technology can connect everyone in the network with shared understanding as to the vision, goals, activities, use of data, use of communication and messaging, and evaluation processes. Your action teams starts with identifying who is in the lead with parent support reform.

Deliverables: Find some passionate change agents and conduct informational interviews with sector stakeholders to assess interest in a county or state coalition. Assess the data-driven and result-focused quality of current coalitions. Create a one-pager to present to your 100% Community team on your initial findings. (Suggested time frame: 3 months)

Innovation #10: Institutionalizing the work by developing the City Department of Parent Supports and funding for innovations

The “County/City partnership that funds the Department of Parent Supports” project

Elevator pitch: When Eric was just born, his mom should have been able to scan city hall’s website to find all sorts of parent support programs. She should have been able to see a clearly defined menu item called “Department of Parent Supports” right next to the Departments of Police, Fire and Parks. It should not be buried deep in the bowels of the website, because it’s a stand-alone department (or should be) and deserves to be treated as such.

Why is this so important? After all, various local parent support programs are often funded in part by county entities, city entities, foundations, nonprofit organizations or multi-county coalitions. In smaller areas, college centers or nonprofits are the hub for all parent supports. Here's why it's important: even if this proposed Department doesn't put parent supports in place, it should at the very least regularly evaluate the parent support needs of its constituents, determine if they are adequate and regularly research innovations. This job will look very different depending on the town. It may just take a part-time city manager a few hours per year in the smallest of hamlets. But it's important work, and it needs to be done by someone who reports to an individual who regularly stands for election.

Potential partners: mayors, city councilors, county commissioners, advocates for parents, parent education advocates, early childhood education advocates, public education professionals and socially-engaged businesses.

The “convene your fellow parent support advocates and enhance your skills in public speaking, committee briefing and how to get to a lawmaker” project

This project is a crash course that you develop with local experts about how to contact local and state leaders, give an elevator pitch on your projects, and the protocol for committee hearings that can lead to funding.

Deliverables: Find an accomplished colleague with good public speaking skills, along with a professional with experience lobbying/networking with elected leaders. Together, discuss how a workshop for the entire 100% Community team could be created to enhance skills. Assess interest with teams, make a workshop plan, deliver, and evaluate. (Suggested time frame: 3 months)

The “know your stuff before you meet the mayor” project

Innovation ten, in some ways, in putting it all together. Since your action team has become familiar with all nine innovation areas and their projects, you are prepared to meet with elected officials and stakeholders to discuss how the city can strengthen its support of parent support programs.

Deliverables: Identify at least one colleague to join you in reviewing every innovation project in this chapter. This means diving into all the research that you can get your hands on, starting with our links, to support your project. Conduct an assessment of all 100% Community team members to identify which projects are of interest or already in development. From here, present your global overview of project development with the entire 100% Community team for feedback. (Suggested time frame: 3 months)

The “create a bold vision and strategic plan” project

It’s time to create a detailed plan for this new (or improved) local Department of Parent Supports. As in previous projects, you will have learned its strengths and weaknesses, potential funding sources and who the players are. You’ll be in a strong position to document what’s working well, and needs to be kept as it is or expanded, and what needs to change.

Deliverables: After an assessment of parent supports (see Innovation #1) and a survey of all 100% Community team members to identify which projects are of interest and in development, develop a draft outline of a strategic plan for a Department of Parent Supports. From here, present the draft plan to the entire 100% Community team for feedback. (Suggested time frame: 3–6 months)

The “Crisis-proof County Readiness Checklist” project

It’s here you work with city and county emergency preparedness to assess readiness for a public health crisis that impacts parent support programs. See Appendices.

Deliverables: Explore all you can, connecting with key officials and sector leaders, and write up a summary for the 100% Community team. (Suggested time frame: 3 months)

You are all about the support to ensure successful parenting.

We're connecting the dots between parent supports and all aspects of family, school and work life.

Know that your work in parent supports impacts all the vital services that affect childhood and student and workforce success.

Our entire 100% Community model is based on cross-sector work, asking all county stakeholders to connect the dots between what we call our five “survival” sectors and five “thriving” sectors. As you concentrate on parent support programs, consider how your work impacts the following interrelated sectors on which our entire 100% Community process is focused.

SURVIVAL SERVICES

- **Food:** For some families during certain times in the month, food banks and food distribution programs will be needed.
- **Housing:** Housing availability may be a huge issue, especially if low income housing is rare or if domestic violence occurs.
- **Medical/Dental Care:** We need to ensure kids and parents can access medical and dental care.
- **Behavioral Health Care:** Parents may need access for a wide variety of issues.
- **Transportation:** Parents and their kids will need to get from here to there—and that means accessible transport.

THRIVING SERVICES

- **Parent Supports: This is you!**
- **Early Childhood Learning Programs:** We need to ensure that these programs are accessible to all parents with young children.
- **Community Schools:** This form of well-resourced school model invites parents in and offers an array of parent supports.
- **Youth Mentors:** Parents may be looking for a mentor for one or all of their children.
- **Job Training:** Job training, which might include seeking a high school or college education, may help a parent become more self-sufficient and better able to support a family.

Monumental achievements start with one step

Implementing parent support innovations with the long term goal of reaching all individuals in your county needing services, is nothing less than profound.

Our goal is to set you up for success so steps can be carefully taken, moving from short, to intermediate, to long-term goals. It all starts with one innovation developed, launched and evaluated for success.

With 100% Community, you are part of one of the very few initiatives working in a data-driven and cross-sector process to end all forms of disparities (health, education, parent support, etc.) that have existed in this nation as long as it has been a nation. We don't underestimate the challenges ahead, but neither do we overstate ourselves when we say that you can accomplish measurable and meaningful work with collaboration, creativity and a framework for success.

If you are ready to get started with your countdown to 100% with parent support, you might be tempted to skip the other nine chapters focused on key services to create healthy families and communities. However, we strongly recommend that you review the nine other chapters to gain a deeper understanding of our entire cross-sector process. You might be surprised how often your focus area of parent support plays a role in many other areas of family and community life.

Bottom line: To ensure that every child, youth and parent benefit from excellent parent support services, we need a city/county government-based organization to assess parent support access (and quality of service) yearly, leveraging governmental influence to compel parent support players working in alignment.

Keywords: parents in crisis, how to help a family in crisis, help for families

There's an app for that: Unfortunately, there's not. In each innovation area and in our chapter on technology, we have suggested multiple mobile apps, websites, and freely available computer and web-based applications to help you and the families you are assisting. There is no magic app for parent supports, but we want to change that. Let's talk.



Q+A: Perspectives from the real world

We asked Esther Devall, PhD, professor emeritus of Family and Child Science at New Mexico State University (NMSU), about creating systems to address the needs of parents. She has taught preschool, elementary school, community college and university undergraduate and graduate students. She then directed the Strengthening Families Initiative at NMSU for 15 years.

Can you share about your past work and your challenges and successes?

Over 15 years, I successfully obtained almost \$13 million from state and federal grants to support parenting education in New Mexico. With the help of talented staff (many of whom were my former students), we offered parenting classes in English and Spanish using either the Nurturing Parenting or Family Wellness curricula. Classes were offered at locations convenient to families, such as schools, community centers, churches and local agency offices. There was no fee for participating, plus meals and childcare were provided.

We reached many at-risk families, including teen parents, single parents, incarcerated parents, court-mandated parents, grandparents raising grandchildren and parents living in poverty. Parents reported significant positive changes in parenting attitudes, knowledge and behavior as a result of participating in the classes. We received national recognition from various groups for our high retention rates, program quality and evaluation results.

The primary challenge we faced was inconsistency of funding. Depending on the eligibility criteria set by funding agencies and the amount of funding received, we were able to offer statewide programming some years, while other years we were limited to one or two counties. Although we received some funding from the state legislature for 5 years, that funding was cut during a period of economic recession. We were never able to find a sustainable base of funding and eventually the program ended. This shows the need for sustainable funding that comes from local elected leadership committed to parents.

You have given a lot of thought to creating a countywide program that would be a central hub for all parent supports. Tell us more.

I would like to see the development of a countywide department that would take a comprehensive, holistic approach to parenting education and support. Ideally, parenting classes would be offered to address the issues of parents at all stages, from expectant parents to parents of adolescents or young adults. Varying levels of service would be available to meet needs, ranging from basic information and support, to intensive services for families in crisis. In other words, both prevention and intervention parenting programs would be provided. Finally, information and services would be offered in a variety of formats to meet the needs of individual families—including home visiting, group-based parenting education, online classes, websites with links to high-quality parenting information, as well as local resources and media outreach through local radio shows, podcasts, newspapers and text messaging.

This countywide department would create a database that assessed if parenting education was offered for all stages of child development, if a continuum of services from prevention to intervention was provided, and if there was a menu of program options utilizing individual and group-based formats and technology. All programs and services would utilize evidence-based curriculum and follow best practices for program recruitment, retention and delivery.

What are strategies for getting siloed parent support agencies collaborating?

The first steps in building collaboration are building trust through open communication and the creation of a win-win mindset, instead of seeing each other as competitors for limited funding. If the county can commit to the development of a comprehensive, holistic approach to parent education and support, agencies will begin to see how each program is an important component of the continuum of services offered to families. One program may specialize in home visiting for expectant and new parents of infants while another program may address the needs of parents of adolescents. They are more likely to work together on developing common intake forms and evaluation measures if they can see how each program is a key piece of the puzzle and if funding is fairly distributed among all programs meeting quality indicators.

How can parent support programs follow and assist a parent through all the stages of child development from prenatal through adolescence?

Parent needs for information and support vary across each stage of the life cycle. Research indicates that parents are particularly open to information and support during periods of transition, such as when adults first become pregnant or become new parents. They are also more receptive when children move through developmental stages such as entering kindergarten or becoming adolescents. A comprehensive approach to parent supports would offer services targeted to the unique needs of each stage. For example, parents of infants are concerned with issues about feeding and sleeping; while parents of adolescents want to know how to handle puberty, peer pressure and risky behaviors. Parents are free to cycle in and out of services as their needs evolve and change, knowing that support and education targeted to their specific needs and preferences will always be available every step of the way.

We asked Patricia A. Alvarado, executive director of McCurdy Schools of Northern New Mexico, about parent supports. She's been a high school science teacher, middle school math and science teacher, elementary teacher, superintendent and, now, executive director.

In times of a public health crisis what do you see as the immediate and long term needs in your area of work?

Some immediate need is to establish a dependable and readily accessible platform for delivering services. Both our pre-K and Project Carino are using technology such as our pre-K webpage which is embedded within our website. Ms. Sandra, our site director, has set up a list of resources and activities that parents can access. Each one of the pre-K staff has an assigned pool of students so that they can connect with the children and their parents every other day and walk them through some of the resources and activities if needed. However, this time is also used to help parents have a space to vent or to get help for themselves as they interact with their children daily, especially guiding them through the milestones or guidelines that pre-K has set out.

Each staff member is keeping track of the interactions/phone calls and describing the kinds of issues that come up more often. Another need that is going to become evident in the next several weeks is being able to successfully do a gentle “hand off” as the child and family transition from pre-K to Kindergarten. The usual practice has been to survey the parents to determine where they are going to be sending their children to Kindergarten. Once that is established, we have hosted a parent event where local area schools are invited to present to families about their kindergarten programs and to have them help parents enroll their children in their programs, which includes setting up appointments for assessments, especially if the child requires special needs services.

We will definitely have to be more persistent in contacting Kindergarten schools to urge them to contact these potential families, once we know what family has chosen what school. With all public schools being closed, this is going to present a challenge in figuring out who parents can contact and how. You can guess that some families do not have access to internet access or technology so to those families, we have offered paper packets.

In this arena, a long term need is to establish a dependable and reliable internet provider(s) and include training for all parents, perhaps at our first orientation meeting in the fall.

Project Carino has continued to reach out to their clients by using phone, Zoom and Face chat apps. They have received one more referral from MCS director and will be starting that client in the next week. We also let our pre-K families know they can call on our PC staff if they need someone to talk to.

We are always understaffed, but thankfully, our interns (even though their respective universities have relaxed their requirements for the classes they are taking) are still able to help us help our Big Buddies connect with their Little Buddies so that both the Big's and Little's continue to be in each other's lives. This opportunity for both sets of students is proving to be a highlight of their week as they deal with being homebound. Both Big's and Little's feel connected which helps them thrive in a time such as this. (If you think it will help, I can send you some of the anecdotal information the Big's have sent us and with their permission, we can share!) My concern for PC staff is that they, themselves may not be getting the self-care they need to help them do their work. The phone calls have them so busy, that they seem to be on call 24/7.

What other concerns come to mind in times like these?

Number one under this category is funding. As a nonprofit, we, along with other nonprofits have already felt the effects that this crisis is having on our giving and thus on our financial status. We are continuing to reach out to all our donors, applying for grants and applying for the federal stimulus loans that are going to be available. And this effort may carry us through to the end of the fiscal year, July 31st. But the long term effects of the situation at hand, in terms of donors' health, their present and future giving and our being able to continue the level of programming that we "give away" to clients and partnering agencies may be placed in jeopardy.

What are the biggest challenges facing parents in your county?

Some of the biggest challenges facing parents in our county include:

- Access to quality, affordable childcare agencies that are licensed and have licensed providers. The higher the level of license, the more opportunity for subsidy support that parents can have access to, if the family is eligible for such help from the Children, Youth and Families Division (CYFD). A subset of this is the resources and support in our county for providers to have access to quality training to run a center, whether that be at an agency or in the home.
- Parents' level of education directly impacts their earning potential. Many parents in our county are having to have both parents work to meet expenses. If parents do not have their diploma or High School Equivalency certificate, their earning power is compromised. If parents have an English language challenge, their earning power is even less. Even when parents want to avail themselves of educational opportunities, child care once again becomes a challenge, and in some instances, a deterrent for parents attending classes.
- Transportation challenges exist for children to attend childcare, Early pre-K, Head Start or Pre-K as well.
- Parents having access to the internet or a computer in the home in order to communicate with children's schools is a challenge, especially in the more remote areas of our county, where internet service is spotty.
- Having access to financial planning support to help them avoid predatory lending or getting into so much debt that they can't dig themselves out of their situation!
- Parents who have a child that may be challenged either physically, cognitively or emotionally need to know what resources are accessible and how to avail themselves of these services. This is so crucial for parents. People who have a good education and means to navigate through the many layers of paperwork, jargon or legalese is challenging enough! Imagine how parents who fall under the umbrella of the level of education mentioned earlier are challenged to be an advocate for their child.

How could a countywide system of parent support—including home visitation, child care and parent education programs—help?

Having support systems in place would definitely impact parenting in a huge positive manner. Real time conversations with parents to lend a shoulder to sound off of would greatly diminish the chances for parents to hurt their children out of frustration. Many parents find themselves at a loss for understanding the developmental stages of children. Establishing parent networks among the parents themselves who have become a part of the system of support would help them support each other whether they have extended family or not. Sometimes reaching out to immediate family members is not the healthiest thing to do, depending on the situation at hand. Having an objective third party that is facing some of the same issues can be much more effective without fear of judgment or reprisal. Home visiting would certainly address access, transportation and network issues.

How can we create a countywide network where all parent support agencies collaborate?

This is a most challenging goal. Because funding is so limited and needs to address numerous issues, the ability to collaborate is affected. We need funding for agencies to come to the table to even begin conversations, then funding for planning whereby a clear mapping exercise is established to see what agency is the expert in what advocacy or support for parents. We should be clearly tying funding to specific areas of service that each agency would fit into so that agencies are not competing with each other for all funding, but rather leveraging through careful research, identifying services for each area of support. We need to plan the deliverable support that each agency would offer parents, with careful attention paid to documenting what families need and where they will be getting that piece of support. We then need to perform a gentle hand-off to another agency or service provider, so that the family does not get lost in the system. This often leads to families becoming so frustrated that they just throw in the towel and walk away because they are overwhelmed by each agency's set of intake, follow-up and release paperwork.

How do we reach parents in the rural areas of the county who might not be near services?

As expensive as this may be, working a system of mobile units that would offer families the support they need is a good solution. When a certain number of families in an area are identified as needing a set of services, a unit is sent out on a certain day of the week or month and would include more than one type of service: dental, emotional, behavioral, physical or OT, etc. These services would be included in the unit on the same day instead of having many different providers going out individually. This not only saves families from having to return to a unit many times during the course of a week or month, it would also be less expensive than sending out units and providers many times on different dates.

How might technology impact parent support programming in its many forms?

Access to reliable technology is a challenge even in the more populated areas of the county. In the more remote areas, this becomes a very real challenge. Communicating by internet from schools to medical providers is paramount! The New Mexico Public Education Department (NM PED) has mandated that all schools set up, and require parents to communicate through, an online platform for everything from grades to alerts. More and more health providers are going to the same format to provide medical services.

Julie Sanchez works as program manager in the Youth and Family Services Division, Community Services Department of the City of Santa Fe, New Mexico. We have had many conversations together about creating family-friendly communities.

What challenges do parents face?

In my experiences as a person of tribal descent, a social worker and the Auntie of many, I would say there are many contributing factors. Poverty is an over-riding challenge, unemployment and underemployment, lack of access to high quality after-school and early childhood education, familial drug and alcohol abuse, unresolved trauma and in many ways, a lack of close familial bonds. Whether through the breakdown of traditional tribal culture from colonization, federal Indian relocation policies or the induction of alcohol which, as a contributing factor in my home pueblo, has for generations destroyed families and relationships. Our children are the ones that suffer the consequences through neglect, violence, and ultimately the early death of one or both parents.

Within my family unit, which is very close, we have two sets of orphaned children and possibly a third set due to parental chronic alcohol and drug dependence. While this is challenging for any family, we have really taken to the phrase, “it takes a village.” Although blood-related, we do not follow the Westernization of what a family is supposed to look like. Best friends and older cousins are uncles, aunties, mothers, fathers, mentors and leaders, older aunties and uncles are grandmothers and grandfathers, and younger 2nd or 3rd cousins are brothers and sisters. Although fragmented by death and substance abuse, we as a family are a constant in each other’s lives, whether it’s for relief, humor or dinner over a large pot of red *chile posole* we are there for each other and the children of our family.

What are the unique needs of the parents of newborns and infants?

In my community, newborns are something to be celebrated and loved. Infants are given names, given songs and given praise. They are the both a link to the past, via name and a glimpse into the future. We think of child support, wellness and welfare beyond just the extended family. For instance, before consulting books, the internet or parenting classes, it is not unusual for the parents of a new baby to rely on an older cousin, auntie, uncle or other relative to be available for guidance and advice on meeting the demands of a new child. For many areas in New Mexico, especially some tribal and rural communities, our families can be a family’s lifeline to successful child rearing. This type of co-rearing continues through adolescences and adulthood.

Imagine one county wanted to ensure that every parent had the support they needed. What would those agencies serving parents need to do to create a system of parent supports for all residents? What are some practical first steps?

All our New Mexico communities need to have the burden reduced to finding high-quality/low cost early childcare and aftercare programs for all aged children. After a birth, parents are connected to navigators who will be able to get the parents connected to classes, clothing, beds, baby-proofing materials, vouchers, etc. and other assistance as needed, with no cost to the parents. Universal basic income should also be explored.

We need to help isolated groups in rural communities come together as a community— [this] seems especially important for those that don't have close familial ties or are separated from their families. Parents should be given adequate time off to prepare for children arriving in this world, as well as the ability to have universal six weeks of time off regardless of their jobs.

Also needed are free and on-demand behavioral health and substance abuse treatment programs.

When issues come up in a parent's life (e.g. substance abuse, domestic violence, arrests, etc.) and children are identified as being in the homes, there should be a quick response to address and resolve the issues.

Practical first steps include: review and develop policy that is parent-centric, work with rural and tribal communities to see what has and hasn't been working for them, expand Medicaid so childcare services could be reimbursable, advocate for the development of more mid-to-high level early and infant care centers in communities, develop funding from municipal and state programming around the Social Determinants of Health (SDOH), screen for ACEs in the public schools and do something about it. Bring in full-time navigators to help people get the assistance they need.

Speaking of real world perspectives, we are constantly updating our electronic and paper edition of 100% Community. If you would like to share a perspective, please contact us.

Innovations and Project Checklist

Progress-at-a-glance for Action Teams

Innovation #1: Designing a county data system to track supply and demand within parent support programs

- The “all-important parent support analysis” project
- The “can you get there from here?” project
- The “does our parent support go where it should?” project
- The “mapping out the parent program eligibility criteria” project

Innovation #2: Ensuring current parent support programs are fully supported

- The “do we have enough money?” project

Innovation #3: Engaging the private sector in supporting parent support program innovations

- The “cool technology of our parenting future” project
- The “our boss will support that” project

Innovation #4: Harnessing technology to create an online directory and resources

- The “plain language for existing websites” project

Innovation #5 : Generating public awareness and engagement

- The “create the Parent Supports@100% user-friendly website” project
- The “be patient and focused” project
- The “email Parent Supports@100% often” project

Innovation #6: Make sure your education system is on board

- The “students as potential future parents” project
- The “community schools parent support” project

Innovation #7: Ensuring that local higher education is engaged in research, solutions and evaluation

- The “Parent U” project

Innovation #8: Supporting city and county governments in parent support innovation

- The “family-friendly city on the go” project

Innovation #9: Identifying how the federal and state levels can strengthen local services

- The “know your state and federal options” project
- The “find funding for the gold standard of home visitation: The Nurse Family Partnership” project
- The “we need a state coalition to make great things happen” project

Innovation #10: Institutionalizing the work by developing the City Department of Parent Supports and funding for innovations

- The “County/City partnership that funds the Department of Parent Supports” project
- The “convene your fellow parent support advocates and enhance your skills in public speaking, committee briefing and how to get to a lawmaker” project
- The “know your stuff before you meet the mayor” project
- The “create a bold vision and strategic plan” project
- The “Crisis-proof County Readiness Checklist” project

Next Steps

Gather your action team* to:

- Prioritize projects
- Assign tasks
- Schedule timelines

100% COMMUNITY *Ideally, you are part of an action team, which is part of a countywide 100% Community initiative (which could be part of a statewide campaign). If you are reading this as a solo prospective change agent, please contact us to connect with like-minded local folks and get the synergy and support needed to take on projects.

Early Childhood Learning@100%

Early Childhood Learning@100% means all of our children benefit. We ensure that it is a part of every child and parent's life.

When we begin to “Google it” for solutions:

- best early childhood education in the world: 349,000,000
- how to create an early childhood learning center: 1,320,000,000
- what are the benefits of early childhood education: 251,000,000
- how can early childhood learning educators be supported: 271,000,000
- how can a city fund early childhood education: 437,000,000

Amid the clutter, solutions await

Eric's Story

We don't have a lot of details about Eric's very early years except that child welfare was involved. Eric's mom, Noel, shared that accessing early childhood learning programs was a challenge. Noel struggled with employment in Eric's earliest years, and part of the struggle was due to the difficulty with accessing stable and reliable childcare programs. When Eric was one, he stayed with his mother's friend while his mom worked. Unfortunately, this friend wasn't trained in early childhood education. She was also taking care of her three kids and an additional child of one of the neighbors. It was often a very chaotic situation, but she did her best.

When that friend moved to another town, Eric's mom struggled to find another caretaker. She eventually found one and was able to return to work, but most of Eric's time before kindergarten was spent watching TV and playing video games. When he entered kindergarten, some of his classmates were already starting to read. Eric knew the alphabet, but was overwhelmed by the number of other kids and the expectation that he was supposed to sit still and pay attention all day. Having had very little preparation for the expectations of school, he found the structure frustrating.

Jen and Marie's Story

Jen and Marie have a neighbor called Tessa who needs child care for her son Tad in order to secure a new job. Given Jen's full schedule, she tries to help Tessa out when she can by watching Tad, but Tessa is facing serious problems because of the gap in local child care. Jen wonders why her community can't increase child care, along with early childhood learning programs? In front of her eyes, Jen sees how Tess's child care problems lead directly to problems with her job, rent, money and food.

EARLY CHILDHOOD EDUCATION has the capacity to empower us at a very young age. We don't lack for research on how the first three months of an infant's life is pivotal. There have also been many studies that show that kids who attend pre-kindergarten programs arrive at kindergarten more ready to learn and do better in school than those who do not. Some studies show this effect continuing through high school. We know that each day matters as kids move through the stages of newborn, to infant, to child, to youth. We are developing and learning minute by minute, ideally guided by caring adults in the home and in childcare and early learning programs. It should go without saying that early childhood learning programs can have a significant role in identifying, preventing and treating adverse childhood experiences and trauma.

In this chapter we discuss a very complicated system with numerous challenges. We also provide an overview of early childhood learning programs to demonstrate the challenges are solvable. Get ready to be overwhelmed, also inspired. We will guide you through the steps needed to turn ideas about increasing services and improving services into action.

Speaking of ideas bubbling up, you will want to visit our 100% Community site that houses our 100% Innovation Center, where new ideas for projects to increase and improve vital services are added constantly (<https://aae.how/288>).

How are the children?

As a society, we claim to treasure each child, yet our rates of adverse childhood experiences (ACEs), trauma and maltreatment tell a very different story. One service among the ten we identify as vital is accessible, local early childhood learning programs. There are places where a new set of eyes, those of childhood development workers, can be focused on a child, as well as his or her parents. It's in this context where challenges can be identified and ideally remedied in a timely manner. Furthermore, quality early childhood education programs provide parents with an opportunity to work, knowing that their kids are in an enriching, positive environment. It's win-win for everyone.

“Can’t all parents enroll their children in early childhood learning programs?”

We have a wealth of insights, ideas and research focused on early childhood learning programs. This information can provide every city and town with the knowledge needed to create a seamless system of early childhood learning programs. These programs would provide a vital service to every parent who would benefit from it (and that, we strongly believe, would be pretty much all parents).

High quality early childhood programs should create an environment full of creativity, art, music, movement, words and sharing with others; the fundamental skills for a productive life. Early childhood education can play an important role in preparing children for school, increasing their skills in reading, math, and teamwork.

Program staff, correctly trained in ACEs and trauma-informed care and prevention, can model positive behaviors and steer kids and their families clear of unhelpful behaviors. This is a path toward success that stretches from K-12, to job training to jobs, and one day for many, their own healthy families. The institution of early childhood learning itself can be a great way for other pairs of eyes to screen out problems, support parents and prevent potential family challenges.

Innovations focus on ensuring access to quality programs for all parents seeking a place for their children—and tech plays a role in client data collection and education for kids, parents and staff.

First things first

We ask what is the root cause of lack of access to early childhood learning programs?

The list can be a complicated one, depending on one's income and other factors.

- **Parents don't have enough money:** High-quality early childhood learning programs might be too expensive for some household incomes. Having access is often a matter of sufficient funds in your bank account.
- **Programs don't have enough slots:** High-quality centers often have long waiting lists. Some communities struggle with having enough childcare for working parents at all, much less being able to focus on high-quality care.
- **Lack of workforce:** This is a relatively new profession and, unfortunately, early childhood educators are often paid less than K-12 teachers. Turnover rates are typically high and teachers often move from center to center.
- **Location of centers can be an issue:** In some cities and some rural areas parents have to drive quite far, often not on their way to work, to drop off and pick up their children.
- **Lack of ownership:** Some think that it's not the job of government to help struggling parents with any services, including access to early childhood development programs.

With data from the **100% Community Survey** (See Appendices) and other sources, you will have a good idea about where in your county the need for early childhood learning programs may exist, and why they are difficult to access for some parents. While global, national and state data on early childhood learning programs are very interesting and instructive, the real data that inform your work will be generated by your 100% Community initiative, where you will dive deep into local neighborhoods. Then again, you may be surprised by your survey results and learn that a challenge is far bigger, or smaller, or more localized, than originally thought.

Where on earth are our challenges already fixed?

Early Childhood Learning@100% is looking at tested early childhood learning program solutions, focused on innovations, projects, policies and programs implemented in large and small cities around the world.

If you have come this far, you know that ensuring early childhood learning programs for all parents and children starts with knowing the magnitude of the problem: where precisely the lack of such services is experienced in your county and why residents can't connect with services to address access challenges.

We present this challenge to you and your local businesspeople and government leaders: ***make early childhood learning programs accessible for every child, so all can thrive.***

As you will see below, we offer only a sliver of what's out there in terms of innovations that have been shown to work. Some of the models have been with us for many decades. Some ideas are working successfully a few states over, while others are implemented on the other side of the planet. Some are quite new, thanks to evolving technologies, and merit experimentation and their own evaluation. We do not lack for solutions, just the political will.

The innovations you're about to explore can be developed with three important frameworks.

As we say in all ten sector chapters, we want to reference the data-driven framework called **Continuous Quality Improvement** and its four phases: assessment, planning, action and evaluation (revisit Chapter 29). This four-step process will guide your development of innovations in the arena of early childhood learning. And, as a gentle reminder, you will want to use **Collective Impact** (revisit Chapter 31) to organize your project and **Adaptive Leadership** (revisit Chapter 30) to determine if the particular challenge you seek to solve is technical, with established protocols for moving forward, or adaptive, where you are entering new uncharted territory without a clear path.

Designing a countywide family-friendly early childhood learning system

The past: How did we get to this point of needing a family-friendly early childhood learning system? Who exactly needs it anyway? What problems is the system supposed to solve? Why don't people just teach their own kids themselves without outside help?

The present (action agenda): Within this subject, we've identified ten strategies, called innovation areas, that can be used to tackle the early childhood learning program access problem. Within those, we suggest about twenty 100% Community projects that you (yes, you) can take on, thus propelling your community towards family-friendly early childhood learning programs in their many forms.

The future (goals): With enough work on these innovations/projects, we'll get to the point where Innovation #10—the creation of a City/County Department of Family-Friendly Early Childhood Learning—becomes a reality. With a state-of-the-art system of care in place, 100% of our county's families can report excellent support and service.

A menu of innovations and projects

You are about to review approximately twenty projects that can, if completed successfully, improve the quality and accessibility of current services. The ultimate long-term goal of these innovations and projects is to ensure that 100% of county residents have access to this vital service. Your task is to review all projects, individually and as part of an action team, to identify which ones you wish to implement. In the time it takes to enjoy a grande latte, you can give our menu a quick read to see which project pops out at you.

10 innovations your action team can implement

The following innovations represent strategies to increase access to early childhood learning programs to ensure our children are safe and successful.

(Note: for more information on Action Teams, see Appendices.)

Innovation #1 sets your action team up for success using a software system to track progress with all innovations within a county. Innovations #2 through #9 are options to explore and implement. Innovation #10 sets your team up to very well-informed change agents. Be aware that some of these innovations and projects could be completed in a few months. Others, however, might require at least a year commitment or far more.

Innovation #1: Designing a county data system to track supply and demand within early childhood learning programs

The “all-important early childhood programs analysis” project

Unlike other services like transport, no single number will give you a reasonably complete picture of the situation with access to early childhood learning programs. But by gathering multiple data sources and tracking them over time, you should be able to get an idea of how many families lack access to early childhood programs in your community. Here’s your list:

- **State Agencies:** Contact your state department of early childhood programs and ask about data sources.
- **Foundations:** Contact foundations that fund early childhood learning projects to inquire what data they might house.
- **Access:** Identify early childhood learning program prices and eligibility criteria. There may be local or regional websites that track this information.
- **American Community Survey:** Research income data from the American Community Survey then compare it to costs for early childhood learning programs in your county. This will tell you how affordable programs are in your community.
- **100% Community Survey:** This is the survey your initiative will implement to that asks residents to what degree they can access early childhood learning programs.

As mentioned, this won't be as simple an assessment as the transportation situation, but if you get these numbers, you should at least be able to tell if the situation in your community is going in a positive or negative direction. In this project, you will be gathering data to paint a picture of local early childhood learning program accessibility. This is the first step in identifying challenges. Imagine, in some sci-fi future, all residents had a family pass—a plastic card with a barcode—that would be used for all forms of early childhood learning programs. Now imagine that an AI program analyzes this data from all county residents to identify high and low use and where gaps in services exist, offering recommendations for fixes.

Deliverables: Create a one-page overview/update on the status of early childhood learning programs to present to the 100% Community team and stakeholders. (Rough time frame: 3 months)

The “can you get there from here?” project

Good early childhood development program planners figure out where people are concentrated and then plan service accordingly. A lot of early childhood learning programs are pretty siloed entities (as opposed to a seamless system), and folks in the field have not done this kind of self-assessment. Luckily, using census data, your own eyes and Google Maps, you can do it for them. First, learn how to do custom drawings on Google Maps (an internet search will lead to some tutorials). Next, take a look at the American Community Survey, Google Earth satellite images and the results from your **100% Community Survey**. This should be enough to get started.

Deliverables: After getting comfortable with Google maps and data, present your findings to the 100% Community team. (Suggested time frame: 3 months)

👉 How to do custom Google Maps: <https://aae.how/24>

👉 American Community Survey: <https://aae.how/25>

The “do our programs exist where they should?” project

Your early childhood learning system (notice the term “system,” as it should be one seamless system serving the entire county) should serve all residents, especially your community's most critical areas: communities with high rates of child welfare involvement, low income areas, areas with high unemployment, and high schools with low achievement and high dropout rates. Find or make a map of the county, then make a map of all “high risk” areas and all early childhood learning programs. Next see how well those two maps overlap. Also take a look at service frequency: are programs being offered where the need is the highest? Whether early childhood learning programs “serve” the most critical areas depends on more than what the map looks like.

One issue to tackle will be transportation. One type of early childhood learning program may well be the next town over from where the need for that particular service is the greatest. Can you get there from your town? Often the answer is no, especially in places where state transit leaders have ceded their planning authority to county leaders. This issue leads to your action team talking with the transportation action team (and possibly more teams).

Deliverables: After analyzing your data, including all you can find on early childhood learning planning problems, present your findings to the 100% Community team. (Suggested time frame: 3 months)

Innovation #2: Ensuring current early childhood learning programs are fully supported

The “do we have enough money?” project

By now, you should have a pretty good idea of how your early childhood learning “system” is doing and which areas may require improvement. Sometimes, it may be a matter of using existing budgets (as in agency, city, county, state or foundation budgets) differently. Often you will discover that the funding simply isn’t there to prevent long wait times for openings in early childhood learning programs. Do your assessment of all current programming to know the quality and quantity of services.

Deliverables: After analysis, including a sample of early childhood learning programs for our most vulnerable families, create a one-page brief. Share it widely online with the 100% Community team and all county stakeholders engaged in early childhood learning programs. (Suggested time frame: 3 months)

The “let us research some amazing potential solutions” project

This is a research project that highlights potential innovations for your county to take on. They include various programs and insights from the Early Childhood Funders Collaborative and the Urban Institute.

Deliverables: After an analysis of the programs, share findings with 100% Community team and all early childhood learning advocates. (Suggested time frame: 1 month)

👉 Early Childhood Funders Collaborative: <https://aae.how/153>

👉 The Urban Institute: <https://aae.how/154>

Innovation #3: Engaging the private sector in supporting early childhood learning program innovations

The “will our boss support that?” project

The idea of a private company giving an employee a free bus pass is nothing new, but it may be new for employers to provide a subsidy for some forms of early childhood learning programs. This would be an innovation to present to your chamber of commerce and local elected leadership.

Deliverables: Do a search of US firm,s and even a few based outside our borders, to compare and contrast findings. Present to the 100% Community team. (Suggested time frame: 1-3 months)

The “tax credits for early childhood learning” project

Employers may be able to receive a tax credit for assisting employees with childcare, up to \$150,000 per year. These benefits supplement those tax benefits already afforded to working parents and incentivize employers to provide further support.

Deliverables: Do a search on tax credits for early childhood learning programs to research the latest policies and funding. Write and share a one-page brief on your findings to the 100% Community team. (Suggested time frame: 1-3 months)

👉 Journal of Accountancy: <https://aae.how/155>

The “companies that go above and beyond” project

Here is a listing of eleven companies from the Penny Hoarder website that do a heroic job of supporting families that are employed by them. Companies include grocery store chains, food manufacturing, clothing and outdoor companies, IT and finance. Not every company offers free childcare but they do make the effort to support working parents.

Deliverables: Review company policies and identify heroic policies that would improve your county’s workforces and their parent-friendly policies. Share in a short brief with the 100% Team. (Suggested time frame: 1-3 months)

👉 The Penny Hoarder: <https://aae.how/156>

Innovation #4: Harnessing technology to create an online directory and resources

The “plain language for existing websites” project

In some city and county systems, thoughtful professionals spend a great deal of time and effort trying to design perfect websites, with intuitive listings of early childhood learning program offerings, easy-to-read maps to such services, and other features to facilitate how to sign up for supports. Your mission is to figure out whether your county and city websites are taking this opportunity to simply and efficiently explain on their websites what supports are offered, offer downloadable and printable brochures and schedules in all relevant languages, or present information through an app.

Deliverables: Research your county’s various government and non-governmental agency websites to identify how clearly early childhood learning programs are represented. Present your findings to the 100% Community team. After feedback, network with local early childhood learning agencies (with support from a web designer and graphic designer) to explore improving the user-friendliness of current websites. (Suggested time frame: 1-3 months)

Innovation #5 : Generating public awareness and engagement

The “create the Early Childhood Learning Programs@100% user-friendly website” project

This is where you design and launch your own family-friendly website for the public to post vital information on early childhood learning programs. As mentioned earlier, websites don’t just pop up easily, but there are free services online to help with design.

Deliverables: Research websites on early childhood learning programs across your county and state. You might even find great ideas across the nation and globe. Present your findings on the user-friendliness of existing local websites to the 100% Community team. After feedback, network with local early childhood learning program folks (and a web designer and graphic designer) to create a user-friendly website that houses easy-to-understand information on all aspects of early childhood learning programs. You can also include information on your Early Childhood Learning Programs@100% action team and how you are working to improve all child care and early childhood services. (Suggested time frame: 3-6 months)

The “explore more lessons on parent supports” project

This is a research project that highlights interesting innovations. They include programs and insights from the San Felipe Pueblo and South Dakota and Sisseton Wahpeton Oyate of the Lake Traverse Reservation.

Deliverables: Spend some time exploring these programs and reach out to do an informational interview with staff if possible. Identify key activities and report to the 100% Community team on lessons learned. (Suggested time frame: 1–2 months)

👉 San Felipe Pueblo: <https://aae.how/157>

👉 South Dakota and Sisseton Wahpeton Oyate of the Lake Traverse Reservation: <https://aae.how/158>

The “be patient and focused” project

Even completing a few of these projects will place you among the best-educated one percent when it comes to early childhood learning in your area. One way to put that know-how to good use is to serve on an advisory board or commission. Many—but not all—city, county, higher education and child welfare agencies may have them. There are often more generic parent support boards or advisory panels out there usually hurting for members as well. This is an opportunity to ensure alignment of services becomes a reality.

Deliverables: Attend at least a quarter’s worth of meetings, then present to the 100% Community team your analysis of current committee/task force working groups—including how data-driven and results-focused they appear to be. (Suggested time frame: 4 months)

The “email Early Childhood Learning@100% often’ project

Email and social marketing are good tools for outreach. Social marketing strategies, just like website development, can be challenging, yet there are “how to” websites that can help facilitate this process. (Revisit Tech: Chapter 36.) You should work to reach all stakeholders who have the concerns of families (and all residents) on their radar, then send updates on the work of your action teams to raise awareness and garner support.

Populations to target:

- Early childhood learning program staff
- Youth-serving groups
- Family-serving groups
- Faith-based groups
- Cultural groups
- Elected officials

Deliverables: Identify the most tech-savvy in your network, then create a countywide list of stakeholders to email. Create a rough message and graphic identity for your messaging. Test it out with the 100% Community team, tweak, and off you go. If you use a mailing service that can track your email's performance, check open rates after three months to assess responses. If you email your network directly, gauge how many of the messages receive a reply or initiated action. (Suggested time frame: 4 months)

Innovation #6: Make sure your education system is on board

The “community schools parent support” project

We have lots of research on how community schools can become a hub for early childhood education. If you have a community school, discuss how they can support early these programs. You can also explore our links to insights from the National Education Association and folks in Nebraska.

Deliverables: Learn all you can about these programs, gathering insights on all activities and evaluation. If possible, do an informational interview with a program staffer. Collect your notes to create a one-pager to present to the 100% Community team. (Suggested time frame: 1 month)

👉 National Education Association: <https://aae.how/159>

👉 Nebraska partners: <https://aae.how/160>

Innovation #7: Ensuring that local higher education is engaged in research, solutions and evaluation

The “Early Childhood Learning For U” project

Just like with the K–12 students, colleges and universities are important places for early childhood learning programs, including for research and training of early childhood learning educators. While not all higher ed institutions are set up to do this, it’s worth asking whether the local college or university devotes any time, research or other resources ensuring that their students and staff have access to campus-based early childhood learning in its many forms. This project assesses all colleges and universities in the region to measure support. Read the articles provided to learn about the Higher Education Act, the Santa Fe Community College Center for Excellence and a program out of Eastern New Mexico University.

Deliverables: Learn all you can about this, gathering insights on all activities and evaluation. If possible, do an informational interview with program staffer. Collect your notes to create a one-pager to present to the 100% Community team. (Suggested time frame: 1 month)

👉 Higher Education Act: <https://aae.how/161>

👉 Eastern New Mexico University: <https://aae.how/162>

👉 Santa Fe Community College Kids Campus: <https://aae.how/163>

Innovation #8: Supporting city and county governments in early childhood learning

The “family-friendly city on the go” project

Early childhood learning is about more than just a place to drop off a child or workshops and visits by caring professionals. It’s about having a wide range of services to make a parenting easier and providing as many opportunities for early childhood development as possible. These opportunities might come in the form of a children’s museum or other child-friendly environments. We need to evaluate if there is a public transport system that accommodates baby strollers. Are there sidewalks for safe walking and strolling? Are there bike lanes for parents with kids on wheels? Are there easy-to-access restrooms in city and town centers for parents and families? Can you stroll to a kiosk in front of city hall or a business downtown (as they do in NYC) to get directed to every family-friendly service downtown? The answers to these questions may end up on your to-do list.

Of course, as long as we're making the world excellent for parents, it's worth noting that lots of youth and child-free adults like those options for transportation and recreation alike. The more your city has sidewalks, bike lanes, multi-use trails, well-enforced speed limits and roads designed in such a way as to encourage slower speeds (<https://www.aae.how/164>), the more likely you'll be to see families and all sorts of people getting around without a car. Some cities, especially on the East Coast, are already pretty close to this. But often Western cities, particularly those developed after the popularization of the car, will need to retrofit these features into their current urban landscape and, as a bonus, make sure they come standard in new development.

Deliverables: Learn all you can about this, gathering insights on all activities and evaluation. If possible, do an informational interview with program staffer. Collect your notes to create a one-pager to present to the 100% Community team. (Suggested time frame: 1 month)

Innovation #9: Identifying how the federal and state levels can strengthen local services

The “know your state and federal options” project

Rare is the urban or rural early childhood learning program or agency that doesn't get by without a lot of help and guidance from the state or federal government (or both). Knowing a bit about those relationships will provide helpful background information and relationship-building to empower potential funding for a local agency.

There are significant differences that exist between how pre-K is funded compared to K-12. Most states—43 and the District of Columbia—rely on general revenues, while about 15 programs require a local match. State funding for preschool may include a variety of sources, including: lottery funds, gaming revenues, sales taxes and general revenues.

States also use a variety of mechanisms to distribute funding to pre-K programs—only 11 include state-funded preschool in their K-12 school funding formulas. A recent analysis of those states found including pre-K financing in the school funding formula led to “better pre-K funding,” that was both more stable and more responsive (<https://aae.how/168>).

Deliverables: Learn all you can about state and federal supports (ideally with a colleague who loves detail work and can supply coffee), gathering insights on all activities and evaluation. If possible, do an informational interview with a program staffer. Collect your notes to create a one-pager to present to the 100% Community team. (Suggested time frame: 1-3 months)

👉 Funding the Future: <https://aae.how/165>

The “know how schools get funding” project

Early childhood learning programs are federally funded to schools with Title I, Part A of the No Child Left Behind Act (2001). Title I funds are targeted to high-poverty schools and districts and used to provide educational services to students who are educationally disadvantaged or at risk of failing to meet state standards.

Deliverables: Research this area, gathering information that can support your county, then report back to the 100% Community team. (Suggested time frame: 2 months)

👉 Education Week: <https://aae.how/166>

The “Track the support of the US Department of Education” Project

The US Department of Education is tasked with allocation of federal funds to the state level. Through funding mechanisms like preschool development grants, the Race to the Top—Early Learning Challenge, IDEA grants, Title I, Promise Neighborhoods, Investing in Innovations and so many more, money is disbursed to states, and the communities within, to address early childhood learning needs. Many of the funds are channeled to Early Headstart and Headstart programs.

Deliverables: Research this area, gathering information that can support your county, then report back to the 100% Community team. (Suggested time frame: 2 months)

👉 US Department of Education: <https://aae.how/167>

The “we need a state coalition to make great things happen” project

Through collaboration and the strategic use of data and technology, all county players working together can find a way to ensure that early childhood learning works. We are not trying to simplify one of our nation’s and the states’ most complex challenges in a sentence. We are advocating for the start of a long-term, local dialogue about how we end early childhood early learning program disparities so every child has a chance to improve and be inspired to learn. Your county and state network can educate local lawmakers about a new role for government: ensuring no parent lacks access to such a vital program as early childhood learning. The coalition can also work to elect officials who will prioritize access to early childhood learning programs. Technology can connect everyone in the network with shared, goals, activities, use of data, communication and messaging, and evaluation processes. Your action teams starts with identifying who is in the lead with early childhood learning program reform.

Deliverables: Find some passionate change agents, and conduct informational interviews with sector stakeholders, to assess interest in a county or state coalition. Assess the data-driven and results-focused quality of current coalitions. Create a one-pager to present to your 100% Community team and countywide network of early childhood learning program agencies on your initial findings. (Suggested time frame: 3 months)

Innovation #10: Institutionalizing the work by developing the City Department of Early Childhood Learning and funding for innovations

The “County/City partnership that funds the Department of Early Childhood Learning” project

Elevator pitch: When Eric was two, his mom should have been able to scan city hall’s website to find all sorts of early childhood learning programs. She should have been able to see a clearly defined menu item called “Department of Early Childhood Learning” right next to the Departments of Police, Fire and Parks. It should not be buried deep in the bowels of the website. It’s a vital, stand-alone department (or should be) and deserves to be treated as such.

Why is this department so important? After all, various local early childhood learning programs are already funded, often in part by county entities, city entities, foundations, nonprofit organizations or multi-county coalitions. In smaller areas, college centers or nonprofits are the hub for all early childhood learning. This proposed Department won’t put early childhood learning programs in place. It will instead regularly evaluate the early childhood learning program needs of its constituents, determine if they are adequate and regularly research innovations. This job will look very different depending on the town, it may take a part-time city manager a few hours per year in the smallest of hamlets. But it’s important work that needs to be done by someone who reports to an individual who regularly stands for election.

Potential partners: mayors, city councilors, county commissioners, advocates for parents, public education, early childhood learning program leaders and socially-engaged businesses.

The “convene your fellow early childhood learning program advocates and enhance your skills in public speaking, committee briefing, and how to get to a lawmaker” project

This project is a crash course that you will develop with local experts about how to contact local and state leaders, give an elevator pitch on your projects, and the protocol for committee hearings that can lead to funding.

Deliverables: Find an accomplished colleague with good public speaking skills along with a professional with experience lobbying/networking with elected leaders. Together, discuss how a workshop for the entire 100% Community team could be created to enhance skills. Assess interest with teams, make a workshop plan, deliver, and evaluate. (Suggested time frame: 3 months)

The “know your stuff before you meet the mayor” project

Innovation #10, in some ways, is putting it all together. By this we mean that, by the time your action team becomes familiar with all nine innovation areas and their projects, you will be prepared to meet with elected officials and stakeholders to discuss how your city can strengthen its support of early childhood support in all its many enriching forms.

Deliverables: Identify at least one colleague to join you in reviewing every innovation project in this chapter. This means diving into all the research that you can get your hands on, starting with our links, to support your project. Conduct an assessment of all 100% Community team members to identify which projects are of interest and in development. From here, present your global overview of project development with the entire 100% Community team for feedback. (Suggested time frame: 3 months)

The “create a bold vision and strategic plan” project

It’s time to create a detailed plan for this new (or improved) local Department of Early Childhood Supports. As with previous projects, you will have learned its strengths and weaknesses, potential funding sources, and who the players are. You’ll be in a strong position to document what’s great and needs to be kept as it is or expanded, and what needs to change.

Deliverables: After an assessment of county early childhood supports (see Innovation #1) and a survey of all 100% Community team members to identify which projects are of interest or already in development, develop a draft outline of a strategic plan for a Department of Early Childhood Supports. From here, present the draft plan to the entire 100% Community team for feedback. (Suggested time frame: 3–6 months)

The “Crisis-proof County Readiness Checklist” project

It’s here you work with city and county emergency preparedness to assess readiness for a public health crisis that impacts early childhood learning programs. See Appendices.

Deliverables: Explore all you can, connecting with key officials and sector leaders, and write up a summary for the 100% Community team. (Suggested time frame: 3 months)

You're all about giving kids a good start.

We're connecting the dots between early childhood learning and all aspects of family, school and work life.

Know that your work in early childhood learning impacts all the vital services that, in turn, impact childhood and student success.

Our entire 100% Community model is based on cross-sector work, asking all county stakeholders to connect the dots between what we call our five “survival” sectors and five “thriving” sectors. As you concentrate on early childhood learning, consider how your work impacts on the following interrelated sectors that our entire 100% Community process is focused on.

SURVIVAL SERVICES

- **Food:** For some families at certain times of the month, food banks and programs will be needed.
- **Housing:** Housing may be a huge issue, especially if low income housing is rare or if domestic violence occurs.
- **Medical/Dental Care:** We need to ensure medical and dental care for children to be able to learn and grow.
- **Behavioral Health Care:** Parents may need access for a wide variety of issues.
- **Transportation:** Parents and their kids will need to get from here to there—that means accessible transport.

THRIVING SERVICES

- **Parent Supports:** The professionals who work here should be huge advocates for early childhood learning and know how to access local programs.
- **Early Childhood Learning Programs: This is you!**
- **Community Schools:** This well-resourced school model exists to help parents find early childhood learning programs.
- **Youth Mentors:** Mentors should be aware of early childhood learning programs in case a mentee has younger siblings.
- **Job Training:** Getting to job training, which might be at a college, may help a parent become more self-sufficient and better able to use early childhood learning programs.

Monumental achievements start with one step

Taking on innovations in early childhood learning is nothing less than profound.

Our goal is to set you up for success so steps can be carefully taken, moving from short, to intermediate, to long-term goals. It all starts with one innovation developed, launched and evaluated for success.

With 100% Community, you are part of one of the very few initiatives working in a data-driven, cross-sector process to end all forms of disparities (health, education, parent supports, etc.) that have existed in this nation as long as it has been a nation. We don't underestimate the challenges ahead, but neither do we overstate ourselves when we say to you that you can accomplish measurable and meaningful work with collaboration, creativity and a framework for success.

If you are ready to get started with your countdown to 100% with early childhood learning you might be tempted to skip the other nine chapters focused on key services to create healthy families and communities. We do, however, strongly recommend that you review the nine other chapters to gain a deeper understanding of our entire cross-sector process. You might be surprised how often your focus area of early childhood learning will play a role in many areas of family and community life.

Bottom line: To ensure that every child benefits from excellent early childhood learning programs, we need a city/county government-based organization to assess access (and quality of service) yearly and leverage governmental power to get all the early childhood learning program players working in alignment.

Keywords: trauma in early childhood education, traumatized child behaviors, adverse childhood experiences in the classroom

There's an app for that: Good communication is a fundamental pillar of any plan for implementing and improving strong early childhood learning programs in your county and community. Fortunately, there is no shortage of options for creating community-based communication channels to keep everyone updated, and to plan and coordinate. When deciding which option to use, consider the audience. You may choose to create an open or closed Facebook group. Not everyone is a fan of the personal data mining that goes on at Facebook, however, so some of your key contacts may feel uncomfortable with that choice. The corporate world uses Slack quite often, and there is a free tier that works perfectly well for small to medium-sized groups. The drawback of Slack is that it's another app to download and remember to check. If you already know many of the contacts, ask around for suggestions to gauge what people in your group are comfortable with and what they will, absolutely, not use.

② Q+A: Perspectives from the real world

Dr. Melissa Hardin oversees the Social Work Program at Eastern New Mexico University. She shares insights from growing up and working in a rural community.

As someone with a background in child welfare and a university professor teaching the prevention of childhood trauma as part of data-driven social work coursework, what does the public need to know about the positive impact of early childhood learning programs?

These programs have the ability to make an impact far greater than their name implies. These programs are vehicles for family support, early screening and proactive efforts to address a child's need. If used to their full potential, early childhood learning programs could serve as a base from which to provide parent training, medical, dental and educational screenings, peer socialization, and so much more! Getting in early and working with children in an early childhood learning center greatly increases their chances for a better school experience in years to come. Some childhood experiences are beyond the scope of the community, but these programs are out there and filled with kids in need of our attention and resources—we simply have to utilize them.

Children who have had child welfare involvement or have endured ACEs may have very special needs to be addressed by early childhood learning staff. What do staff need to know about these vulnerable children?

Oftentimes children that have experienced trauma, either in the past or on-going, can present as “problem children” in the classroom setting. These are the children who cannot seem to focus, struggle with following directions, have emotional outbursts, or demand great time from teachers and staff. They are looking for normalcy and safety everywhere. Their behaviors can really complicate these efforts as we understand normalcy and safety—their “normal” can feel like chaos to others.

These kids are not always the easiest to teach or supervise. That can be an uncomfortable place for people to admit they are in. Our traditional responses of punishment or consequences do not translate well with these kids. Perhaps they cannot follow directions for a variety of reasons. Or separating them from their peers and the teacher further exacerbates the isolation and loneliness they bring from hours of inattention when left alone at home.

The best advice I can give is to be watchful. Don't hesitate to use your peers and administrators for guidance with these children. They are a challenge simply because their composition is not what we are trained for—and definitely not what we expect—but the reward is great when you have success with a child with whom you can provide a safe, stable environment.

Early childhood learning programs are scattered throughout a county, maybe private or publicly supported by the state or local governments. How does one go about turning these potentially siloed programs into a countywide system—not unlike a public school system?

This is a for-profit and non-profit collective, as I understand it. These two types of entities have differing funding sources, regulations and consumer markets. You could work to bring them all to the table, forming a collaborative, listing resources on a website to provide information on location, transportation options, fees, hours of operation, services, curriculum and mission of their programs. A link from a city or county government page would be ideal. Then, resources could be funneled into educating the community on where to find this listing and how to enroll their child. Here, consumers would have all options in front of them and could make an informed decision. This would also help the community identify gaps as well as ensure their children are all receiving the benefit of this service.

Speaking of real world perspectives, we are constantly updating our electronic and paper edition of 100% Community. If you would like to share a perspective, please contact us.

Innovations and Project Checklist

Progress-at-a-glance for Action Teams

Innovation #1: Designing a county data system to track supply and demand within early childhood learning programs

- The “all-important early childhood programs analysis” project
- The “can you get there from here?” project

Innovation #2: Ensuring current early childhood learning programs are fully supported

- The “do we have enough money?” project
- The “let us research some amazing potential solutions” project

Innovation #3: Engaging the private sector in supporting early childhood learning programs innovations

- The “will our boss support that?” project
- The “tax credits for early childhood learning” project
- The “companies that go above and beyond” project

Innovation #4: Harnessing technology to create an online directory and resources

- The “plain language for existing websites” project

Innovation #5 : Generating public awareness and engagement

- The “create the Early Childhood Learning Programs@100% user-friendly website” project
- The “explore more lessons on early childhood learning programs” project
- The “be patient and focused” project
- The “email Early Childhood Learning@100% often” project

Innovation #6: Make sure your education system is on board

- The “community schools early childhood learning” project

Innovation #7: Ensuring that local higher education is engaged in research, solutions and evaluation

- The “Early Childhood Learning For U” project

Innovation #8: Supporting city and county governments in early childhood learning

- The “family-friendly city on the go” project

Innovation #9: Identifying how the federal and state levels can strengthen local services

- The “know your state and federal options” project
- The “know how schools get funding” project
- The “Track the support of the US Department of Education” Project
- The “we need a state coalition to make great things happen” project
- The “county/city partnership that funds the Department of Early Childhood Learning” project
- he “Crisis-proof County Readiness Checklist” project

Next Steps

Gather your action team* to:

- Prioritize projects
- Assign tasks
- Schedule timelines

100% COMMUNITY *Ideally, you are part of an action team, which is part of a countywide 100% Community initiative (which could be part of a statewide campaign). If you are reading this as a solo prospective change agent, please contact us to connect with like-minded local folks and get the synergy and support needed to take on projects.

Community Schools@100%

Community Schools@100% means all students have the resources needed to succeed. Today we can create “community schools” with the resources to ensure all students are successful. Are you ready?

When we begin to “Google it” for solutions:

- community schools: 2,020,000,000
- wrap around services in schools: 51,000,000
- students needing behavioral health care: 69,200,000
- school boards wanting to address ACEs: 12,100,000
- dental services on wheels: 36,000,000

Amid the clutter, solutions await

Eric’s Story

Eric’s time in school is tough. His anxiety leads to trouble focusing. He endures lectures from teachers on how he’d “better get with the program or get an F.” When he can’t take any more, he just ditches his classes. With a history of abuse and neglect, Eric needs extra support in certain subjects. (He’s great with math and engineering, but a mess with English and history.) He needs a certain style of communication so as not to trigger feelings of trauma. And he needs access to school-based medical and mental health care, along with mentors to help him navigate school-work and life in general, in an under-resourced part of town. Eric’s mom also needs support from the school as she does her best to find community resources to help her son. Eric’s school doesn’t have those resources yet, so he, and many students like him, become another data point in a government report: failed to graduate.

Jen and Marie's Story

Jen feels like the luckiest parent in the world as her daughter Marie goes to what is called a community school. The school has a health center that both students and parents can go to. They have staff for parents to help them find the services for surviving and thriving. Marie's school also has weekend and after school activities for students to give her a safe place to stay until the work day ends, extra mentoring and tutors. Jen always feels welcome at the school and has spent time talking with the community schools director, who manages all these extra activities. Jen wonders why all schools don't become community schools.

TOMORROW'S PUBLIC SCHOOL will be the key frontline defense against many of the challenges facing students and their families, including health disparities. Every school can become what's called a community school, which means they are funded and staffed to become vital community hubs for health care, food distribution, clothing banks for the needy, and places of important community resources and information in case of a public health and safety crisis. This will only happen, however, if they have the resources, staff and the know-how to do the job. The community school model makes sense especially in times of crisis and change, because schools are the one place that even kids in the most dire of circumstances somehow manage to get to most of the time.

The more fully-funded services we can pack into schools, the better: afterschool and summer programs, mentoring programs, social workers, case managers, employment centers, medical, reproductive and behavioral health services, and on-site tutoring. While coordinating and creating the funding streams for all these services may sound like a huge challenge, successful community school models have been in existence for quite awhile. Some already are performing this type of comprehensive, family-focused and student-centric programming for decades. The results are higher retention and higher graduation rates, as well as overall higher satisfaction from students and their parents.

In this chapter we take on a very complicated system with numerous challenges. We provide an overview of the community school model within the public education system to demonstrate ways to address these issues. Get ready to be inspired. When a state has a networked system of fully resourced community schools, our communities have the capacity to be healthier and safer, along with the resources to increase the success of all students. We will guide you through all the steps needed for transforming currently under-resourced schools into fully resourced community schools.

Speaking of ideas bubbling up, you will want to visit our 100% Community site that houses our 100% Innovation Center, where new ideas for projects to increase and improve vital services are added constantly (<https://aae.how/288>).

It it time to press the reset button on school to achieve student success?

Lots of schools in under-resourced areas are strapped for cash. The systems may receive insufficient funding through local property taxes and/or there is just not enough funding allocated by lawmakers to make schools full-service community schools. This means that public schools and their students struggle to pay for all the staff and services needed to keep students on the path to safety and academic success.

If we put all of these services in a place where kids are going anyway, they are far more likely to take advantage of them. And if we address the underlying root causes of poor school performance in middle and low income neighborhoods, then test scores, attendance rates, and graduation rates will get better. And, as an added bonus, the Erics and Ericas of the nation will be safer and healthier, on a path to self-sufficiency. They no longer have to sit in silence or act out inappropriately due to adverse childhood experiences and trauma. The resources are right there to help them prepare for their future lives and careers.

The Community Schools Model

Community schools are those that are designed to create learning environments where all students, including those facing health disparities, social adversity and adverse childhood experiences, have the best chance to achieve success. There are a number of models for community schools with the following four components:

- **Component One: A Director.** Community schools have a full-time community schools director to work with students, staff, families and neighbors to develop a shared vision, then create partnerships with community assets to help achieve that vision.
- **Component Two: Health Care and Other Services.** Community schools ensure that all students and their families have access to the types of integrated support services shown to increase student health and safety and engage student's families in the learning process. Potential services that are commonly found in community schools include school-based services, such as: health care, behavioral health care, dental services, tutoring, mentoring and out-of-school programs shown to strengthen student learning. These services can address ACEs and other challenges that students and families are facing.
- **Component Three: Schools as Neighborhood Hubs.** Community Schools promote authentic family and community engagement, transforming the school into a neighborhood hub that is open to the community for a variety of uses beyond school hours. They also promote inclusive, shared leadership at the school level so that the school is reflective of the vision of students, staff, families and the neighborhood.
- **Component Four: Social Engagement.** Community Schools offer a community-based curriculum that engages students in community service-learning and neighborhood activism so students become leaders in addressing the social conditions that produce a variety of social challenges including lack of access to health care.

With these four components in place, a school has the resources to become a community hub for all students, parents, family members and community agency workers. With community schools, if the staff don't have what parents and students need in-house, they know where in the community resources exist and how to access them. With our 100% Community initiative, our job is to ensure that all nine other vital resources do exist.

There are decades of research to show that community schools increase a student's capacity to learn and thrive. And having all the four components is key. There are a wide variety of ways to fund community schools. Each state can work to become a leader in this new way of creating school environments, where all students are poised for success.

Dom's Journal

I'll never forget moving to Santa Fe and visiting my friend's mom, who we will call Ms. Sharon. She was working as an elementary school teacher in a public school, considered a very good one. I was impressed with how she skillfully kept all 30 students seemingly on-task, or at least in their desks and focused on a reading lesson. Yes, some kids looked very checked out, others half asleep, while the front row kids were wide-eyed and attentive. After class I asked Ms. Sharon how she managed it all.

"As you can see, I have no teacher's aide, no time for a break until lunch, and no one to help me give special attention to either the brightest or the most troubled. Five of my students have very serious emotional health challenges, but today they were not acting out. When they do, which is often, it is pure chaos. What you saw today was mostly warehousing and crowd control, as I am not set up to teach and I feel terrible about it."

It was only a few weeks later I visited a private school a mile up the road from Ms. Sharon's school and in that classroom was a teacher, a paid teacher's aide and three volunteer parents serving as aides, all working seamlessly together with twenty students in groups, based on their skill levels. The feeling of the room was one of calm and caring, with a strong focus on meeting students where they were. Odds are very good that in this classroom, there were those students who were enduring ACEs, but it was clear that resources existed in this school and community to provide help.

First things first

What are the root causes of the lack of community schools in the US?

Given we're living in county where large segments of the population lack easy access to the vital services for surviving and thriving, why wouldn't every public school now be funded to support all students with access to behavioral health, along with dental, medical care and tutors. The list is a long one.

Some root causes may include:

- People believe that schools are for teaching the basics, not providing emotional support and health care.
- We expect students (and their parents) to fix themselves if they face challenges with mental health, substance misuse and lack of resources.
- We think that if families need help with community services they should just pay for it, not receive it at school.
- Some think that it's not the job of government to help traumatized students and their struggling parents through school services.
- People think that public schools can never find funding to become community schools.
- There are those that say, "Facing ACEs can be character-building." With this belief, there's certainly not a need to help students who live in households where abuse, neglect, substance misuse, domestic violence and untreated mental health challenges are the norm.

As for why we need to transform our regular public schools into full service community schools, where students and their parents can access the support they need to increase school achievement, the answers are easy to identify.

“Do school classrooms really need to be more than one teacher, thirty desks with four walls? That’s all I had and I turned out fine.”

For students, many with ACEs will become marginalized as their fear of what awaits them at home far outweighs the pressure to study and achieve. Community schools are designed to offer the support needed for all students to thrive and succeed. The model also provides parents with the support needed to address ACEs. We know from child welfare data that most parents engaged with child protective services will be struggling with one or more of the following challenges: substance misuse, domestic violence and mental health challenges. Most parents have difficulty accessing help. Sometimes, services don't exist. Other times, parents are not aware of them or how to access them. Again, the community school model provides the staff and resources to engage with students and family members in significant ways, to ensure safer and healthier home environments, where learning is prioritized.

Who's learning, who's falling behind and who will fail?

We could overwhelm you with data on national and state public school attendance, grade averages and drop out rates. What's most important is that you paint a picture of the schools in your county. The **100% Community Survey** (see Appendices) will tell you what parents and youth have to say about their access to schools that have resources. You can also compare and contrast graduation rates with schools in higher and lower income communities, as well as look at the difference between public and private schools.

One thing we can assure you, if a school district were to survey their students for ACEs, it would be a wake-up moment for the entire county. From the very small samples we have, a third to two-thirds of some public classrooms have students reporting three or more ACEs. And surveys from private schools would also make the story complete, documenting to what degree students of all socio-economic levels are enduring ACEs and the problems resulting from the pressure of attaining high scores, including substance misuse and emotional health challenges.

How does student marginalization happen?

Why would students be marginalized? Students fall through the cracks for many reasons. While a school may call itself student-friendly, this does not mean that the school has a school-based wellness center with full time behavioral health care staff, along with medical and dental care. Yes, staff may be able to acknowledge the students lacking access to basic services or with high ACEs scores. And educators and staff will be sympathetic to their situation. Outside of offering the occasional lessons on sharing feelings, however, students facing social adversity or traumatizing situations at home, in most standard public schools, are on their own. School staff and teachers must often tread very, very carefully as they talk with students about their home lives, lest it mean potential abuse or neglect is revealed, requiring a call to Child Protective Services.

In some schools, if staff reported all the students being potentially maltreated at home to child welfare, large segments of some classrooms would be meeting with child protective services investigators. School would cease to function. So teachers and staff, who care deeply about students (or they would not be in education) turn (very reluctantly) a somewhat blind eye to students with ACEs. Many students with ACEs follow the school rules, doing their best while dreading going home to suffer in silence day after day, year after year. This scenario can change with a community school and a countywide effort to ensure vital family services.

What's the role of school in an epidemic of trauma?

State departments of education, school district administration and school principals and staff have not, for the most part, seen it as their role to ensure that all students at risk for ACEs, or those currently enduring ACEs, have access to trauma-informed behavioral health care. Yes, more and more educators are becoming aware of ACEs and the goal of being a trauma-informed school. But trauma-informed, we must stress, does not guarantee that Eric and his counterparts get timely access to mental health care or the basics of food, stable shelter or a home life not haunted by parents struggling with substance misuse, domestic violence and untreated mental health challenges.

So do we care if students fail to do their math homework because they are trying to survive the night? The answer must be yes. And this requires that all schools be resourced in new ways that support the entire school community.

A community school could change so much of this bleak outlook for Eric and friends. There would be the resources and staff to engage with Eric and his family members, linking them with easy-to-access services and supports.

It's been said that public schools are the foundation of our democracy. "The public school is at once the symbol of our democracy and the most pervasive means for promoting our common destiny," wrote Justice Felix Frankfurter in 1948. We agree and most likely you do, too. Not only is a public school a stepping stone to achieving success, but it can be a strong community center that empowers residents.

Where on earth are our challenges already fixed?

Community Schools@100% is looking at tested community school solutions, focused on innovations, projects, policies and programs implemented in large and small cities around the world.

If you have come this far, you know that resourcing schools through the community schools model starts with knowing the magnitude of the problem: where precisely a lack of school resources are experienced in your county. Why students and their family members can't access services in schools to address problems that impact student achievement.

As you review our list of innovations, remember that in the continuous quality improvement (CQI) framework and the world of startups, one always considers the capacity of a team to take on a project, always pondering the chances for a successful launch. We all need to ask, will folks be ready for an innovation? How will local parents and school boards react to plans for a community school?

We encourage you to explore our list of potential innovations you and your colleagues find interesting and think have the best chances of success.

We present to you and your local businesspeople and government leaders a challenge: ***Transform public schools (based on a model a century old) into community schools with the resources to provide every student the chance to succeed and thrive.***

As you will see below, we have offered only a sliver of what's out there in terms of innovations that have been shown to bring resources to schools. Some of the models have been with us for many decades, like community schools—tried and true, and with evaluated strategies. Some are quite new, thanks to new technology, and merit experimentation and their own evaluation. We do not lack for solutions, just the political will.

The innovations you're about to explore can be developed with three important frameworks.

As we say in all ten sector chapters, we want to reference the data-driven framework called **Continuous Quality Improvement** and its four phases: assessment, planning, action, and evaluation (revisit Chapter 29). This four-step process will guide your development of innovations in the arena of community schools. And, as a gentle reminder, you will want to use **Collective Impact** (revisit Chapter 31) to organize your project, and **Adaptive Leadership** (revisit Chapter 30) to determine if the particular challenge you seek to solve is a technical challenge, with established protocols for moving forward or an adaptive challenge, where you are entering uncharted territory without a clear path.

Eric's Story

The hands on the clock are barely moving. In Eric's mind, as he sits in English class, the entire world seems to be in slow motion. Around him students are writing an essay, while he begs the universe to get to 3 p.m. and the end of school. It's not that he wants to rush home, as his dad may be there while his mom is still at work. Long ago he determined it's best to avoid time in the house without his mom around.

Without additional supports, Eric will be getting a D in English, along with a few other classes. He may be written off as "not trying" or "failing to focus." Actually, Eric does try, and is focused. He strategizes how to make it through the night without feeling threatened or berated at home or worse. Good grades and some far-flung future that teachers speak of just don't seem as important as surviving the night.

Designing a countywide family-friendly community schools system

The past: How did we get to this point of needing a family-friendly community schools system? Who exactly needs a community school anyway? What problems is a community school supposed to solve?

The present (action agenda): Within this subject, we've identified ten strategies—called innovation areas that can be used to tackle the community schools access problem. Within those we suggest about twenty 100% Community projects that you (yes, you) can take on, thus propelling your community towards the establishment of family-friendly community schools.

The future (goals): With enough work on these innovations/projects, we'll get to the point where Innovation #10—the creation of a City/County Department of Family-Friendly Community Schools—becomes a reality. With a state-of-the-art system of care in place, 100% of our county's families can report excellent support and service.

A menu of innovations and projects

You are about to review approximately twenty projects that can, if completed successfully, improve the quality and accessibility of current services. The ultimate long-term goal of these innovations and projects is to ensure that 100% of county residents have access to this vital service. Your task is to review all projects, individually and as part of an action team, to identify which one you wish to implement. In the time it takes to enjoy a grande latte, you can give our menu a quick read to see which project pops out at you.

Ten innovations to consider implementing

The following innovations represent strategies that have the capacity to increase vital services in school and help schools transition into community schools.

(Note: for more information on Action Teams, see Appendices.)

Innovation #1 sets your action team up for success using a software system to track progress with all innovations within a county. Innovations #2 through #9 are options to explore and implement. Innovation #10 sets your team up to be very well-informed change agents. Be aware that some of these innovations and projects could be completed in a few months, but others might require at least a year-long commitment or far more.

Innovation #1: Designing a county data system to track progress with all schools becoming fully resourced community schools

The “all-important potential and current community schools analysis” project

Unlike other services such as transport, we don't track every single time a student accesses a school nurse or counselor (or needs to see a counselor in a timely manner but one is not available). We don't always track when a student is accessing school-based dental or medical care, or a school-based mentor or tutor. If we did, we would learn a lot about the needs of students and possibly their parents.

No single number will give you a complete picture of the situation: the totality of student and parent needs. However, by gathering multiple data sources and tracking them over time, you should be able to get an idea of the need and level of support for community schools exists in your community. Here's your list:

- School districts: They may have data on of students in need of various forms of supports and whether they accessed them.
- Private schools: They can be reached through each school's administration.
- Domestic Violence Programs: Some may keep data on children and teen participants seeking school-based supports. Unlike the government, they're not necessarily obligated to give you the data, but they probably will.
- Child welfare data: While not easy to acquire, there may be a way to access data on parents and youth seeking school-based support. Maybe.
- American Community Survey: The ACS is an ongoing survey that provides vital information on a yearly basis about the United States and its people. Information from the survey generates data that help determine how more than \$675 billion in federal and state funds are distributed each year.
- 100% Community Survey: This is the survey your initiative will implement that asks residents to what degree they can access fully resourced and staffed community schools with health care, and why access to these types of schools may be challenging.

As mentioned, this won't be as simple an assessment as the transport situation, but if you get these numbers, you should at least be able to tell if the situation in your community is trending in a positive or negative direction.

Imagine, in some sci-fi future, all residents had a youth pass—a plastic card or mobile app with barcode—that would be used for all forms of school-based wraparound services and programs. Now imagine that an AI program analyzes all these data from all county residents to identify high and low use and where gaps in services exist, offering recommendations for fixes.

In this project, you will be gathering as much data as you can to paint a picture of local schools in the process of becoming community schools and those that already are. Some community schools will still be adding services. This important information will tell the story of the current status of community schools, a first step in identifying challenges.

Deliverables: Create a one-page overview/update on the status of public schools and their capacity to address students with ACEs, school administrators' interest in becoming community schools, and a snapshot of current community schools to present to the 100% Community team and stakeholders. (Rough time frame: 3–6 months)

The “can you get there from here?” project

Good community school support planners will figure out students with the highest need are concentrated and then plan services accordingly. A lot of community school programs are good-hearted well-intentioned by lacking in this type of self assessment. Luckily, using census data, your own eyes and Google Maps, you can do it for them. First, learn how to do custom drawings on Google Maps (an internet search will lead to some tutorials). Looking at the American Community Survey, Google Earth satellite images and the results from your **100% Community Survey**, should get you started.

Deliverables: After getting comfortable with Google maps and data, present your findings to the 100% Community team and school community leaders. (Suggested time frame: 3 months)

👉 How to do custom Google Maps: <https://aae.how/24>

👉 American Community Survey: <https://aae.how/25>

The “does our support go where it should?” project

Your school-based support system (notice the term “system,” as it should be one seamless system serving the entire county, even though it may cover a number of school districts) should serve all students and parents, especially your community’s most critical areas: communities with high rates of child welfare involvement, low income areas, areas with high unemployment, and high schools with low achievement and high dropout rates. Find or make a map of the county, then make a map of all “high risk” areas and all school-based support programs. Then see how well those two maps overlap. Also take a look at service frequency: are services being offered where the need is the highest? Whether school-based programs “serve” the most critical areas depends on more than what the map looks like.

Deliverables: After analyzing your data, including all you can find on all forms of community school planning challenges and opportunities, send your findings to the 100% Community team and school leadership and advocates. (Suggested time frame: 3 months)

Innovation #2: Ensuring potential and current community school programs are fully supported

The “do we have enough money to create a community school” project

By now, you should have a pretty good idea of how your school-based support “system” is doing, which schools are already community schools and which are poised to become fully resourced as a community school. You will want to ask which areas might need improvement or where support is vitally needed. Sometimes, that may be a matter of using existing budgets differently. Often you will discover that the funding simply isn’t there to transform a regular school into a community school. This is where partnerships are important and sharing what we know about funding. Many models exist for creating and maintaining community schools. We need to make that information widely available. If your county has a community school, focus your assessment on all current school-based programs to know the quality and quantity of services for students and parents.

Deliverables: create a short summary of financial support needs for the community school programs and present to the entire 100% Community team and stakeholders. (Suggested time frame: 1–3 months)

The “Research as much as we can about community schools” project

This research project asks you to dig deeper into the community schools model.

Deliverables: Find some fellow research enthusiasts with a taste for tiny details and dive into community school design options. (Strong coffee recommended.) Create a one-pager to present to your 100% Community team and school leadership on your initial findings. (Suggested time frame: 3 months)

- 👉 Coalition for Community Schools: <https://aae.how/51>
- 👉 University-Assisted Community Schools: <https://aae.how/52>
- 👉 Strong Collaborative Relationships for Strong Community Schools—National Education Policy Center: <https://aae.how/53>
- 👉 Community School Standards—Institute for Educational Leadership: <https://aae.how/54>
- 👉 Becoming a School: A Study of Oakland Unified School District Community School Implementation, 2015–2016 (PDF): <https://aae.how/55>
- 👉 Case Studies of Early Childhood Education & Family Engagement in Community Schools—Institute for Educational Leadership: <https://aae.how/56>
- 👉 Community Schools: Transforming Struggling Schools into Thriving Schools: <https://aae.how/57>

Innovation #3: Engaging the feds, private sector and foundations in supporting community school innovations

The “corporations and foundations should invest wisely in community schools” project

This is where an action team identifies every potential business and foundation that might support a school becoming a full service community school, including medical, dental and behavioral health care. Rather than funding small, short-term student projects, let potential funders know that this is their opportunity to lift the entire school community: students, parents, teachers, staff and all community-based agencies working with students.

Deliverables: Do a search of US firms known for philanthropy and foundations to identify potential funding. Present to the 100% Community team and interested stakeholders. (Suggested time frame: 1-3 months)

The “know your state and federal options” project

Rare is the urban or rural school program or agency that doesn't get by without a lot of help and guidance from the state or federal government (or both). Knowing a bit about those relationships will be useful background information and aid you with your own relationship-building to empower funding for community schools.

Deliverables: Find some fellow research enthusiasts with a taste for tiny details and dive into federal and state funding options. (Strong coffee recommended.) Create a one-pager to present to your 100% Community team and school leadership on your initial findings. (Suggested time frame: 3 months)

👉 Full-Service Community Schools (FSCS): <https://aae.how/58>

Innovation #4: Creating or Strengthening the Countywide and Statewide Community Schools Network

The “let's collaborate to make community schools the norm” project

If all the players work together, we may help turn all schools into community schools through collaboration and the strategic use of data and technology. This starts with joining or creating a countywide and statewide network of community school programs. This will allow you to have a strong voice in your school community, as well as your city, county and state government. You may find that local lawmakers, while sympathetic to the issues, do not see addressing traumatized students who struggle at school as the role of county or city government. For this reason, coalitions matter and they can be a force for awareness.

Your county and state network can educate local lawmakers about a new role for government: ensuring no student is marginalized. This is done through partnerships between school districts and local government. This group can also work to elect officials who will prioritize success for all students. Technology can connect everyone in the network with a shared vision, goals, activities, use of data, use of communication and messaging and evaluation processes. Your action team starts with identifying all current community schools and those wishing to become one.

Deliverables: Find some passionate change agents and conduct informational interviews with sector stakeholders to assess interest in a county or state coalition. Assess the data-driven and result-focused quality of current coalitions. Create a one-pager to present to your 100% Community team and school stakeholders on your initial findings. (Suggested time frame: 3 months)

Innovation #5: Harnessing technology to create an online directory and resources

The “plain language for existing websites” project

In some city, county and school systems, thoughtful professionals spend a great deal of time and effort trying to design perfect websites, with intuitive time listings of student and parent support services offerings, easy-to-read maps to get you to such services and other features making it much easier to figure out how to sign up for school-based support programs. Also, do community schools clearly explain the services and benefits they offer students and their parents? Your mission is to figure out whether your school districts are taking this opportunity to simply and efficiently explain on their websites what supports are offered, offer downloadable and printable brochures and schedules in all relevant languages, or present information through an app.

Deliverables: Research all county community school sites (or those schools on the verge of becoming community schools), those with school-based health centers and local government websites to identify community school programming. Identify what is being said about the current capacity of schools to serve students and parents. Present your findings to the 100% Community team and local stakeholders in school supports. After feedback, network with local community school advocates and other such folks (including web designers and graphic designers) to explore creating user-friendly text and images to improve current website. The goal is fully describing the benefits of community schools on all current websites. (Suggested time frame: 3–6 months)

Innovation #6: Generating public awareness and engagement

The “create the Community Schools@100% user-friendly website” project

This is where you design and launch your own family-friendly website for the public to post vital information on school services. As mentioned earlier, websites don't just pop up easily, but there are free services online to help with design.

Deliverables: Research websites created by schools and districts across your county and state. You might even find great ideas across the nation and globe. Present your findings on user-friendliness of existing local websites to the 100% Community team. After feedback, network with local community school folks (including a web designer and graphic designer) to explore creating a user-friendly website that houses easy-to-understand information. You can also include information on your Community Schools@100% action team and how you are working to improve services as all schools. (Suggested time frame: 3-6 months)

The “be patient and focused” project

Even completing a few of these projects will place you among the best-educated one percent when it comes to community schools in your area. One way to put that know-how to good use is by serving on an advisory board or commission. Many—but not all—school, city, county and higher education organizations have them, and there are often more generic community advisory boards or advisory panels often needing members. This is your opportunity to ensure that community school progress is heard and that alignment of services becomes a reality.

Deliverables: Attend at least a quarter's worth of meetings, then present to the 100% Community team your analysis of current committee/task force working groups—including how data-driven and result-focused they appear to be. The goal is to work in alignment and offer mutual support with all those working to improve schools. (Suggested time frame: 4 months)

The “email Community Schools@100% often” project

Emails and social marketing are good tools for outreach here. Social marketing strategies, just like website development, can be challenging, yet there are “how to” websites that can help you to facilitate this process. (Revisit Tech: Chapter 36.) You should work to reach all stakeholders who have the concerns of families (and all residents) on their radar. You can send updates on all the work of your action teams to raise awareness and garner support.

Populations to target:

- Youth-serving groups
- Family-serving groups
- Faith-based groups
- Cultural groups
- Elected officials
- School staff
- School-based community agencies
- School district innovators
- School based health care providers
- Local health care providers and agencies providing medical, dental and mental health care

Deliverables: Identify the most tech-savvy in your network, then create a countywide list of stakeholders to email. Create a rough message and graphic identity for your messaging. Test it out with the 100% Community team and community school supporters and providers, tweak, and off you go. If you use a mailing service that can track your email’s performance, check open rates after three months to assess responses. If you simply email your network directly, gauge how many of the messages receive a reply or initiated action. (Suggested time frame: 4 months)

Innovation #7: Ensuring school-based behavioral health care is a priority

The “let’s explore the Santa Fe ‘Sky Center’ model” project

Learn how the Sky Center at Ortiz Middle School in Santa Fe, New Mexico brings behavioral health care to students and their parents. The Sky Center specializes in counseling youth and their families who may be experiencing a number of difficulties and behaviors, including suicidal ideation. Students are referred for school difficulties, depressed mood, suicidal thoughts, family conflict and loss, substance use, bullying and a number of other related issues. Counselors specialize in culturally sensitive family treatment. The goal is empowering young people and their families to cope with the stress of painful and traumatic events as well as the everyday pressures and challenges of this modern age. The center is also a teaching facility, training the next generation of school behavioral health care specialists.

Deliverables: Explore the Sky Center site and connect with staff to fully understand their model, how they were formed and funded and their unique way of meeting the needs of students and family members. Also ask about their training future counselors model. Present your findings in a one-page brief to the 100% Community team, school community leaders, student support networks, and any local coalition working to prevent violence, bullying, harassment, school drop out, suicide, teen pregnancy, human trafficking, and the harsh impact of poverty. (Suggested time frame: 1-3 month)

👉 Sky Center in Santa Fe, NM: <https://aae.how/59>

The “Can the ‘Madison Public Schools model for care’ work for us?” project

Madison, Wisconsin is bringing behavioral healthcare to students. Madison schools recognize that one in five of their students have a diagnosable mental health condition. To meet this need, the Foundation for Madison’s Public Schools has partnered with community clinicians and funding partners to provide mental health services to students who do not have access outside of the school’s walls. The program is currently in five of their schools, with plans to expand to the rest of the school district.

Deliverables: Explore their site and connect with staff to fully understand their model, how they were formed and funded and their unique way of meeting the needs of students and family members. Present your findings in a one-page brief to the 100% Community team, school community leaders and student support network. (Suggested time frame: 1 month)

👉 Madison Public Schools: <https://aae.how/60>

The “analyze the rural Kentucky online care model” project

Harvard Independent Schools in Eastern Kentucky was faced with the challenge of obtaining confidential mental health care services for their students in a community where many faculty and staff are related to students, and have known them their entire lives. This school has elected to use an online mental health program, called Ripple Effects, to meet the mental health needs of their students. We need to look closely at their evaluation to see if this model can work effectively.

Deliverables: Explore their site and connect with staff to fully understand their model, how they were formed and funded, and their unique way of meeting the needs of students and family members. Look closely at any data that may have on any online component. Present your findings in a one-page brief to the 100% Community team, school community leaders, and student support network. (Suggested time frame: 1 month)

👉 Rural Schools: <https://aae.how/61>

Innovation #8: Ensuring medical and dental care in schools

The “time to research how school-based care is being delivered” project

This project focused on digging deep into the world of school based health centers (SBHC) and other ways to provide easily accessible, culturally and developmentally appropriate health care services in their schools. You will want to explore innovations in Boston Schools, New London, CT, Seattle and more places experimenting with rolling dental offices and solutions for rural communities.

Deliverables: Research what you can discover online and add to that some informational interviews with folks engaged in the work. Compile your insights and hopefully some evaluation data, and share with the 100% Community team. (Suggested time frame: 3–6 months)

👉 Boston Schools Health Care: <https://aae.how/62>

👉 New London, CT Health Care: <https://aae.how/63>

👉 International Community Health Services (ICHS) Seattle, WA: <https://aae.how/64>

👉 Grow Up Smiling (GuS) Dental Care: <https://aae.how/65>

👉 Rodney B. Cox Elementary school dental care: <https://aae.how/66>

👉 Big Smiles-Pairing Schools with Dentists: <https://aae.how/67>

👉 Dental office brought to you in Portland: <https://aae.how/68>

👉 School-based Nurse Practitioners-Rural Health Info: <https://aae.how/69>

👉 Scott County, Minnesota Health Care on Wheels: <https://aae.how/70>

Innovation #9: Helping families to navigate community systems for support

The “Kentucky reaches families for care coordination” project

The Family Resource and Youth Services Coalition of Kentucky (FRYSCKy) is a non-profit organization of professionals (including educators and human services providers), who come together to provide legislative advocacy, training and support for Family Resource and Youth Services Centers Coordinators and their staff in Kentucky. The goal of the Coalition is to promote a network that strives to remove barriers to success in school through learning from each other, sharing resources and collaborating more effectively on behalf of children, youth and families.

Deliverables: Explore their website and connect with staff to fully understand their model, how they were formed and funded, and their unique way of meeting the needs of students and family members. Present your findings in a one-page brief to the 100% Community team, school community leaders, and student support network. (Suggested time frame: 1 month)

👉 Family Resource and Youth Services Coalition of Kentucky: <https://aae.how/71>

The “NY schools peer-modeling system of family navigators” project

Using a peer mentor system, Family Navigators pair parents who have navigated the system successfully, advocating for themselves and their children, with parents who are new to this process. The pairing offers training and support for the navigator, who provides a nonjudgmental supportive partner to the parent. Here, the community is using its own resources to build up the community.

Deliverables: Explore their website and connect with staff to fully understand their model, how they were formed and funded, and their unique way of meeting the needs of students and family members. Present your findings in a one-page brief to the 100% Community team, school community leaders, and student support network. (Suggested time frame: 1 month)

👉 NY Family Navigators: <https://aae.how/72>

The “Communities in Schools model” project

The mission of Communities In Schools (CIS) is to surround students with a community of support, empowering students to stay in school and achieve in life. The CIS model is designed to keep students persisting in education and ultimately graduate from high school. CIS partners with educators, students, and parents to identify needs of students who are at-risk of dropping out of school. Once the needs are identified, CIS customizes supports for students and families and provides individual case management services, engaging the community as part of this process. CIS monitors student level data and tracks education outcomes for those students served.

Deliverables: Explore their website and connect with staff to fully understand their model, how they were formed and funded, and their unique way of meeting the needs of students and family members. Present your findings in a one-page brief to the 100% Community team, school community leaders, and student support network. (Suggested time frame: 1 month)

👉 Communities In Schools (CIS) in Texas: <https://aae.how/73>

Innovation #10: Institutionalizing the work by developing the City/County/District Department of Community Schools

Elevator pitch: We see community schools as a partnership between schools, city government, county government and higher education. When we scan the website for city hall, we should be able to see right next to the Departments of Police, Fire and Parks, the Department of Community Schools—“a partnership between schools and local government.” Why not? Now we know that in some cities like NYC, it is the mayor that controls the schools—including community schools. In other localities it might be the county or the school district. Our bottom line? We want this model institutionalized. It’s a vital resource we need in order to ensure the safety and success of our students, who are future workers and taxpayers. We can live without well-groomed parks, but lacking vital resources for student health and success is not an option. (And the truth is, we can have both parks and community schools.)

Our partners: mayors, city councilors, school boards, county commissioners and advocates for student health, higher education leadership in programs of education, social work, behavioral health, health care and socially-engaged business leaders.

The “convene your fellow community school advocates and enhance your skills in public speaking, committee briefing, and how to get to a school board members or lawmaker” project

This project is a crash course that you develop with local experts about how to contact local and state leaders, give an elevator pitch on your projects, and the protocol for committee hearings that can lead to funding.

Deliverables: Find an accomplished colleague with good public speaking skills, along with a professional with experience lobbying/networking with elected leaders. Together, discuss how a workshop for the entire 100% Community team could be created to enhance skills. Assess interest with teams, make a workshop plan, deliver, and evaluate. (Suggested time frame: 3 months)

The “know your stuff before you meet the mayor, county commissioner or school superintendent” project

Innovation #10, in some ways, is putting it all together. By this we mean that, by the time your action team becomes familiar with all nine innovation areas and their projects, you will be prepared to meet with elected officials and stakeholders to discuss ways your school district, city and county can strengthen its support of community schools in their many enriching forms.

Deliverables: Identify at least one colleague to join you in reviewing every innovation project in this chapter. This means diving into all the research that you can get your hands on, starting with our links to support your project. Conduct an assessment of all 100% Community team members to identify which projects are of interest and in development. From here, present your global overview of project development with the entire 100% Community team for feedback. (Suggested time frame: 3 months)

The “create a bold vision and strategic plan” project

It’s time to create a detailed plan for this new (or improved) local Department of Community Schools within the school district (or some nonprofit?). As with previous projects, you will have learned its strengths and weaknesses, potential funding sources, and who the players are. You’ll be in a strong position to document what’s great, and needs to be kept as-is or expanded, and what needs to change.

Deliverables: After an assessment of county community schools (see Innovation #1) and a survey of all 100% Community team members to identify which projects are of interest and in development, develop a draft outline of a strategic plan for a Department of Community Schools. From here, present the draft plan to the entire 100% Community team for feedback. (Suggested time frame: 3–6 months)

The “become inspired by the Harlem Children’s Zone” project

To address generational poverty, the Harlem Children’s Zone believed a partnership between the schools and community was essential for success. Beginning in 1990, the initial focus was on impacting just one city block and growing from there; addressing not just a few, but all problems impacting the families in this area. The model has been so successful, it has received national attention and schools interested in replicating its success can apply for federal dollars to do so.

Deliverables: Explore their website and connect with staff to fully understand their model, how they were formed and funded and their unique way of meeting the needs of students and family members. Present your findings in a one-page brief to the 100% Community team, school community leaders and student support network. (Suggested time frame: 1 month)

👉 Harlem Children’s Zone Model: <https://aae.how/74>

The “assess what Buffalo, NY has offered to families” project

The goal of community schools in NY is to 1) implement strong educational programs which reduce learning gaps, enrich and expand the curriculum and strengthen parent and community engagement in the school; 2) coordinate with Say Yes Buffalo and other local resources to offer medical, dental, health and wellness services at the school; 3) build partnerships with local organizations to implement high quality extended day and year programs of excellence to the entire community.

Deliverables: Explore their website and connect with staff to fully understand their model, how they were formed and funded, and their unique way of meeting the needs of students and family members. Present your findings in a one-page brief to the 100% Community team, school community leaders, and student support network. (Suggested time frame: 1 month)

👉 Say Yes Buffalo, NY: <https://aae.how/75>

The “Crisis-proof County Readiness Checklist” project

It’s here you work with city and county emergency preparedness to assess readiness for a public health crisis that impacts all schools, noting that those with health care centers may require special supplies. See Appendices.

Deliverables: Explore all you can, connecting with key officials and sector leaders, and write up a summary for the 100% Community team. (Suggested time frame: 3 months)

You are all about students and their families.

We're connecting the dots between health disparities, social adversity, trauma, school achievement and all aspects of school community life.

Know that your work in the schools impacts all the vital services that, in turn, impact childhood and student success.

Our entire 100% Community model is based on cross-sector work, asking all county stakeholders to connect the dots between what we call our five “survival” sectors and five “thriving” sectors. As you concentrate on bringing vital services and programs to schools, consider how your work impacts on the following interrelated sectors that our entire 100% Community process is focused on.

SURVIVAL SERVICES

- **Food:** Some schools and campuses are developing school-based food banks, while others have navigators to direct students and family members to community food banks.
- **Housing:** Ideally, a community school can have staff to help those students and families with home insecurity find stable housing.
- **Medical/Dental Care:** With school-based care, we expand the systems of care to our most vulnerable students.
- **Behavioral Health Care:** Mental health challenges can be addressed in community schools, so the more we invest in them, the bigger a county's system of behavioral health care grows.
- **Transportation:** We need to ensure that safe routes to schools (including affordable public transport) exist to get students to school and all extra activities after school and on weekends.

THRIVING SERVICES

- **Parent Supports:** In a community school, staff are there to help parents with all sorts of programs including parent education and navigation to community services.
- **Early Childhood Learning Programs:** Parents with students in school often have younger children who would benefit greatly from early childhood learning programs. School navigators can help parents access these services.
- **Community Schools: This is you!**
- **Youth Mentors:** Ideally, community schools have school-based mentors as well as navigation to community-based, long-term mentors.
- **Job Training:** We need to ensure that our schools' curriculum are in alignment with vocational training and higher education—so that we are preparing students for the jobs that exist today and will exist in the future.

Monumental achievements start with one step.

Taking on innovations with the community school model is nothing less than profound.

Our goal is to set you up for success so steps can be carefully taken, moving from short, to intermediate, to long-term goals. It all starts with one innovation developed, launched and evaluated for success.

Eric's Story

Eric and his girlfriend Amy, who goes to another school, have been texting during the school lunch break. She writes, "I don't think I want to be your girlfriend anymore." Eric's world falls apart. From an outsider adult perspective, a possible break up is far from cataclysmic. To Eric, it's so devastating he almost catatonic. He sits on a bench staring at the ground crying. When lunch ends Eric is still there. Sobbing. A school aide goes up to him and asks, "What's the matter?" Eric can't respond.

It takes half-an-hour for Eric to finally stop crying and walk, in a slow shuffle with tears streaming down his face, to the nurse's office. For a kid like Eric, who has an adverse childhood experiences (ACEs) score of 7 and has experienced so much loss, the text triggered all his abandonment issues. This story gets far more complicated but the point is that the Erics of the world need to be in a school where behavioral health care is near by, not across town.

With 100% Community, you are part of one of the very few initiatives working in a data-driven and cross-sector process to end all forms of disparities (health, education, parent supports, student opportunities, etc.) that have existed in this nation as long as it has been a nation. We don't underestimate the challenges ahead, but neither do we overstate ourselves when we say to you that you can accomplish measurable and meaningful work with collaboration, creativity and a framework for success.

If you are ready to get started with your countdown to 100% with community schools, you might be tempted to skip the other nine chapters focused on key services to create healthy families and communities. We do, however, strongly recommend that you review the nine other chapters to gain a deeper understanding of our entire cross-sector process. You might be surprised how often your focus area of community schools will play a factor in most areas of family and community life.

Bottom line: To ensure that every student succeeds in school we need a new form of public education in the form of community schools that are funded to support the intellectual and emotional life of students.

Keywords: community school model, community schools playbook, community schools funding

There's an app for that: With all of the services that a successful community school offers, keeping an open line of communication across the mediums that students and families prefer can be a challenge. Although a well-designed website is a great first step to filling this need, many students and parents prefer a dedicated app. Apps can be trickier than other technological solutions due to their typically high development cost and support needs. A solution such as Schoolinfoapp (<https://aae.how/224>) is one way that community schools are solving these challenges. Its wide range of features and relatively low cost makes it a good benchmark to use when investigating other app solutions.

② Q+A: Perspectives from the real world

Katherine Trujillo is a former teacher and school administrator. She currently works as an educational consultant for the New Mexico Office of the Attorney General in Albuquerque.

In times of crisis, what are the immediate needs of schools?

The schools are the hearts of a community and a safe outlet. Food is one of the main services it provides to our students and youth especially during a crisis. We see how vital this is and has become. Government sees that necessity as well and made that a priority during the pandemic.

In the future, schools will be better prepared to help students and families by having a school based health center—with medical staff. What are your thoughts about helping schools become community schools with fully resourced health care centers?

The needs for survival services like medical care, behavioral health care and food, in any community would best be served through a community school modeled environment. Having these services readily available during a crisis will reduce panic from our school communities. I am completely on board with making this a reality.

In what we call “normal times,” there is the hope that all schools can address adverse childhood experiences (ACEs) and trauma among the student population by becoming “trauma-informed.” Why is this an important first step in addressing ACEs?

Many of our new teachers and staff in schools may not be aware of what ACEs are, nor are they taught about being “trauma-informed” through their education program at the university level. It is crucial that all staff who work with children know about ACEs and the trauma impacting children in order to be able to build positive and trusting relationships with the students.

After school staff becomes trauma-informed, how do they begin the process of ensuring that trauma-informed behavioral health care is accessible to all those who could benefit from it?

While being a school administrator and attending professional developments on ACEs helped me be more trauma-informed, it was clear my entire staff needed to also have training to recognize our most trauma-impacted students in their class or in the school. My goal as a principal was to create that sense of trust and community amongst our staff and students to open the lines of communication and build the capacity for intervention with behavioral health care. We also created counselor groups that allowed the staff to identify trauma-impacted students at each grade level help them access services to address the trauma they were facing outside of the school environment.

What role can school administrators and educators have in collaborating with community agency leaders to begin building family services for surviving and thriving shown to reduce ACEs and trauma?

Our administrators and educators can start to reach out and build community partners with local organizations and businesses. Now that I am working in the Attorney General's office I have seen the positive impact that can occur with collaboration with state and local agencies. Schools can start building in more community resources to help provide families with interventions, strategies and resources to get them the help they are in need of. Many of the resources to support trauma-impacted students and families are available, but not accessed because of the lack of school and family communication or lack of capacity to connect families to those available resources. A positive shift occurs when the administrators and educators initiate community partnerships to increase school-based services for students and their families.

David Greenberg works for the Las Cruces Public Schools in New Mexico as Director of Community Schools and is also active in creating a statewide coalition of professionals involved with the development and implementation of community schools.

What does the public health crisis teach us about the community school model and its capacity to increase vital services like health care and other surviving and thriving services?

We learned from our 100% Community survey of parents that many lack access to medical care, food security and other vital services. The community school model provides integrated student supports, which often could include a school-based health center with medical care, dental care and behavioral health care. These services are important in a crisis as well as in what we might call normal times. Also, a community school can house a food bank for families and staff, and each community school employs a full-time community school coordinator who can serve as a navigator to all ten vital surviving and thriving services. If there was ever a time for schools to get the state and local support to become fully resourced community schools, this would be it. That would be true readiness for crisis and a plan for recovery.

What are the biggest challenges facing students and parents that a countywide system of community schools could solve?

Community schools help to overcome barriers to learning, like a lack of basic needs, through connecting families with supports like housing and healthcare. They also address the overall “top-down” nature of education. Instead of schools pushing a narrow curriculum driven by standardized tests, community schools embrace community-based learning that is connected to students’ culture and lived experience. Lastly, instead of viewing families as a threat or hindrance, community schools unite families and communities for every young person’s success.

What are strategies for mobilizing around effective community school development?

It’s important to start with simple conversations with families, educators and students about what they want to see in their education system. If there is a gap between their vision for their school or education system and where things currently are, then the community schools process should be about closing that gap. In its simplest form, community schools are about empowering the voices of grassroots families, educators, students and community members so that they are the drivers of education in their community.

How did your school community decide to create community schools?

Our community school vision emerged from a grassroots process that brought diverse stakeholders together to identify a common agenda for education in our city. In April 2015, nonprofit representatives, business leaders, health workers, government officials, higher education administrators, educators, students, families and other community members gathered to identify a set of goals for our local education system. The goals that emerged included a focus on whole-child well-being, increasing school-based health, dental care and social services, initiating broader uses of school facilities, extended learning time, community and family engagement, and community-based curriculum. It was clear that our community's vision was aligned with the community schools framework. Since those early conversations four years ago, our community began organizing around a vision to make schools more responsive to the community and to make our community more responsive and engaged with our schools through the community schools framework.

Our vision for community schools is therefore fundamentally informed by a grassroots-driven community schools movement. However, it is also driven by the pursuit of a best-practice, research-informed model of community schools that leverages evidenced-based practices to drive student and community outcomes. We understand that there is a wide variety of community schools operating in the United States. We are dedicated to a robust model of community schools that draws on evidence-based programs, practices, and partnerships and we are dedicated to continuous improvement.

How did you initiate the community school model at your first community school in Las Cruces, Lynn Middle School?

We initiated our work at Lynn with a deep-visioning process in order to understand both student and community priorities. We then pursued a stakeholder engagement and data-gathering plan to engage 75–100% of Lynn student, staff, families and neighbors/community members. This visioning process also developed a baseline for indicators of community school success, such as school culture and climate, student achievement, attendance, student behavior and quality family engagement. In all, 50 volunteers spent 350 hours collecting data and engaging over 1,000 students, families, staff and neighbors in the Lynn community in focus groups, surveys and interviews to gain a deeper understanding of the vision and priorities of stakeholders.

Now, we are working to dramatically transform outcomes at Lynn Middle School. Lynn has hired a full-time community schools coordinator, and we've already been able to develop systems and initial programming to make progress towards our goals.

What are some of the accomplishments of the community schools process so far at Lynn Middle School?

We have important data to review. Here are some figures:

- Lynn has served over 3,000 dinners in the evenings to hungry students and distributed over 1,000 baskets of groceries to needy families
- Lynn has initiated on-site behavioral health and on-site oral healthcare
- Lynn has launched four different mentorship programs, a student government and a wide-variety of after-school and summer programs.
- Lynn has created a family center and seen the number of parents attending PTO meetings triple
- Lynn is seeing a reduction in out-of-school suspensions and an increase in alternative consequences for students besides suspension. All educators have received restorative practice training, and Lynn has developed a restorative/cool-down room within the school.

We reached out to Dr. Timothy W. Hand, Deputy Secretary of Education at the Public Education Department in Santa Fe, New Mexico. He shared some insights on ACEs and public education.

To what degree does the cycle of adverse childhood experiences and trauma impact public education?

Public education has long served as the bedrock for a democratic society. This role brings with it the responsibility to address the impacts of ACEs and societal traumatic experiences, head on. These experiences disrupt the typical learning and development trajectories of children and must be acknowledged and addressed when designing learning activities, supports and environments. Bloom's taxonomy charges public education with teaching students to be able to create, evaluate and analyze. However, learning environments must acknowledge the lessons of Maslow's Hierarchy of Needs, students must have basic needs met before they can bloom.

How can full-service community schools impact education and the overall success of students?

Success in school depends upon the proper conditions for learning. Evidence-based community schools offer an opportunity for students to benefit from the diverse and abundant resources both within their school and from the surrounding community. Community schools aim to offer the wrap around services, specific to their individual community, that are necessary to ameliorate the impacts of poverty and adverse childhood experiences. These services include mental and physical health supports, food security programs, afterschool and summer enrichment opportunities, supports for families and communities, restorative justice practices and high quality professional development—just to name a few. When paired with effective training in trauma-informed instruction, community schools can have a meaningful impact on both the learning and health outcomes of our students. A free and appropriate public education is a civil right for our citizens, and environments suited for trauma-informed practice are definitely appropriate.

We reached out to Kristin Herman, the principal of Caroline Elementary School in Ithaca, NY.

What are the challenges you are seeing as you reach out to parents?

Our school has a wide radius in a rural part of our school district. It's challenging to get parents in the door to the school. Families rely on school transportation and don't always have the ability to drop off or pick up their children. We try to implement many community events to bring folks in and connect. Transportation in the evening can be a challenge for some families. In addition, many families don't have reliable cell service or internet access in this part of the county to get rides or connect with resources.

How has your school district worked to support parents?

Every school has a transportation liaison. This person is a point of contact for families to arrange transportation to parent-teacher conferences and other school events. We also have multiple streams of communication: backpack mail, automated voice messages, and emails, along with social media help us support parents with a wide variety of resources. We have many community connections through our local Cooperative Extension and Universities. These partners provide resources in the form of education, and events. And, we have a backpack program that sends food home with students on the weekends.

What would you like to see implemented across the communities that your school district covers to ensure that every parent gets the support needed to create a healthy household?

I would like to see my school become a community school or a hub for services and support for children and their families. To start, I'm looking to expand our school hours so that we could include family open gym nights, classes/support groups, or community meals. Staffing the building is one barrier to this. Once folks know the school is open and they are welcome, they will come.

Speaking of real world perspectives, we are constantly updating our electronic and paper edition of 100% Community. If you would like to share a perspective, please contact us.

Innovations and Project Checklist

Progress-at-a-glance for Action Teams

Innovation #1: Designing a county data system to track progress with all schools becoming fully resourced community schools

- The “all-important potential and current community schools analysis” project
- The “can you get there from here” project
- The “does our support go where it should” project

Innovation #2: Ensuring potential and current community school programs are fully supported

- The “do we have enough money to create a community school” project
- The “Research as much as we can about community schools” project

Innovation #3: Engaging the feds, private sector and foundations in supporting community school innovations

- The “corporations and foundations should invest wisely in community schools” project
- The “know your state and federal options” project

Innovation #4: Creating or Strengthening the Countywide and Statewide Community Schools Network

- The “let’s collaborate to make community schools the norm” project

Innovation #5: Harnessing technology to create an online directory and resources

- The “plain language for existing websites” project

Innovation #6: Generating public awareness and engagement

The “create the Community Schools@100% user-friendly website” project

- The “be patient and focused” project
- The “email Community Schools@100% often” project

Innovation #7: Ensuring school-based behavioral health care is a priority

- The “let’s explore the Santa Fe ‘Sky Center’ model” project
- The “Can the ‘Madison Public Schools model for care’ work for us?” project
- The “analyze the “rural Kentucky online care model” project

Innovation #8: Ensuring medical and dental care in schools

- The “time to research how school-based care is being delivered” project

Innovation #9: Helping families in navigating community systems for support

- The “Kentucky reaches families for care coordination” project
- The “NY schools peer-modeling system of family navigators” project
- The “Communities in Schools model” project

Innovation #10: Institutionalizing the work by developing the City/County/District Department of Community Schools

- The “convene your fellow community school advocates and enhance your skills in public speaking, committee briefing, and how to get to a school board members or lawmaker” project
- This project is a crash course that you develop with local experts and how to contact local and state leaders, give an elevator pitch on your projects and the protocol for a committee hearing that can lead to funding.
- The “know your stuff before you meet elected leaders or school superintendent” project
- The “create a bold vision and strategic plan” project
- The “Become inspired by the Harlem Children’s Zone” project
- The “Assess what Buffalo, NY has offered to families” project
- The “Crisis-proof County Readiness Checklist” project

Next Steps

Gather your action team* to:

- Prioritize projects
- Assign tasks
- Schedule timelines



*Ideally, you are part of an action team, which is part of a countywide 100% Community initiative (which could be part of a statewide campaign). If you are reading this as a solo prospective change agent, please contact us to connect with like-minded local folks and get the synergy and support needed to take on projects.

Youth Mentoring@100%

Youth Mentoring@100% means all our boys and girls have a trusted, caring and committed mentor. We can collaborate to ensure that mentorship is part of every young person's life.

When we begin to “Google it” for solutions:

- what is the role of a mentor: 172,000,000
- what does mentorship provide: 23,500,000
- role modeling for youth: 36,700,000
- benefits of being a role model: 309,000,000
- why does my child need a mentor: 92,700,000

Amid the clutter, solutions await

Eric's Story

Eric just needed a nice guy to talk with sometimes. He was often in a state of conflict with his dad and they could not relate to one another. Eric's mom knew another male role model could be good for her son and got him on the waiting list for Big Brothers. Over three years Eric has had two "Bigs" and they both worked out well, helping Eric navigate middle school and the start of high school where temptations in the forms of alcohol, substances, skipping school and sex awaited.

Jen and Marie's Story

Jen's younger brother Billy became a father when he was nineteen. He often spoke to Jen about how hard it was to relate to this tiny human. Jen did her best to support him with stories and advice from when Marie was a baby, but was extremely excited when she came across a mentorship program for young fathers. When Billy connected with the young father's group, Jen saw an almost immediate change. Billy became much more confident when interacting with his toddler. He told Jen that it was so great having a fellow father he could talk to that had gone through so many of the same things he was going through.

“A WISE AND trusted counselor or teacher” is one way to look at the role of a youth mentor. Mentorship can be described as a partnership between people with different life experiences who seek to understand one another. The mentor's job is supporting the healthy choices a mentee can make in order for him or her to succeed with school, family life and the formation of a plan for a bright future.

In this chapter we take on a very complicated system with its numerous challenges. We provide an overview of mentoring and mentor systems and the challenge of recruiting mentors in difficult times. We also talk about being a virtual mentor and all the options for adults to help youth using all the tools of the web. Get ready to explore options and also be inspired. We will guide you through all the steps to put ideas about increasing access to mentors into action.

Speaking of ideas bubbling up, you will want to visit our 100% Community site that houses our 100% Innovation Center, where new ideas for projects to increase and improve vital services are added constantly (<https://aae.how/288>).

Mentorship in its many forms enriches all of us

In many ways, the experience of mentoring benefits both the mentor and the mentee. A mentor may have more experience and knowledge to share with a younger person, yet a mentee may be able to share with the older person another way of looking at life, through the lens of youth. It could be said that a 14-year-old and a 50-year-old may exist in parallel worlds, yet the mentor/mentee relationships creates a unique bond and bridge between two realities, often separated by decades of life experience. For those youth coming from households and communities with few resources, the mentor may be able to introduce the mentee to new insights and possibilities.

“Why are mentors needed? Don’t kids already have them with their families”?

Mentoring is a vital resource for youth in times both calm and chaotic. It has the capacity to transfer knowledge, practical life skills and emotional support. For example, a mentee’s family may not have anyone who graduated from college and therefore might not consider it. A mentor, with the right experience or insights, can introduce a mentee to the value of education in the form of an apprenticeship, vocational ed or higher ed.

There are many forms of mentoring relationships, including those that are based in school, the community or online. We are focused on formal one-on-one mentoring relationships that are structured by organizations with clear guidelines, protocols and boundaries to ensure the safety of the mentee.

What do the data tell us about mentoring?

Some might say that the gold standard in mentoring is Big Brothers Big Sisters, in that they have the most research behind their unique form of mentoring. Potential mentors are screened and receive a background check. Training on youth development is also provided. Once matched, a case worker checks with the mentor, mentee and mentee’s parent. Mentors are asked to make a minimum of a one-year commitment and visit with the child or youth at least twice a month.

Public/Private Ventures, an independent Philadelphia-based national research organization, conducted a study from 1994–95 monitoring 950 boys and girls nationwide to study the effects of Big Brothers Big Sisters. Out of the 950 children, half were randomly chosen to be matched, and the others were put on a waiting list. According to the study, the matched children met with their Big Brother or Sister about three times a month for a year.

After surveying the children at the beginning of the study and again after 18 months, the researchers found that the Little Brothers and Little Sisters, compared to those children not in the program, were:

- 46% less likely to begin using illegal drugs
- 27% less likely to begin using alcohol
- 52% less likely to skip school
- 37% less likely to skip a class
- 33% less likely to hit someone

They also found that the Littles (mentees) were more confident about their performance in schoolwork and got along better with their families.

We're huge fans of the Big Brothers Big Sisters model (full disclosure, co-author Cappello volunteered as a "Big"—also known as a mentor—for Big Brothers Big Sisters for two years) and would like to see a robust program in every county in the nation. We also acknowledge other forms of mentoring that could be quite effective, and we share models in this chapter. As with all our ten service sectors, we envision a seamless and collaborative system of youth mentoring with one goal: every child who would benefit from a mentor gets one.

About web-based and blended mentoring

Blended mentoring is using information technology (IT) to enhance traditional mentoring programs. It is a brave new world, with a lot of bugs to be worked out. Yet there is also much promise, if we can test and evaluate different web-based models. Some of this type of web-based mentoring could be designed for young adults seeking career counseling or life path options.

Blended mentoring might be a model where a mentee meets a mentor one time, then switches over to web-based mentoring for a mutually agreed upon length of time, with clear objectives and goals.

Web-based mentoring is all online, following the same guidelines as blended mentoring. Technology gives us the opportunity to enlarge mentoring options—safely and with evaluation—to adapt to the changing times.

By incorporating Information Technology solutions (IT) with the traditional mentoring method, students may be able to benefit from the technologies of e-mentoring while also receiving direct and personal attention from the traditional method.

Who could benefit from a mentor?

What do we know about how mentorship can help different types of families?

Research noted in *The Mentoring Effect: Young People's Perspectives on the Outcomes and Availability of Mentoring* (2014) and *The Role of Risk: Mentoring Experiences and Outcomes for Youth with Varying Risk Profiles* (2013) suggests that mentors have a powerful positive effect on young people as they grow. Mentoring guarantees that mentees have an adult who cares about them, guides them and helps them as they become adults. Mentors can help our youth pursue personal, academic and career goals. Many of us have natural mentors in the form of family members and neighbors while growing up, and that's a great thing. However, in your county, research suggests that as many as 1 in 3 young people lack a positive, adult role model while growing up. That needs to be addressed immediately.

Children most in need of a mentor may include those growing up in neighborhoods with few resources, children raised in single-parent and no parent households and children living in remote populations. If we identify where children are receiving free or reduced lunch, we may also identify a strong need for mentoring.

Courageous conversations among all mentoring organizations

Any field we enter will likely have people with polarized views on how to address and solve a problem. With youth mentors, the conversation is not so much about whether youth benefit from mentorship, but what type of mentorship might be best. Mentoring programs can be quite siloed, with little communication with one another (even when they serve the same school or community). We need to create a seamless system of mentorship from K-12 and beyond to vocational ed and college students. We need to understand where the needs are across all socio-economic levels, for long-term one-on-one mentoring programs. We also can explore innovations in web-based mentoring.

First things first

We ask about the root causes of kids not having healthy, stable mentors in their lives, throughout their youth.

The reasons are varied:

- Family structures have changed in significant ways over the last few decades.
- Single-parent families are as much the norm as two-parent families.
- Many single-parent families face challenges as a parent balances work and home life.
- Most single-parent families are headed by women, so boys can lack a healthy adult male role model. Most boys are very curious about men and wonder what it means to be one. A mentor can answer that question by just being a good guy—communicative, interested and engaged.
- Girls may have lots of questions about their future selves, especially if they want a different life from their mom, and having another perspective in addition to a mom's can be very helpful.
- For two parent families, there can still be a need for outside mentorship. Sometimes, due to circumstances related to job stresses, money, mental health, substance misuse or emotional capacity, even two parents may have a difficult time always being role models.
- Teens may have to leave an unsafe household due to abusive and neglectful adult behaviors, leaving them without resources and healthy adult mentors, nor the awareness of how to access one.
- Kids today are like youth throughout history, entering phases where they just don't relate to one parent or both. That outside mentor, if it's the right fit, can provide a way for a child or teen to express him or herself. So much of what happens in mentorship is not about talking (though that's important), it's about just hanging out and feeling listened to and respected. And if that mentor can bring new ways of looking at the world and new ways to approach problem-solving, mentorship is successful.

Using data from the **100% Community Survey** (see Appendices) and other surveying, you will have a good idea about where in your county the need for mentors may exist and why it's difficult to access one—for both parents and youth. While global, national and state data on mentoring are interesting, the real data that informs your work are generated by your 100% Community initiative and dives deep into the local communities within your county borders. Then again, you may be surprised by your survey results and learn that a challenge is far bigger or smaller or more localized than originally thought.

Where on earth are our challenges already fixed?

Youth Mentors@100% is looking at tested mentoring solutions, focused on innovations, projects, policies and programs implemented in large and small cities around the world.

If you have come this far, you know that ensuring mentors to all kids starts with knowing the magnitude of the problem. You also know where precisely lack of mentorship is experienced in your county—and why youth and adults are experiencing access challenges.

We present to you and your local businesspeople and government leaders a challenge: ***make youth mentorship accessible to every child and youth, so all can thrive.***

As you will see below, we have offered only a sliver of what's out there in terms of innovations that have been shown to increase mentorship. Some of the models have been with us for many decades—tried and true and evaluated strategies. Some are ideas working successfully a few states over, while others are being implemented on the other side of the planet. Some are quite new, thanks to new technology and merit experimentation and their own evaluation. We do not lack for solutions, just the political will.

Your innovations represent continuous quality improvement.

As we say in all ten sector chapters, we want to reference the data-driven framework called **Continuous Quality Improvement** and its four phases: assessment, planning, action and evaluation (revisit Chapter 29). This four-step process will guide your development of innovations in the arena of mentoring. And as a gentle reminder, you will want to use **Collective Impact** (revisit Chapter 31) to organize your project and **Adaptive Leadership** (revisit Chapter 30) to determine if the particular challenge you seek to solve is a technical challenge with established protocols for moving forward or an adaptive challenge where you are entering new uncharted territory without a clear path.

Designing a countywide family-friendly youth mentor system

The past: How did we get to this point of needing a family-friendly youth mentor system? Who exactly needs it anyway? What problems is the system of mentoring supposed to solve? Why don't people just mentor their own kids themselves without outside help?

The present (action agenda): Within this subject, we've identified ten strategies—called innovation areas—that can be used to tackle the youth mentor access problem. Within those we suggest about twenty 100% Community projects that you (yes, you) can take on, thus propelling your community towards family-friendly youth mentorship in its many forms.

The future (goals): With enough work on these innovations/projects, we'll get to the point where innovation #10—the creation of a City/County Department of Family-Friendly Youth Mentorship—becomes a reality. With a state-of-the-art system of care in place, 100% of our county's youth and families will report excellent support and service.

A menu of innovations and projects

You are about to review approximately twenty projects that can, if done successfully, improve the quality and accessibility of current services. The ultimate long-term goal of these innovations and projects is to ensure that 100% of county residents have access to this vital service. Your task is to review all projects, individually and as part of an action team, to identify which one you wish to implement. In the time it takes to enjoy a grande latte, you can give our menu a quick read to see which project pops out at you.

10 innovations your action team can implement

The following innovations represent strategies that have the capacity to increase our children’s access to mentors and to maximize their potential benefit.

(Note: for more information on Action Teams, see the Appendices.)

Innovation #1 sets your action team up for success using a software system to track progress with all innovations within a county. Innovations #2 through #9 are options to explore and implement. Innovation #10 sets your team up to be very well-informed change agents. Be aware that some of these innovations and projects could be completed in a few months but others might require at least a year commitment or far more.

Innovation #1: Designing a county data system to track supply and demand within mentoring programs

The “all-important mentor programs analysis” project

Unlike other services like transport, we don’t track every single time somebody starts up with a mentor or when a mentorship ends.

No one number will give you a reasonably complete picture of the situation. But by gathering multiple data sources and tracking them over time, you should be able to get an idea of how much mentorship is happening in your community. Here's your list:

- School districts: They may have data on students needing various forms of mentorship and accessing it.
- Youth shelters: Some may keep data on their residents seeking mentorship. Unlike the government, they're not necessarily obligated to give you the data, but they probably will.
- Child welfare data: While not easy to acquire, there may be a way to access data on child clients needing a mentor. Because of the short-term living arrangements that kids in custody may live in, mentoring may be challenging. It's still worth researching this area.
- Find data from the American Community Survey.
- The 100% Community Survey: This survey asks parents and youth about access to mentors and why they might be difficult to access.

As mentioned, this won't be as simple an assessment as the transport situation, but if you get these numbers, you could discern if the situation in your community is going in a good or bad direction.

Imagine a near future when all young residents have a youth pass—a plastic card or mobile app with barcode—that would be used for all forms of mentorship programs. Now imagine that an artificial intelligence (AI) program and friendly staffers analyze all this data from all county residents to identify high and low use and where gaps in mentoring services exist, offering recommendations for fixing gaps. In this project, you will be gathering as much data as you can to paint a picture of local mentoring in your county. This is the first step in identifying challenges.

Deliverables: Create a one-page overview/update on the status of mentoring to present to the 100% Community team and stakeholders. (Rough time frame: 3 months)

The “can you get there from here” project

Good mentorship planners will figure out where young candidates for mentoring are concentrated and then plan service accordingly. A lot of mentorship programs, however, are good-hearted but pretty haphazard affairs that don't perform much self-assessment. Luckily, using census data, your own eyes and Google Maps, you can do it for them. First, learn how to do custom drawings on Google Maps (an internet search will lead to some tutorials). Looking at the American Community Survey, Google Earth satellite images and the results from your 100% Community Survey, can get you started.

Deliverables: After getting comfortable with Google maps and data, present your findings on accessible mentoring programs to the 100% Community team. (Suggested time frame: 3 months)

👉 How to do custom Google Maps: <https://aae.how/24>

👉 American Community Survey: <https://aae.how/25>

The “does our mentoring go where it should” project

Your mentorship system (notice the term “system,” as it should be one seamless system serving the entire county) should serve all residents, but especially your community's most critical areas: communities with high rates of child welfare involvement, low income areas, areas with high unemployment, high schools with low achievement and high dropout rates. Find or make a map of the county, then make a map of all “high risk” areas and all mentorship programs. Then see how well those two maps overlap. Also take a look at service frequency: are mentors being offered when the need is the highest? Whether mentors “serve” the most critical areas depends on more than what the map looks like.

One issue to tackle will be transportation. Mentors may well be the next town over from where the need is the greatest. Can you get there from your town? Often the answer is no, especially in places where state transit leaders have ceded their planning authority to county leaders. That may lead your action team to talk with the transportation action team (and possibly more teams).

Deliverables: After analyzing your data, including all you can find on mentor planning problems such as transportation, present your findings to the 100% Community team. (Suggested time frame: 3 months)

Innovation #2: Ensuring current mentoring programs are fully supported

The “do we have enough money to mentor?” project

By now, you should have a pretty good idea of how your mentor support “system” is doing and which areas are in need of support and improvement. Sometimes, that may be a matter of using existing budgets (of mentoring programs or foundation and government funding) differently. Often you will discover that the funding simply isn’t there to do a decent job, or make it so people don’t long waits to get a mentor. Do your assessment of all current mentor programs to know the quality and quantity of services. This kind of organizational and financial assessment of mentoring programs can become a tool for fundraising.

Deliverables: After analysis, including a sample of long-term and short-term mentoring programs, create a one-page brief to be shared widely online with the 100% Community team and all county stakeholders engaged in using, or providing, mentoring. (Suggested time frame: 3 months)

Innovation #3: Engaging the private sector in supporting mentor program innovations

The “cool technology of our mentoring future” project

In some rural areas without a seamless system of mentoring systems, some youth advocates are experimenting with tele-support, not unlike what health care providers are doing. If nothing else, it’s an interesting idea that may work in some places until real live mentors can be recruited. The National Mentoring Resource Center can direct you to some e-mentoring programs to review. Do note that due to the newness of web-based mentoring, evaluation of effectiveness may be lacking.

Deliverables: Do your research and initial analysis on tech-empowered innovations, then present to the 100% Community team for feedback. (Suggested time frame: 1-3 months)

👉 National Mentoring Resource Center: <https://aae.how/76>

The “the boss supports that” project

The idea of a private company giving an employee a free bus pass is nothing new, but it may be new for employers to provide an incentive for becoming a youth mentor. This would be an innovation to present to your chamber of commerce and local elected leadership. Some city and county governments allow and encourage mentoring on the clock, including in New Mexico. As for private sector solutions, Comcast, Amazon and AT&T all have strong workplace mentoring programs, offering recognition, encouragement, and convenience (mentoring while on the clock and often on-site).

Deliverables: Do a search of the sites Mass Mentoring, Big Brothers Big Sisters of Tampa Bay, and US firms and international firms to compare and contrast findings. Present to the 100% Community team. This information could be presented to your chamber of commerce, business leaders, and elected leaders. (Suggested time frame: 1–3 months)

👉 Mass Mentors: <https://aae.how/77>

👉 Big Brothers Big Sisters Tampa Bay: <https://aae.how/78>

Innovation #4: Harnessing technology to create an online directory and resources

The “plain language for existing websites” project

In some city and county systems, thoughtful professionals spend a great deal of time and effort trying to design perfect websites, with easy-to-understand listings of mentoring support offerings, easy-to-navigate maps to get you to such programs and other features to make it easier to sign up for mentoring programs. Your mission is to figure out whether your county and city websites—and all mentoring agencies—are taking this opportunity to simply and efficiently explain mentoring services on their respective websites. This would mean sharing what mentoring supports are offered, offering downloadable and printable brochures and schedules in all relevant languages, or presenting information through an app. These sites are vital because they serve as a recruitment tool for much-needed mentors.

Deliverables: Research your county’s various government and non-governmental agency websites to identify how clear mentoring program options are. Present your findings to the 100% Community team. After feedback, network with local mentoring agencies (and a web and graphic designer) to explore improving the user-friendliness of mentoring program information on existing sites. (Suggested time frame: 3–6 months)

Innovation #5 : Generating public awareness and engagement

The “create the Youth Mentoring@100% user-friendly website” project

This is where you design and launch your own family-friendly website for the public to post vital information on becoming and finding a mentor. As mentioned earlier, websites don't just pop up easily, but there are free services online to help with design.

Deliverables: Research mentoring agency websites across your county and state. You might even find great ideas across the nation and globe. Present your findings on user-friendliness of existing local websites to the 100% Community team. After feedback, network with local mentoring agency folks (and a web designer and graphic designer) to create a user-friendly mentoring website that houses easy-to-understand information on all aspects of local mentoring. You can also include information on your Youth Mentoring@100% action team and how you are working to improve local mentorship in its many forms. (Suggested time frame: 3–6 months)

The “displays in every food store recruiting mentors and engaging mentee families” project

Everyone eats, so food stores may be the perfect place to have a large screen with an ongoing series of promotional videos on being a mentor or getting a mentor (both processes need to be done at the same time). These electronic messages could also tell the public how many kids are waiting for a mentor. An eye-catching billboard sharing county mentoring program updates could be visible while driving in and out of town as well. This is a big idea that will require robust funding streams. Your project is to convene outdoor advertising agency people to discuss options.

Deliverables: Notes from your meetings and cost estimates for a pilot project. All this can be shared in a one-page brief to the 100% Community team and mentoring agencies.

The “be patient and focused” project

Even completing a few of these projects will place you among the best-educated one percent when it comes to mentoring supports in your area. One way you could put that know-how to good use is by serving on an advisory board or commission. Many—but not all—city, county, higher education and child welfare agencies have them, as well as more generic mentoring support boards or advisory panels often hurting for members. Boards that represent youth development agencies are also worth a look. This type of involvement is an opportunity to ensure alignment of services becomes a reality.

Deliverables: Attend at least a quarter’s worth of meetings, then present to the 100% Community team your analysis of current committee/task force working groups – including how data-driven and results-focused they appear to be. (Suggested time frame: 4 months)

The “email Youth Mentors@100% often” project

Emails and social marketing can be good tools for outreach. Social marketing strategies, just like website development, can be challenging, yet “how to” websites can use facilitate this process. (Revisit Tech: Chapter 36.) Work to reach all stakeholders who have parents, youth and children on their radar, and send updates on all the work of your action teams to raise awareness and garner support.

Populations to target:

- Youth-serving groups
- Family-serving groups
- Faith-based groups
- Mentoring agencies
- Cultural groups
- Elected officials

Deliverables: Identify the most tech-savvy in your network, then create a countywide list of stakeholders to email. Create a rough message and graphic identity for your messaging. Test it out with the 100% Community team, tweak, and off you go. If you used a mailing service that can track your email’s performance, check open rates after three months to assess responses. If you simply emailed your network directly, gauge how many of the messages received a reply or initiated action. (Suggested time frame: 4 months)

Innovation #6: Make sure your education system is on board

The “students as mentees” project

The data indicate that most students will benefit from some form of mentorship. Your mission here is to figure out what the public schools offer and how it’s all being evaluated. Big Brothers Big Sisters school-based mentoring connects students with mentors who meet with them weekly on-site during the school day, lunch or before or after school. The focus of the match is all about building a healthy relationship, while activities may include help with academics, reading, playing games or eating lunch together.

Deliverables: After you analyze your school district’s current mentoring offerings, along with options like Big Brothers Big Sisters school-based mentoring and Big Brothers Big Sisters High School Bigs program, present your findings to the 100% Community team and school community stakeholders. (Suggested time frame: 3 months)

👉 Big Brothers Big Sisters School-Based Mentoring: <https://aae.how/79>

👉 Big Brother/Big Sisters High School Bigs program: <https://aae.how/80>

The “research the Mentor Consultant Group and the ‘Dr Mentor’” Project

This program offers “training solutions for the mentoring movement.” Check out the information on training related to school-based mentoring programs.

Deliverables: After you analyze the offerings of the Mentor Consulting Group, present your findings to the mentoring agencies and school community stakeholders. (Suggested time frame: 3 months)

👉 Mentor Consulting Group: <https://aae.how/81>

The “get updated on many mentoring models” project

Other national organizations that perform or support mentoring in schools include: Communities in Schools, Girls, Inc, Boys and Girls Clubs, YMCA and Goodwill. Many of these, however, are not one on one mentoring, may have little evaluation behind their approach and take place at afterschool sites. They all should be networked with as a countywide network of mentoring agencies is created. Experience Corps, a program of the elder-focused organization AARP, is a tutoring and mentoring program to improve the literacy outcomes of elementary school-aged children at risk of academic failure. This program is prescriptive rather than relational, in that the focus is on reading. Program participants made significantly greater gains in reading comprehension scores and teacher-assessed reading skills over an academic year as compared with the control group. However, there were no significant differences in vocabulary and word attack scores from pre- to post-intervention. Mentor2.0 and iMentor combine school-based and e-mentoring primarily for high school students. Recent studies suggest these are effective but need to be analyzed and assessed thoughtfully. The challenge/criticism of these and tutoring-focused mentoring has been that they focus more on academics/guided lessons and do less to forge a strong connection that is built on mutual interest and trust.

Deliverables: After you analyze the offerings of the various local mentoring programs including your local AARP sponsored Experience Corps, Mentor 2.0, and Ementoring and the National Mentoring Resource Center, present your findings in a one-page brief to the mentoring agencies and school community stakeholders. (Suggested time frame: 3 months)

👉 AARP Foundation Experience Corps: <https://aae.how/82>

👉 The National Mentoring Resource Center: <https://aae.how/83>

👉 Mentor 2.0 (at a Big Brothers Big Sisters program): <https://aae.how/84>

The “explore options with the ‘community schools’ mentor support” project

We have lots of research on how community schools can become a hub for mentorship (school-based, community-based, etc.). Your action team can connect with the community schools’ action team to learn what schools are offering onsite, or how staff serve as navigators to programs across the county to support mentors and mentees.

Deliverables: Connect with the community schools in your county to inquire about the status of—and interest in—mentoring. Present your findings to the entire school community in all county schools to promote mentoring. (Suggested time frame: 3 months)

Innovation #7: Ensuring that local higher education is engaged in research, solutions and evaluation

The “Mentor U” project

Just like with the K–12 students, colleges and universities are great places for mentorship support programs, including research and facilitation of training mentors. While not all higher ed institutions are set up to do this, it’s worth asking: does the local college or university devote any time, research or other resources to ensuring college opportunities to mentor others or receive mentorship themselves? This project assesses all colleges and universities in the region to identify what is available.

Deliverables: Do informational interviews with campus staff to identify the status of mentoring on campus. Prepare a one-pager on your findings and present to campus leadership with recommendations for future programming that includes robust mentoring options. (Suggested time frame: 3 months)

The “why don’t men volunteer to be mentors?” project

We want our local colleges and universities to convene a multidisciplinary team to gather research on males and mentoring. The goal of this project is to better understand the challenges mentoring agencies face as they work to recruit males for mentoring boys. Evaluating the effectiveness (of recruitment) of “Man up” or “Man to Man” luncheons where males talk about the importance of mentoring would be an excellent activity.

Deliverables: Notes on the convening and ongoing research presented to the 100% Community team and countywide network of mentoring agencies. (Suggested time frame: 3 months)

Innovation #8: Supporting city and county governments in mentoring innovation

The “city workers for mentoring” project

Create a program where all local government workers can take time off to be a mentor once a week. Time off is great; an hour + paid time off is better. Also, certain city departments might be better suited to engage youth mentors. For example, many cities have a Department of Parks. Why not have that staff engage with youth in a structured format as they maintain parks? Other ideas that may strengthen recruitment and public awareness to consider are:

- Promote mentoring at city events
- City proclamations for mentoring month or days
- City-sponsored campaigns to encourage mentoring, including advertising and calls to action
- City recognition and awards for top mentors in the community
- City “challenges” as to which department can provide the most mentors

Deliverables: After your research on countywide mentoring options being promoted by all local government entities, analyze your findings. Conduct some interviews with local government leaders, then present your initial findings to the 100% Community team and the countywide network of mentoring agencies. (Suggested time frame: 3–6 months)

The “research the ‘Bigs with Badges’” project

Work to get the mayor, city councilors and heads of the departments of first responders to get full support at the top for police officers and firefighters to be big brothers, big sisters, or other forms of mentoring. These relationships can help children develop into confident adults, and help build stronger bonds between law enforcement/first responders and the families they serve.

Deliverables: Do informational interviews with local government leadership to assess the status of, and interest in, a program like “Bigs in blue” or “Bigs with badges.” Report your feedback to the countywide network of mentoring agencies. (Suggested time frame: 3–6 months)

👉 Bigs in Blue: <https://aae.how/85>

👉 Texas has a strong program. Here is an article on it from the DOJ/OJP Blog: <https://aae.how/86>

Innovation #9: Identifying how the federal and state levels can strengthen local services

The “know your state and federal options” project

Rare is the urban or rural mentoring support program or agency that doesn't get by without a lot of help and guidance from the state or federal government (or both). Knowing a bit about those relationships will be great background and possibly aid you with your own relationship to empower funding for a local agency.

Deliverables: Find some fellow research enthusiasts with a taste for tiny details and dive into federal and state funding options. (Strong coffee recommended.) Create a one-pager to present to your 100% Community team on your initial findings. (Suggested time frame: 3 months)

The “we need a state coalition to make great things happen” project

Collaboration and the strategic use of data and technology can help county players find a way to ensure that every child who would benefit from mentoring can access it. We are not trying to imply the complex task of connecting all mentoring groups in the state is simple. It's a big job. We are advocating for the start of a long-term, local dialogue about making mentorship universal. This particular project is about joining or creating a countywide and statewide network of mentoring advocates who believe that mentorship is not a luxury, it's a vital service. A coalition will allow you to have a strong voice in your community as well as your city, county and state government. For this reason, coalitions matter and they can be a force for awareness.

Technology can connect everyone in the network with a shared vision, goals, activities, use of data, use of communication and messaging and evaluation process. Your action teams' work starts with identifying who is in the lead with mentoring.

Deliverables: Find some passionate change agents and conduct informational interviews with sector stakeholders to assess interest in a county or state coalition. Assess the data-driven and results-focused quality of current coalitions. Create a one-pager to present to your 100% Community team and countywide network of mentoring agencies on your initial findings. Based on your findings, it might be time to start a new type of data-driven coalition. (Suggested time frame: 3 months)

The “can the state pay for background checks for all face-to-face and online mentors to ensure safety?” project

Institutions like Big Brothers Big Sisters do a background check on all potential mentors and it’s an excellent practice. Background checks for mentors that typically cost money include federal checks, state checks, DMV checks, child abuse clearance, etc. Costs can range from \$40 to \$65. This project would focus on identifying interest among local governments in funding background checks as part of overall support for creating a countywide system of youth mentoring with professionally screened mentors. Having background check costs covered would ideally create few barriers to mentorship, increasing participation.

Deliverables: Connect with your local Big Brother Big Sisters agency or other mentoring agencies to explore this concept. It may mean meeting with various state and local lawmakers to assess interest in this project. Present your findings to the 100% Community team. (Suggested time frame: 3 months)

Innovation #10: Institutionalizing the work by developing the City Department of Mentoring and funding for innovations

The “County/City Partnership that funds the Department of Youth Mentoring” project

Elevator pitch: When Eric was just born, his mom should have been able to scan city hall’s website to find all sorts of mentoring programs. She should have been able to see a clearly defined menu item called “Department of Youth Mentorship” right next to the Departments of Police, Fire and Parks. It should not be buried deep in the bowels of the website. It’s a vital, stand-alone department (or should be) and deserves to be treated as such.

Why is this so important? After all, various local mentoring programs are often funded in part by county entities, city entities, foundations, nonprofit organizations or multi-county coalitions. In smaller areas, faith-based groups or nonprofits are the hub for all mentoring. Here’s why: it’s important if this proposed department doesn’t put mentoring supports in place, it should at the very least regularly evaluate the mentoring support needs of its constituents, determine if they are adequate and regularly research innovations. This job will look very different depending on the town; for example, it may just take a part-time city manager a few hours per year in the smallest of hamlets. But it’s important work, and it needs to be done by someone who reports to a person who regularly stands for election.

Potential partners: mayors, city councilors, county commissioners, advocates for parents and youth, public education entities, mentoring agencies, youth development specialists and socially-engaged businesses.

The “convene your fellow mentoring advocates and enhance your skills in public speaking, committee briefing, and how to get to a lawmaker” project

This project is a crash course that you develop with local experts about how to contact local and state leaders, give an elevator pitch on your projects, and the protocol for committee hearings that can lead to funding.

Deliverables: Find an accomplished colleague with good public speaking skills, along with a professional with experience lobbying/networking with elected leaders. Together, discuss how a workshop for the entire 100% Community team could be created to enhance skills. Assess interest with teams, make a workshop plan, deliver, and evaluate. (Suggested time frame: 3 months)

The “know your stuff before you meet the mayor” project

Innovation #10, in some ways, is putting it all together. By this we mean that, by the time your action team becomes familiar with all nine innovation areas and their projects, you will be prepared to meet with elected officials and stakeholders to discuss a city strengthening its support of mentoring.

Deliverables: Identify at least one colleague to join you in reviewing every innovation project in this chapter. This means diving into all the research that you can get your hands on, starting with our links. Conduct an assessment of all 100% Community team members to identify which projects are of interest or already in development. From here, present your global overview of project development with the entire 100% Community team for feedback leading to a clear call to action. (Suggested time frame: 3 months)

The “create a bold vision and strategic plan” project

This project is focused on creating a new (or improved) local Department of Mentoring. As with previous projects, you will have learned its strengths and weaknesses, potential funding sources, and who the players are. You’ll be in a great position to document what’s great, what needs to be kept as it is or expanded, and what needs to change.

Deliverables: After an assessment of access to mentoring (see Innovation #1) and a survey of all 100% Community team members, develop a draft outline of a strategic plan for a Department of Mentoring. (Suggested time frame: 3–6 months)

The “Crisis-proof County Readiness Checklist” project

It’s here you work with city and county emergency preparedness to assess readiness for a public health crisis that impacts access to youth mentors. See Appendices.

Deliverables: Explore all you can, connecting with key officials and sector leaders, and write up a summary for the 100% Community team. (Suggested time frame: 3 months)

You're all about mentoring.

We're connecting the dots between mentoring and all aspects of family, school and work life.

Know that your work in mentoring impacts all the vital services that, in turn, impact childhood and student success.

Our entire 100% Community model is based on cross-sector work, asking all county stakeholders to connect the dots between what we call our five “survival” sectors and five “thriving” sectors. As you concentrate on mentoring and mentoring scarcity, consider how your work impacts on the following interrelated sectors that our entire 100% Community process is focused on.

SERVICES FOR SURVIVAL

- **Food:** When training future mentors, we need to ensure that they know some mentees and their families may struggle at times with food insecurity. All mentoring agencies need to brief their mentors and staff on food insecurity issues.
- **Housing:** Housing insecurity may be very real for some mentees and their families.
- **Medical/Dental Care:** Again, like all survival services, our future mentors need to understand health disparities and the impact on their mentees and families.
- **Behavioral Health Care:** For future mentors, we need to ensure their training helps them understand ACEs, trauma and social adversity facing many youth.
- **Transportation:** Transport may be an issue with connecting mentors and mentees, especially in areas without public transport.

SERVICES FOR THRIVING

- **Parent supports:** While most mentors will be focusing on children and youth, their families may have infants and younger children. Our mentors should know all about resources to support parents.
- **Early childhood learning programs:** As with parent supports, mentors should understand the importance of early childhood learning programs that can help our mentees families.
- **Community schools:** A community school model means excellent support for all forms of mentoring. All mentors should be briefed on this model and why it is important to support.
- **Youth mentors: This is you!**
- **Job training:** Mentors can play a valuable role in helping mentees through school and on to vocational ed or higher ed. Mentors should know the options for job readiness programs.

Monumental achievements start with one step

Taking on innovations in mentoring with the long-term goal of reaching all those in your county is nothing less than profound.

Our goal is to set you up for success so steps can be carefully taken, moving from short, to intermediate, to long-term goals. It all starts with one innovation developed, launched and evaluated for success.

With 100% Community, you are part of one of the few initiatives working in a data-driven and cross-sector process to end all forms of disparities (health, education, youth opportunity, etc.) that have existed in this nation as long as it has been a nation. We don't underestimate the challenges ahead, nor do we overstate ourselves when we say to you that you can accomplish measurable and meaningful work with collaboration, creativity and a framework for success.

If you are ready to get started with your countdown to 100% with mentoring, you might be tempted to skip the other nine chapters focused on key services to create healthy families and communities. We do, however, strongly recommend that you review the nine other chapters to gain a deeper understanding of our entire cross-sector process. You might be surprised how often your focus area of mentoring will play a factor in most areas of family and community life.

Bottom line: To ensure that every child and youth benefit from excellent mentoring, we need a city/county government-based organization to assess mentoring access (and quality of service) yearly and leverage governmental power to ensure all mentoring program players work in alignment.

Keywords: mentoring programs for youth at risk, youth mentoring, community-based mentoring

There's an app for that: Mentoring programs that are just starting up have a lot to keep track of. Fortunately, there are software applications that can help track applications and reporting. Two that are worth comparing, and possibly budgeting for, are Innovativementoring.net and Civicore's youth mentoring solution. Of course, when money is really tight, the core collection of software recommended in our Technology chapter ranges from free to low-cost and to accommodate even the smallest budget.

Q+A: Perspectives from the real world



We spoke with Leticia Bernal, who works as a Regional Director with Big Brothers Big Sisters, serving a variety of communities in Northern New Mexico.

In times of crisis, what are some immediate and long term needs in your line of work?

- **Funding:** While this is always an issue and priority, after a crisis it is more important than ever. During the COVID-19 crisis, our largest annual fundraiser was postponed from April to October. This became a major cash flow problem for our agency.
- **Accessing and providing services to our youth:** Because schools close during a crisis, it leaves many of our vulnerable children more isolated and harder for our agency and their mentors to reach.
- **Agency policy change:** Originally our policy stated that Bigs (mentors) were supposed to meet with Littles (youth) in person. During the COVID-19 crisis, we became flexible to allow and condone other forms of interaction including texts, Skype/Facetime, letters and online games.

What are some unique challenges in regards to mentorship programs in rural communities?

A few of the unique challenges of mentorship programs in rural communities include lack of transportation, limited broadband and technology, fingerprinting services, and not having enough volunteers to meet the needs of the youth that need services.

Lack of transportation is a barrier of entry because it makes it hard for prospective volunteers to be able to get to youth or for a match to do things such as go to a park. Lack of a vehicle is one of the reasons prospective volunteers self-eliminate themselves from our program. However, we do tell them that if they can get to specific schools within rural communities, we offer school-based mentorship programs. Schools tend to be on public transportation routes, though this too is not always reliable or even in existence. Additionally, we require interviews and training to onboard. Ideally, we want to do these in person. We are adapting to do phone interviews.

Limited broadband or access to technology are issues because our agency requires lots of paperwork from both volunteers as well as from the Little's parents or guardians. Without internet or computers, our prospective Bigs and parents of Littles have to drive to us or we drive to them to fill out dozens of pages of paperwork. This is also an issue when it comes to the new concept of social distancing. If our Bigs and Littles cannot meet in person, we are recommending various ways for them to interact. However, if both parties do not have access to broadband and/or the necessary technology to do so, then our recommendations are of no use. This creates a major issue of isolation for individuals that are already more vulnerable than the average person.

Why are mentorship programs particularly important in times of crisis?

Above all else it is important that Littles know that they are cared for and not forgotten during crisis. For many youth, school and teachers provide youth with stability and support (and sometimes even food) that is not available to them at home. Without these securities, Bigs can act as a form of this stability and support.

Is there anything else you'd like to add on this topic?

One major positive that the COVID-19 crisis reinforced with our agency is the importance of adaptability. This crisis will make us stronger and better able to serve our Bigs/Littles and communities.

Over a series of meetings in Santa Fe with David Sherman, CEO of Big Brothers Big Sisters Mountain Region, we explored the power and promise of mentoring.

With our 100% Community initiative, we advocate for a countywide system of mentoring. What might that look like, given that mentoring in a county may be done by 100+ different groups—with different relationships to the schools, youth groups, workforces, etc?

A countywide system of mentoring would include a core group of organizations that are loosely collaborative, and agree to adhere to a set of evidence-based best practices in mentoring that help to assure that young people enter safe and impactful relationships. A department or backbone organization would need to be identified to convene and coordinate the mentoring initiative, serve as a data hub to collect and share key data and metrics, provide or connect organizations to training, assist with funding, minimize duplication of services, and help to set and monitor community or county wide outputs and outcomes.

In some ways, mentoring groups might be competing for government and foundation dollars to exist in a county—so how can these agencies see each other as allies and partners and not competitors?

This is a real challenge, and funder demands for collaboration can compound the issue by leading to unnatural or inauthentic partnerships. The old adage that a rising tide lifts all boats is applicable here (assuming the boats are well-enough built to stay afloat). The reality is that some agencies or organizations will compete for funds and mentors from time to time. This can be minimized through thoughtful communication so that each organization has a clear understanding of their mission and focus and that of the other mentoring groups in the area. Opportunities to collaboration will naturally emerge in areas like training for staff and volunteers, recruitment strategies, referrals, and collaborations that share resources or divide up responsibilities (have one agency screen and train volunteers and another to provide the child referrals and on-site supervision, for example).

Strong planning and frank discussion during the development and implementation stage of the 100% initiative can help assure that organizations know and trust each other and are not duplicating services in targeted areas. It will take a variety of organizations and mentoring models to meet the tremendous need for mentors in most communities, and no organization will have the reach and scale to meet 100% of the need. However, care should also be taken to assure that resources are used wisely so you don't have two programs targeting the same child with near identical programming while another child goes with his [or her] need for a mentor unmet. For example, it probably wouldn't make sense to have two after-school mentoring programs target the same school, grades, and volunteers, but it could be beneficial to have two or more mentoring groups working with the school if one was after-school mentoring that focuses on STEM, activities and another provides lunch-time mentoring services that were more relational in focus. In such an instance, the programs should work together and with the school to coordinate student referrals, school orientation for volunteers, check-in procedures, background checks etc.

How might technology help us in coordinating mentoring activities in a county—to ensure that all parents know such services exist and to meet the need?

Technology has the potential to help bridge the mentor gap, but it is also important to recognize that some families and communities have limited or inconsistent access to technology. Done right, internet and phone apps can be used to highlight mentoring options within the community based on a person's location or zip code. Picture a one-stop site where a parent can learn more about available programs, request additional information, or schedule a time for a phone call or informational meeting. The site could also provide similar information to volunteers. For a community with many options, the site and app could include a series of simple questions to help identify the program(s) most appropriate based on the child's age, interests, and needs. Think of a Yelp or Trivago for mentors. Such apps and programs should complement, but not take the place of, traditional methods of marketing, communication and enrollment. For some families and communities, the most effective means will be through presentations, handouts, and referrals at schools, partner organizations, churches, community events, and counselors.

While all mentorship can be helpful, what have we learned about the benefits of the long-term mentoring and case-worker supported mentoring model that Big Brothers Big Sisters offers?

Studies have shown that mentoring matches that are monitored and supported are more successful and satisfying. This leads to longer matches and stronger positive youth outcomes. In contrast, short term relationships (less than 6 months) can actually be detrimental to the mentee, resulting in disappointment and reinforcing distrust in adults. Like any relationship, mentoring relationships can go through rough patches. Once mentors are matched and they begin to encounter real life situations, additional training, guidance and support is often needed. Having professional staff helps volunteers navigate these situations to troubleshoot and work through potential issues, or avoid them all together. Staff support also helps to monitor the mentor/mentee relationship and to provide valuable feedback to the parties of the match to help develop a closer and more trusting relationship.

What training would be helpful to mentoring project staff and mentors to acknowledge and address adverse childhood experiences and trauma among our mentees?

Training for mentors should include ACEs, trauma, how it affects kids, triggers, protective factors, why trauma-informed care matters and tips for ways to support a child exposed to violence and trauma. It can also be helpful to have prospective mentors identify their own ACEs score and review the safety training provided to mentees and their families. We've just started using a card with Bigs that provides tips to minimize triggers (follows CLICC—Comfort, Listen, Inspire, Collaborate, Celebrate).

What are new forms of mentoring and recruitment strategies for mentors – especially males who have been difficult to reach? Or—what are new ways of thinking about mentoring to ensure that every county could supply mentors for all the families that request them?

Recent recruitment strategies include: initiatives that incorporate mentoring into existing programs, interests or activities (meet mentors where they are at), offering mentors time off or other benefits/recognition and asking parents/caregivers/teachers etc. to suggest people already in the child's life or community who might be a great mentor (coach, pastor, teacher, librarian, store clerk, etc.). Some programs actually approach mentors with a specific kid in mind. I haven't seen this idea work to scale, and it is more suited for project or career-focused programs. Workplace mentoring where the mentoring (kids are bused in), and e-mentoring hybrids such as Mentor 2.0 and iMentor, are also being used in some areas. Peer mentoring is also being used (high school to elementary student primarily) to help fill the gap. My Brother's Keeper has had some recent success with calls for mentors from elected officials, celebrities and leaders of the faith community, but I have not seen what the follow through has been on this. For example, a recent plea from the Mayor of Atlanta for 100 men to mentor young people resulted in 600 men signing up.

Speaking of real world perspectives, we are constantly updating our electronic and paper edition of 100% Community. If you would like to share a perspective, please contact us.

Innovations and Project Checklist

Progress-at-a-glance for Action Teams

Innovation #1: Designing a county data system to track supply and demand within mentoring programs

- The “all-important mentor programs analysis” project
- The “can you get there from here” project
- The “does our mentoring go where it should” project

Innovation #2: Ensuring current mentoring programs are fully supported

- The “do we have enough money to mentor” project

Innovation #3: Engaging the private sector in supporting mentor program innovations

- The “cool technology of our mentoring future” project
- The “the boss supports that” project

Innovation #4: Harnessing technology to create an online directory and resources

- The “plain language on existing websites” project

Innovation #5 : Generating public awareness and engagement

- The “create the Youth Mentoring@100% user-friendly website” project
- The “displays in every food store recruiting mentors and engaging mentee families” project
- The “be patient and focused” project
- The “email Youth Mentors@100% often” project

Innovation #6: Make sure your education system is on board

- The “students as mentees” project
- The “research the Mentor Consultant Group and ‘Dr Mentor’” Project
- The “get updated on many mentoring models” project
- The “explore options with the ‘community schools’ mentor support” project

Innovation #7: Ensuring that local higher education is engaged in research, solutions and evaluation

- The “Mentor U” project
- The “why don’t men volunteer to be mentors” project

Innovation #8: Supporting city and county governments in mentoring innovation

- The “city workers for mentoring” project
- The “research the ‘Bigs with Badges’” project

Innovation #9: Identifying how the federal and state levels can strengthen local services

- The “know your state and federal options” project
- The “we need a state coalition to make great things happen” project
- The “can the state pay for background checks for all face-to-face and online mentors to ensure safety” project

Innovation #10: Institutionalizing the work by developing the City Department of Mentoring and funding for innovations

- The “County/City partnership that funds the Department of Youth Mentoring” project
- The “convene your fellow mentoring advocates and enhance your skills in public speaking, committee briefing, and how to get to a lawmaker” project
- The “know your stuff before you meet the mayor” project
- The “create a bold vision and strategic plan” project
- The “Crisis-proof County Readiness Checklist” project

Next Steps

Gather your action team* to:

- Prioritize projects
- Assign tasks
- Schedule timelines

100% COMMUNITY *Ideally, you are part of an action team, which is part of a countywide 100% Community initiative (which could be part of a statewide campaign). If you are reading this as a solo prospective change agent, please contact us to connect with like-minded local folks, and get the synergy and support needed to take on projects.

Job Training@100%

Job Training@100% means all our residents have a path to a livelihood. Parents and youth can succeed with jobs, steady incomes and opportunities for advancement. Let's design a countywide system of job training and placement.

When we begin to "Google it" for solutions:

- most effective job training programs for low income students: 997,000,000
- aligning education with the job market: 34,500,000
- what are the jobs of the future: 2,680,000,000
- how can rural communities address lack of jobs: 722,000,000
- artificial intelligence focused on job training: 127,000,000

Amid the clutter, solutions await

Eric's Story

Eric entered his local public high school with a dream of being the best game designer in the world. As a kid with a history of abuse and neglect, what happened was almost inevitable. Many of his teachers had personalities and stern voices that triggered Eric's trauma. As a result, Eric skipped the classes he didn't feel safe in and relished his time with teachers he related to. What followed were reports cards with Fs, Ds and Cs along with those two As. In desperation, Eric's mom decided to try home schooling. While mom spent time away working, Eric played his games to hone his gaming skills while occasionally engaging with a web-based homeschooling program. Three years later, Eric does not have the skills for anything other than an entry level, minimum wage job.

Jen and Marie's Story

When Jen was in college, everyone thought they would graduate and automatically get a good paying job. Was that ever a misconception. Now Jen worries about what the workforce will look like when her daughter Marie is ready for a job. What will the jobs of the future be? Will entry level positions be those working in large distribution centers or in food and supply distribution and sales? Will most jobs that can be done online go in the direction of remote work, requiring more advanced computer skills? Will health care boom as governments and businesses finally see the need for a seamless and greatly expanded system of health care? Today, Jen is thinking about how school and college will align to the future job market—and who in education leadership is pushing for relevant education that reflects this brave new world.

WORK MEANS SURVIVAL, as it represents a way to earn a living, buy food, pay rent, pay off a mortgage, see a doctor or counselor, and afford transport to access what we call the “services for surviving and thriving.” Suddenly, all of us are living in what we can call a “brave new world.” Life feels very different in this time of change and varying degrees of chaos. While we do believe that with crisis comes opportunity, we must acknowledge the magnitude of change occurring in the workforce and economy.

In this chapter, we take on a very complicated system of vocation training and higher education designed to prepare for the jobs of the present and the future. This means numerous challenges for those of us working in the areas of workforce and economic development. As you will discover with one online search, there are millions of articles and books on the topic of job training, higher education and economic development. These were all written before we saw the impact that one global pandemic can have. We now must accept that each region of the nation and planet will have its own new set of rules regarding how we increase training that leads to real jobs.

Get ready to dig deep into our options. Some project might seem about right in the world of “order anything online” and “work from home if you can.” Together, collaborating with visionary leadership on the state and local lessons, with partnerships between the public and private sectors, your county can be guided to promising solutions. Will this be easy and quick? Far from it. But we are huge fans of the Tipping Point and a quote by author Malcolm Gladwell. “Look at the world around you. It may seem like an immovable, implacable place. It is not, With the slightest push—in just the right place—it can be tipped.”

We already shared the quote on crisis by economist Milton Friedman in our chapter on the power of state lawmakers, we feel it merits repeating in this chapter as we focus on the economy. “Only a crisis—actual or perceived—produces real change. When that crisis occurs, the actions that are taken depend on the ideas that are lying around. That, I believe, is our basic function: to develop alternatives to existing policies, to keep them alive and available until the politically impossible, becomes the politically inevitable.”

We support you in putting “thinking outside the box” ideas and “tried and true” solutions into action.

Speaking of ideas bubbling up, you will want to visit our 100% Community site that houses our 100% Innovation Center, where new ideas for projects to increase and improve vital services are added constantly (<https://aae.how/288>).

We need a system for ongoing training for ever-changing job markets

We believe that all people should have access the resources needed to improve their lives, including the capacity to make money and find meaningful work. While the Internet is overloaded with ideas for a nation or state to create jobs, we are often at the mercy of what are called “market forces,” as our economies lurch forward and backward. This is the nature of economics, but that does not mean we can’t build local systems of training to ensure that people can move from one work sector to another, as the jobs of today are replaced by the opportunities of tomorrow.

State and local departments of workforce development and economic development can start with acknowledging the following:

- There may not always be enough jobs for all people seeking one, so all counties need a plan of action to address parents’ and others experiencing work scarcity.
- People without jobs, but who need one, tend not to do very well in society—and problems with substance misuse, emotional health challenges, housing and food insecurity can be the consequences of unemployment (or underemployment) for them and their children.
- Children and youth living in unstable households where parents don’t have jobs and money is scarce, stress is high and bills go unpaid, may be at risk for neglect.
- We (as in government on every level) can create an effective system of accessible training that helps people move from one employment sector to another, where jobs exist.

First things first

What are the root causes of the lack of access to job training in the US?

Why would finding job training ever be a challenge? Some root causes may include:

- We expect young adults (and older ones) to figure out how to attain job skills on their own.
- We expect youth and adults to fix themselves if they face challenges (like mental health problems or substance misuse) to be ready for jobs.
- We think that if people need training in vocational or higher education, they should just pay for it. If one can't pay, one doesn't get trained.
- Some think that it's not the job of government to help people in a changing economy get the skills for a radically changing job market.
- Leaders may fail to see how new technologies, including artificial intelligence, will be taking thousands of jobs in the near future. This will create more turbulent changes for workers and their capacity to thrive.

“Can't people just get their own darn education and a job?”

You might be asking, “why don't people just figure out what job they want and if training or a degree is needed for it, just get it?” There are many reasons:

- **Public health crisis:** When a viral pandemic hits all workers may face disruption. Some businesses close suddenly.
- **Life catastrophe:** People lose their jobs for a variety of reasons all the time. Maybe an illness or injury knocks out their current job, and they need a new way to earn money. Maybe a mental health crisis means they need to change jobs.
- **Relationship catastrophe:** Breakups and divorce can throw people into an unstable situation, especially if one partner was dependent on the other's income.
- **Job scarcity:** There are not enough good paying jobs for everyone who wants one, at least not within a few hours drive.
- **Teens in insecure situations:** Teens having to leave unsafe home environments may find themselves without the resources to pay for job training or higher education. They may not have any understanding of how the system of vocational or higher ed works. Teens may also lack financial literacy and a basic understanding of how money works, how to monitor daily expenses, how to keep debt-free and away from credit card disasters.

As for why job training is needed, the answers are easy to identify. With a college education and/or the right vocational education, people can acquire the skills to find a well-paying job. For those without resources, college may seem like a distant dream. And higher education can appear so intimidating, especially if one's parents did not go to college.

With data from the **100% Community Survey** (see Appendices) and other sources, you will have a good idea about where in your county the need for job training and higher education, may exist and why it's difficult to access—from single adults and those with kids. While global, national and state data on job training in its many forms is very interesting and instructive, the real data that informs your work is generated by your 100% Community initiative and dives deep into local neighborhoods. Then again, you may be surprised by your survey results and learn that a challenge is far bigger or smaller or more localized than originally thought.

Jobs and Economic Development

Is there a local mechanism within the government or the private sector to brainstorm and support potential new business ventures that could create jobs? This mechanism could be as traditional as researching strategies to lure businesses to your city or to identify ways to develop businesses with local talent. For the latter, in both urban and rural areas, it might look like redeveloping a downtown main street to become a draw for both tourists and locals.

Where on earth are our challenges already fixed?

Job Training@100% is looking at tested job training solutions, focused on innovations, projects, policies and programs implemented in large and small cities around the world.

If you have come this far, you know that ending unemployment and underemployment starts with knowing the magnitude of the problem, where precisely lack of jobs or lack of training for jobs are experienced in your county—and why youth and adults can't access services to address problems.

We present to you and your local businesspeople and government leaders a challenge: ***create a local system so adults are either employed or in a process of training to be ready for employment, so every adult and family has an income to be self-sufficient and thrive.***

As you will see below, we offer only a sliver of what's out there in terms of innovations that have been shown to work. Some of the models have been with us for many decades. Some ideas are working successfully a few states over, while others are being implemented on the other side of the planet. Some are quite new, thanks to technology, and merit experimentation and their own evaluation. We do not lack for solutions, just the political will.

The innovations you're about to explore can be developed with three important frameworks.

As we say in all ten sector chapters, we want to reference the data-driven framework called **Continuous Quality Improvement** and its four phases: assessment, planning, action and evaluation (revisit Chapter 29). This four-step process will guide your development of innovations in the arena of job training. And as a gentle reminder, you will want to use **Collective Impact** (revisit Chapter 31) to organize your project and **Adaptive Leadership** (revisit Chapter 30) to determine if the particular challenge you seek to solve is a technical challenge, with established protocols for moving forward, or an adaptive challenge, where you are entering new uncharted territory without a clear path.

Designing a countywide family-friendly job training system

The past: How did we get to this point of needing a family-friendly job training system? Who exactly needs it anyway? What problems is the system supposed to solve? Why don't people just find training themselves without outside help?

The present (action agenda): Within this subject, we've identified ten strategies—called innovation areas—that can be used to tackle the job training access problem. Within those, we suggest about twenty 100% Community projects that you (yes, you) can take on, thus propelling your community towards family-friendly job training in its many forms.

The future (goals): With enough work on these innovations/projects, we'll get to the point where Innovation #10—the creation of a City/County Department of Family-friendly Job Training—becomes a reality. With a state-of-the-art system of care in place, 100% of our county's families could report excellent support and service.

A menu of innovations and projects

You are about to review approximately twenty projects that can, if done successfully, improve the quality and accessibility of current services. The ultimate long-term goal of these innovations and projects is to ensure that 100% of county residents have access to this vital service. Your task is to review all projects, individually and as part of an action team, to identify which ones you wish to implement. In the time it takes to enjoy a grande latte, you can give our menu a quick read to see which project pops out at you.

10 innovations your action team can implement

The following innovations represent strategies that have the capacity to increase access to job training programs to ensure our children are safe and successful.

(Note: for more information on Action Teams, see Appendices.)

Innovation #1 sets your action team up for success using a software system to track progress of all innovations within a county. Innovations #2 through #9 are options to explore and implement. Innovation #10 sets your team up to be well-informed change agents. Be aware that some of these innovations and projects could be completed in a few months, but others might require at least a year commitment or far more.

Innovation #1: Designing and implementing a county data system to track supply and demand within job training programs

The “all-important job training analysis” project

Unlike other services like transport, we don't track every single time somebody uses a job training course or accesses a program to be an apprentice or intern. Yes, colleges and universities do have information on who is taking which courses, but identifying who is getting trained for what type of job might be tough.

No single number will give you a complete picture of the situation. But by gathering multiple data sources and tracking them over time, you should be able to get an idea of how much job training is accessible in your community. Here's your list:

- **School districts:** They may have data on students in need of various forms of support to apply to colleges or vocational ed programs.
- **Domestic violence programs:** Some may keep data on their residents seeking job training support. Unlike the government, they're not necessarily obligated to give you the data, but they probably will.
- **Child welfare data:** While not easy to acquire, there may be a way to assess data on parents needing support with finding a job.
- **American Community Survey:** The ACS is an ongoing survey that provides vital information on a yearly basis about the United States and its people. Information from the survey generates data that help determine how more than \$675 billion in federal and state funds are distributed each year.
- **100% Community Survey:** This survey asks residents to what degree they have access to job training and what challenges might be to accessing such training.

While not perfectly straightforward, if you get these numbers, you should be able to tell if job training accessibility in your community is going in a good or bad direction.

Imagine a future where all residents have a job training pass—a plastic card or mobile app with a barcode—that could be used for all forms of job training programs. Now imagine that an artificial intelligence program analyzes this data from all county residents to identify high and low use and where gaps in services exist, offering recommendations for fixing gaps.

Deliverables: Create a one-page overview/update on the status of local job training to present to the 100% Community team and stakeholders. (Rough time frame: 3 months)

The “can you get there from here” project

Good job training planners will figure out where folks needing help with job training are concentrated and then plan service accordingly. However, a lot of job training programs are good-hearted but haphazard affairs that do not engage in that type of self assessment. Luckily, using census data, your own eyes and Google Maps, you can do it for them. First, learn how to do custom drawings on Google Maps (an internet search will lead to some tutorials). Looking at the American Community Survey, Google Earth satellite images, and the results from your **100% Community Survey** should get you started.

Deliverables: After getting comfortable with Google maps and data, present your findings to the 100% Community team. (Suggested time frame: 3 months)

👉 How to do custom Google Maps: <https://aae.how/24>

👉 American Community Survey: <https://aae.how/25>

The “do our job training agencies go where they should” project

Your job training system (that includes high schools, vocational ed and higher ed) should be one seamless system serving the entire county. We should blend all the data we have on job readiness. We would learn a lot. For job training, we should serve all residents, but especially your community’s most critical areas: communities with high rates of child welfare involvement, low income areas, areas with high unemployment, and high schools with low achievement and high drop-out rates. Find or make a map of the county, then make a map of all “high risk” areas and all job training programs. Next, see how well those two maps overlap. Also take a look at service frequency. Are job training and supports being offered when the need is the highest? Is the training aligned to be near future jobs? Whether job training “serves” the most critical areas depends on more than what the map looks like.

One issue to tackle will be transportation. One type of job training may well be the next town over from where the need for that particular service is the greatest. Can you get there from your town? Often the answer is no, especially in places where state transit leaders have ceded their planning authority to county leaders. That leads to your action team talking with the transportation action team (and possibly more teams).

Deliverables: After analyzing your data, including all you can find on job training challenges, including transportation to training, present your findings to the 100% Community team. (Suggested time frame: 3 months)

Innovation #2: Ensuring current job training programs are fully supported

The “do we have enough money?” project

By now, you should have a pretty good idea of how your local job training support “system” is doing and possible areas of improvement. Sometimes, that may be a matter of using existing budgets differently (budgets that allow for subsidized vocational or higher ed). Often you will discover that the funding isn’t there to help folks enroll in training (without financial support) or prevent long wait times for a place in a certificate or degree program. Complete your assessment of all current job training programs to know the quality and quantity of services.

Deliverables: After analysis, including a sample of long-term and short-term job training programs, create a one-page brief to be shared widely online with the 100% Community team and all county stakeholders engaged in using, or providing, job training. (Suggested time frame: 3 months)

Innovation #3: Engaging the private sector in supporting job training innovations

The “cool technology of our workforce future” project

In both urban and rural areas, web-based higher education courses are the norm. We need to see how such courses are helping people get the skills needed for employment.

Deliverables: Do a search of higher ed institutions that offer web-based courses for current jobs (that are for jobs that are in demand), and even a few based outside our borders, to compare and contrast findings. Do the institutions of higher ed track student graduation rates and post-graduation employment and job satisfaction? This will require some digging; ideally help can be found from those well connected to colleges and universities. Present to the 100% Community team. (Suggested time frame: 1–3 months)

The “will our boss support that?” project

The idea of a private company giving an employee a free bus pass is nothing new, but it may be new for employers to provide a subsidy for some forms of career development courses. This would be an innovation to present to your chamber of commerce and local elected leadership.

Deliverables: Do a search of US firms, and even a few based outside our borders, to compare and contrast findings. Present to the 100% Community team. (Suggested time frame: 1–3 months)

Innovation #4: Harnessing technology to create an online directory and resources

The “plain language for existing websites” project

In some city and county systems, thoughtful professionals spend a great deal of time and effort trying to design perfect websites with intuitive time listings of job training offerings, easy-to-read maps to get you to such services, and other features to facilitate figure out how to sign up for programs. Of course, colleges and universities are big businesses vying for clients/students. Some are excellent at describing how certain courses lead to specific jobs. Others are not clear about whether a particular career area is still a viable avenue to a steady paycheck. Your mission is to figure out whether your vocational and higher ed institutions, as well as county and city governments, are taking this opportunity to simply and efficiently explain on their websites, on printed brochures and schedules, or on an app, what types of job and career development courses are offered, and do so in all relevant languages.

Deliverables: Research your county’s various government and non-governmental agency websites to identify how clearly job training programs are represented. Present your findings to the 100% Community team. After feedback, network with local job training agencies and higher education (along with web designers and graphic designers) to explore creating user-friendly information online. (Suggested time frame: 3–6 months)

Innovation #5 : Generating public awareness and engagement

The “create the Job Training@100% user-friendly website” project

This is where you design and launch your own family-friendly website for the public to post vital job training information. As mentioned earlier, websites don’t just pop up easily, but there are free services online to help with design.

The website should direct folks to local job training and provide details about such training, such as:

- When and where the training is offered
- Any costs or criteria for registering
- Any scholarships or financial aid
- Reviews of the training and/or institute of higher learning (just as Travelocity reviews hotels, course graduates can review the instructor and training experience).

Deliverables: Research your county's various government and non-governmental agency websites to identify how clearly job training program options are showcased. Present your findings to the 100% Community team. After feedback, network with local job training organizations and agencies (and web designers and graphic designers) to create an engaging and user-friendly web-based guide to job training opportunities that serve county residents. You can also include information to your Job Training@100% action team and how you are working to improve local job training access. (Suggested time frame: 3–6 months)

The “be patient and focused” project

Even completing a few of these projects will put you among the best educated one percent when it comes to job training in your area, and one way you could put that know-how to good use is by serving on an advisory board or commission. Many—but not all—city, county, higher education and economic development agencies have them. There are often job and career development boards or advisory panels that need members. This is your opportunity to ensure alignment of services becomes a reality.

Deliverables: Attend at least a quarter's worth of meetings, then present to the 100% Community team your analysis of current committee/task force working groups—including how data-driven and results-focused they appear to be. (Suggested time frame: 4 months)

The “email Job Training@100% often” project

Eblasts and social marketing are good outreach tools. We recommend that you reach all stakeholders who have parents on their radar. Social marketing strategies, just like website development, can be challenging, yet there are “how to” websites that can facilitate this process. (Revisit Tech: Chapter 36.) You can send updates on all the work of your action teams will raise awareness and garner support.

Populations to target:

- Youth-serving groups
- Family-serving groups
- Faith-based groups
- Cultural groups
- Business leaders
- State and local offices of workforce development
- Local offices of economic development
- Startup entities
- Elected officials

Deliverables: Identify the most tech-savvy in your network, then create a countywide list of stakeholders to email. Create a rough message and graphic identity for your messaging. Test it out with the 100% Community team, tweak, and off you go. If you use a mailing service that can track your email's performance, check open rates after three months to assess responses. If you simply email your network directly, gauge how many of the messages receive a reply or initiated action. (Suggested time frame: 4 months)

Innovation #6: Make sure your education system is on board

The “students as future workers” project

We have the data to indicate that most students will eventually join the workforce. So how are we preparing students for hard-to-fill careers and a shifting job market? What amount of course work ensures that they understand the following topics?

- Why people choose to go to higher education
- The relationship between levels of education and salary
- How high school sets people on a trajectory toward certain jobs and expectations
- How vocational ed works
- How to pay for job training in its many forms
- Balancing parenting and employment
- What it costs to survive and thrive

You will want to explore the Integrated Basic Education and Skills Training Program (I-BEST) model, which the promoters describe as, “a nationally recognized model that quickly boosts students’ literacy and work skills so that students can earn credentials, get living wage jobs, and put their talents to work for employers. I-BEST challenges the traditional notion that students must complete all basic education before they can even start a job-training program.”

Your mission here is to figure out what the public schools and institutions of higher learning offer and how it is being evaluated. You will be digging into research that illustrates your county's pipeline from school to work. Also, if you are lucky enough to have fully resourced schools, explore what they offer in terms of student supports for jobs and career development.

Deliverables: Learn all you can about this area, gathering insights on all activities and evaluation. If possible, do an informational interview with program staffers. Collect your notes to create a one-pager to present to the 100% Community team. (Suggested time frame: 1 month)

🔗 Integrated Basic Education and Skills Training Program (I-BEST): <https://aae.how/116>

Innovation #7: Ensuring that local higher education is engaged in research, solutions and evaluation

The “Study and Succeed U” project

Just as with the K–12 students, some college and university students face hurdles. ACEs, untreated trauma and social adversity can get in the way of graduating. Investigate if the local college or university devotes any time, research or other resources to ensuring students and staff have campus-based job and career training and support. While not all higher ed institutions are set up to do this, it's worth asking.

Deliverables: Learn all you can about this, gathering insights on all activities and evaluation. If possible, do an informational interview with a program staffer. Collect your notes to create a one-pager to present to the 100% Community team. (Suggested time frame: 1 month)

Innovation #8: Supporting city and county governments in job training and creating jobs

The “how to get your local elected leaders to commit to supporting an Office of Workforce Development” project

This is a research project that focuses on learning to what degree your local elected leaders are committed to workforce development. You will want to do informational interviews with city councilors and county commissioners to gauge their support for youth and adult workforce preparation and training. You may find excellent examples of workforce development programs in cities across your state, the nation (and the globe).

Deliverables: Learn all you can about workforce development programs that have a record of success, gathering insights on all activities and evaluation. If possible, do an informational interview with program staffers within successful workforce programs housed within the city and county government workforce programs. Collect your notes to create a one-pager to present to the 100% Community team. (Suggested time frame: 1–3 months)

Innovation #9: Identifying how the federal and state levels can strengthen local services

The “know your state and federal options” project

Rare is the urban/rural job training or higher education program/agency that doesn't get by without a lot of help and guidance from the state or federal government (or both). Knowing a bit about those relationships will provide background information and possibly help with relationship-building to empower funding for a local agency.

Deliverables: Learn all you can about state and federal supports (ideally with a colleague who loves detail work and can supply coffee), gathering insights on all activities and evaluation. If possible, do an informational interview with program staffer. Collect your notes to create a one-pager to present to the 100% Community team. (Suggested time frame: 1-3 months)

The “we need a state coalition to make great things happen” project

Through collaboration and the strategic use of data and technology, county players working together can find a way to ensure that job training works. We are not trying to simplify one of our nation's and states' most complex challenges in a sentence. We are advocating for the start of a long-term, local dialogue about how we end job training disparities so everyone has a chance to improve one's life and salary. Your county and state network can educate local lawmakers about a new role for government: ensuring no student or parent misses work opportunities due to a lack of training. This coalition can also work to elect officials who will prioritize access to job training. Also, technology can connect all the players with a shared vision, goals, activities, use of data, use of communication and messaging, and evaluation processes. Your action teams starts with identifying who is leading the way in job training reform.

Deliverables: Find some passionate change agents and conduct informational interviews with sector stakeholders to assess interest in a county or state coalition. Assess the data-driven and results-focused quality of current coalitions. Create a one-pager to present to your 100% Community team and countywide network of job training agencies on your initial findings. (Suggested time frame: 3 months)

Innovation #10: Institutionalizing the work by developing the City Department of Job Training and funding for innovations

The “County/City partnership that funds the Department of Job Training” project

Elevator pitch: When Eric was just a sophomore in high school, his mom should have been able to scan city hall’s website to find links to vocational and higher ed programs that might have been useful for her son. She should have been able to see a clearly defined menu item called “Department of Job Training” right next to the Departments of Police, Fire and Parks. It should not be buried deep in the bowels of the website. It’s a vital, stand-alone department (or should be) and deserves to be treated as such.

Why is this so important? After all, local job trainings are often funded in part by colleges, universities, county entities, foundations, business ventures and nonprofit organizations. In smaller areas, college centers are the hub for all job training. This proposed department doesn’t put job training in place, but can, at the very least, regularly evaluate the job training needs of its constituents, determine if they are adequate and regularly research innovations. This Department of Job Training director’s job will look very different depending on the town—it may just take a part-time city manager a few hours per year in the smallest of hamlets. But it’s important work and it needs to be done by someone who reports to an individual who regularly stands for election.

Potential partners: mayors, city councilors, county commissioners, workforce specialists, higher ed, public education and socially-engaged businesses

The “convene your fellow job support and workforce development advocates and enhance your skills in public speaking, committee briefing and how to get to a lawmaker” project

This project is a crash course that you develop with local experts about how to contact local and state leaders, give an elevator pitch on your projects, and the protocol for committee hearings that can lead to funding.

Deliverables: Find an accomplished colleague with good public speaking skills, along with a professional with experience lobbying/networking with elected leaders. Together, discuss how a workshop for the entire 100% Community team could be created to enhance skills. Assess interest with teams, make a workshop plan, deliver and evaluate. (Suggested time frame: 3 months)

The “know your stuff before you meet the mayor” project

Innovation #10, in some ways, is putting it all together. By the time your action team becomes familiar with all nine innovation areas and their projects, you will be prepared to meet with elected officials and stakeholders to discuss a city strengthening its support of workforce development and jobs training in all its many enriching forms.

Deliverables: Identify at least one colleague to join you in reviewing every innovation project in this chapter. This means diving into all the research that you can get your hands on, starting with our links, to support your project. Conduct an assessment of all 100% Community team members to identify which projects are of interest or already in development. From here, present your global overview of project development with the entire 100% Community team for feedback. (Suggested time frame: 3 months)

The “create a bold vision and strategic plan” project

It’s time to create a detailed plan for this new (or improved) local Department of Job Training. With previous projects, you will have learned its strengths and weaknesses, potential funding sources and who the players are. You’ll be in a great position to document what’s working well, what needs to be kept as it is or expanded, and what needs to change.

Deliverables: After an assessment of county job training (see Innovation #1) and a survey of all 100% Community team members to identify which projects are of interest and in development, develop a draft outline of a strategic plan for a Department of Job Training. From here, present the draft plan to the entire 100% Community team for feedback. (Suggested time frame: 3–6 months)

The “Crisis-proof County Readiness Checklist” project

It’s here you work with city and county emergency preparedness to assess readiness for a public health crisis that impacts employment and job training. See Appendices.

Deliverables: Explore all you can, connecting with key officials and sector leaders, and write up a summary for the 100% Community team. (Suggested time frame: 3 months)

You're all about jobs and futures.

We're connecting the dots between job readiness and all aspects of family life. Know that your work in job readiness impacts all the vital services that, in turn, impact childhood and student success.

Our entire 100% Community model is based on cross-sector work, asking all county stakeholders to connect the dots between what we call our five “survival” sectors and five “thriving” sectors. As you concentrate on job readiness and programs that are reducing job insecurity, consider how your work impacts the following interrelated sectors focused on our entire 100% Community process.

SERVICES FOR SURVIVING

- **Food:** We need living wage jobs to ensure we make food insecurity history, but until then, we need food banks.
- **Housing:** Stable housing means having a paycheck to pay the rent or mortgage. And we need to have affordable housing near jobs, too.
- **Medical/Dental Care:** Our capacity to work depends on our physical health, which depends on access to health care. And having a job is often the way to get health insurance.
- **Behavioral Health Care:** Most parents need jobs to support their kids, and being good employees means having a stable and emotionally healthy life. We will only have a thriving workforce if our residents can access the services they need to thrive emotionally.
- **Transportation:** We need to ensure that public transport exists to get family members and all community members to work in a timely manner.

SERVICES FOR THRIVING

- **Parent Supports:** For working parents, they need all the support they can get.
- **Early childhood learning programs:** Children develop in profound ways in a learning center while parents are at work. We need to ensure a system of such programs exists and is accessible.
- **Community Schools:** We need all our public and private schools preparing students for the jobs of tomorrow. In addition to strong academic support, we wish to make sure all schools can provide behavioral health and extra supports.
- **Youth Mentors:** Mentoring programs can provide young people with the right adult who can support homework, extra training, exploring educational options and all the things that prepare one for the workforce.
- **Job Training: This is you!**

Monumental achievements start with one step.

Know that taking on innovations in job readiness, with the long-term goal of reaching all in your county who need support, is nothing less than profound.

Our goal is to set you up for success. Steps should be taken carefully, moving from short, to intermediate, to long-term goals. It all starts with one innovation developed, launched and evaluated for success.

With 100% Community, you are part of one of the very few initiatives working in a data-driven and cross-sector process to end job training disparities that have existed in this nation as long as it has been a nation. We don't underestimate the challenges ahead, nor do we overstate ourselves when we say to you that you can accomplish measurable and meaningful work with collaboration, creativity and a framework for success.

If you are ready to get started with your countdown to 100% with job readiness, you might be tempted to skip the other nine chapters focused on key services to create healthy families and communities. We do, however, strongly recommend that you review the nine other chapters to gain a deeper understanding of our entire cross-sector process. You might be surprised how often your focus area of job readiness will play a role in most areas of family and community life.

Bottom line: With a chaotic economy, we need a countywide monitored system of subsidized training to empower skills-building, leading to alignment with job markets.

Keywords: preparing students for jobs, preparing for jobs that don't exist yet, rural job training

There's an app for that: Most job-seekers' options for college-based degrees are limited to an institution within easy travel distance (either by bus or car). Most are larger institutions, so they tend to be well-known in the area. What most people don't know is where to find local, non-degree-seeking training. Vocational training is sometimes available through those same colleges but not consistently. Furthermore, not all of them are interested in what happens to students after training. It's an unfortunate reality that many vocational training institutions are more interested in profit than placement, and it shows. When creating your list of job training resources, first review the FTC's information on trade schools (<https://aae.how/117>). Once you know what you are looking for, perform a Google search for vocational programs with "local results turned on" (the default setting—<https://aae.how/152>). This will place localized results at the top, which you can then verify. Be very wary of websites offering vocational search forms. Many present "scam school" results as legitimate options.

② Q+A: Perspectives from the real world

We connected with Yolanda Montoya-Cordova, the deputy secretary of the New Mexico Department of Workforce Solutions. This agency is responsible for readiness training and connecting with business to understand the jobs currently in demand.

What impact does a public health crisis have on the workforce?

What a crisis like the pandemic does help us understand is the shift in “how” people can work—the global economy can create jobs from home and opportunities to engage differently. The technology gap is real, especially for rural areas of the state where broadband is not available and opportunities for things such as distance learning for public education in K-12 and post-secondary levels is not available to everyone—there is not only an equity gap, but also a technology gap—not everyone has meaningful access.

I believe this public crisis will demonstrate the importance of broadening definitions/access to tele-health jobs. It’s not just for primary health care, but also for care associated with mental health, speech pathology, home healthcare, elder care, parent services and supports for individuals with disabilities and families with a host of special needs.

But the transition to a new way of working will be challenging. None of us have been here before. I believe we can weather this mess—we just have to be patient and truly kind to one another.

Why might parents and older youth struggle to get the skills to get a well-paying job?

More and more we are finding trauma and poverty impact skill development for parents and youth. The struggle to address day-to-day concerns about housing, food insecurity, health care or substance use distract and keep young people from experiences that lead to important soft skills necessary for work. Skills as simple as persistence through a problem, positive response to constructive feedback and personal accountability, such as showing up on time, prepared and able to meaningfully participate, all take a back seat when you are fighting daily to survive. Normal daily life experiences such as participation in civil conversations, discussions about dreams and aspirations and a plan to get there; as well as cooperative family play that inspires teamwork and cooperative problem-solving, are often limited for families and youth impacted by trauma. Their life experiences are often not about choices or decision-making and cooperation, key soft skills needed to succeed in the workplace.

What should each city have in place—for training and placement—to support people getting marketable skills?

Individuals must have access to strong career exploration and readiness programs that guide people to jobs that pay a sustainable, living wage. Every city must use data to inform workforce gaps to help bridge the occupations/skills needed to fill available work, as well as to lead economic development strategies to build job opportunities that assure living wages.

In a wildly changing job market, with technology changing our jobs and artificial intelligence looming to replace workers, how does a county keep people employed?

The best opportunity to meet the wildly changing job market is to help public schools create and implement meaningful curriculum and dual credit courses focused on technology and artificial intelligence. Strong STEM programs at schools are much more successful when the business community is engaged. New Mexico is poised to succeed because we have Sandia and Los Alamos National Labs and a myriad of companies engaged in emerging technology.

How might government support people being entrepreneurial and starting small businesses?

Start early! Youth engagement in entrepreneurial skills development is occurring in schools with programs such as DECA, SkillsUSA and Jobs for America's Graduates. These programs are excellent. And when partnership with the business community and Small Business Administration is strong, opportunities for mentorship and training grow.

We enjoyed a number of conversations with Santa Fe, NM-based Dr. Pam Etre-Perez. She's a former higher education administrator with decades of experience on the state and local levels.

Why are health, safety and trauma all issues for higher education and all job training programs?

Our students face many challenges in a very complex and fast changing world. For example, students with untreated trauma may mask their problems with alcohol and controlled substances, which impede their ability to think clearly, follow instructions, behave appropriately, and may not be able to complete a degree. The turn-over in entry-level positions is high and very costly to employers, and job seekers do not get hired because they cannot pass the drug tests. Health challenges have become an economic one.

How might health challenges impact college students' capacity to do well in courses and graduate?

Learning requires focus and concentration as well as environments in the classroom and at home that are conducive to studying. Persistence is especially difficult for some college students. Adult students need a great deal of support at various levels to succeed and graduate. Just getting to classes every day can be a major challenge for students who lack resilience, assertiveness and confidence to ask questions. New Mexico colleges do a good job with access to higher education, but struggle to retain students to completion.

What are campuses doing today, and what could they do tomorrow, to address our students' trauma and support their successful academic work leading to meaningful work?

College campuses can offer wraparound services to assist students with tutoring, advising, special needs accommodations, transportation, child care, job and health fairs, and more. However, a more intense commitment is needed for colleges to design innovative programs of study and invest more in out-of-classroom student support. For example, when it comes to student mental health, faculty and college administrators are often expected to resolve issues that are not covered in their professional training. There is a critical need to fill the gap in health and safety-related services needed by students.

Speaking of real world perspectives, we are constantly updating our electronic and paper edition of 100% Community. If you would like to share a perspective, please contact us.

Innovations and Project Checklist

Progress-at-a-glance for Action Teams

Innovation #1: Designing and implementing a county data system to track supply and demand within job training programs

- The “all-important job training analysis” project
- The “can you get there from here” project
- The “do our job training agencies go where they should” project

Innovation #2: Ensuring current job training programs are fully supported

- The “do we have enough money” project

Innovation #3: Engaging the private sector in supporting job training innovations

- The “cool technology of our workforce future” project
- The “will our boss support that” project

Innovation #4: Harnessing technology to create an online directory and resources

- The “plain language for existing website” project

Innovation #5 : Generating public awareness and engagement

- The “create the Job Training@100% user-friendly website” project
- The “be patient and focused” project
- The “email Job Training@100% often” project

Innovation #6: Make sure your education system is on board and that public schools align their curriculum to train students for jobs that already exist and will exist (identifying shortages of workers)

- The “students as future workers” project

Innovation #7: Ensuring that local higher education is engaged in research, solutions and evaluation

- The “Study and Succeed U” project

Innovation #8: Supporting city and county governments in job training and creating jobs

- The “how to get your local elected leaders to commit to supporting an Office of Workforce Development” project

Innovation #9: Identifying how the federal and state levels can strengthen local services

- The “know your state and federal options” project
- The “we need a state coalition to make great things happen” project

Innovation #10: Institutionalizing the work by developing the City Department of Job Training and funding for innovations

- The “County/City partnership that funds the Department of Job Training” project
- The “convene your fellow job support advocates and enhance your skills in public speaking, committee briefing and how to get to a lawmaker” project
- The “know your stuff before you meet the mayor” project
- The “create a bold vision and strategic plan” project
- The “Crisis-proof County Readiness Checklist” project

Next Steps

- Gather your action team* to:
- Prioritize projects
- Assign tasks
- Schedule timelines

100% COMMUNITY *Ideally, you are part of an action team, which is part of a countywide 100% Community initiative (which could be part of a statewide campaign). If you are reading this as a solo prospective change agent, please contact us to connect with like-minded local folks and get the synergy and support needed to take on projects.

Part Four Review: This Is the Last Test

Need to Know

Answer these questions and reflect on the vital collaborative work ahead.

We're ready to support you and your initiative's action teams if you're ready.

1. In chapter 40, we introduced the concept of the social determinants of health. We then advocate for “10@100%” (ensuring that all ten surviving and thriving services meet the needs of 100% of residents) to address health, education and opportunity disparities. We present reasons for why the ten areas of focus are our 100% Community Initiative's priority. First, to what degree can we collect local data to assess where the gaps in vital services are, and why they exist? Second, to what degree are each of these ten service areas a priority in your county? Third, to what degree do elected leaders understand the concepts of the social determinants of health, health and education disparities, as well as Maslow's Hierarchy of Needs? Fourth, are you ready to take on truly groundbreaking work that will be truly meaningful to every member of your county?
2. In chapter 41, we described innovations focused on food security. Which innovations and projects to increase access to food security programs exist in your county, and which are you interested in learning more about to end food insecurity and hunger? What data do you currently have to illustrate the needs related to hunger in urban and rural areas?
3. In chapter 42, we described innovations focused on housing. Which innovations and projects to increase housing security are already exist in your county, and which are you interested in learning more about as potential innovations to develop locally to ensure 100% of residents are secure with housing? What data do you currently have to illustrate the needs related to housing in urban and rural areas?
4. In chapter 43, we described innovations focused on medical and dental care. Which innovations and projects to increase access to care exist in your county, and which are you interested in learning more about to end health disparities? What data do you currently have to illustrate the needs related to timely health care in urban and rural areas?
5. In chapter 44, we described innovations focused on behavioral health care. Which innovations and projects exist in your county, and which are you interested in learning more about to end behavioral health care disparities? What data do you currently have to illustrate the needs related to timely health care in urban and rural areas?

6. In chapter 45, we described innovations focused on transportation. Which innovations and projects to increase public transportation exist in your county, and which are you interested in learning more about to ensure that 100% of residents have access to public and private sector solutions? What data do you currently have to illustrate the needs related to transportation in urban and rural areas?
7. In chapter 46, we described innovations focused on parent supports including home visitation, child care and parent education. Which innovations and projects exist in your county to increase access to parent supports, and which are you interested in learning more about to ensure that every parent has the support they need to create a safe and thriving household? What data do you currently have to illustrate the needs related to transportation in urban and rural areas?
8. In chapter 47, we described innovations focused on early childhood learning programs and child care. Which innovations and projects exist in your county to increase access to programs, and which are you interested in learning more about to provide access to 100% of young children? What data do you currently have to illustrate the needs related to early childhood learning programs in urban and rural areas?
9. In chapter 48, we described innovations focused on fully resourced schools called “community schools” that have school-based centers for students and parents, in addition to extra tutoring and mentors for students and navigators for parents. Do you have community schools in your county or schools that might be ready to become community schools with your support? What data do you currently have to illustrate the needs related to having fully resourced schools with health care in urban and rural areas?
10. In chapter 49, we described innovations focused on youth mentor programs. Which innovations and projects exist in your county to increase access to mentors, and which are you interested in learning more about in order to ensure that 100% of the county’s children and youth have access to mentorship? What data do you currently have to illustrate the needs related to access to mentorship in urban and rural areas?
11. In chapter 50, we described innovations focused on job training that’s in alignment with the current and future job markets. We also discussed the need to assist with job placement and helping people transition in a changing economy. Which innovations and projects exist in your county, and which are you interested in learning more about to ensure that all residents can access the necessary skills to become employed and self-sufficient? What data do you currently have to illustrate the needs related to timely job training, placement and transitioning?

Epilogue

We took about 140,000 words to say what could have been said in eight: join us in making every community member a priority.

Addressing the magnitude of the challenges ahead.

Early readers of our advance review copy questioned the length of 100% Community. One colleague affectionately called it “the beast.” Others called it “a challenge” and “a manifesto.” One reader said, “It had to be this long given the magnitude of the challenges ahead.” We felt gratified when a well-respected medical clinic director said, “Thank you. I now fully understand the framework. You’ve given me an urgently needed model to follow.”

As reviews will continue to inform our next edition, we leave you with a story we often share in our introduction to the 100% Community presentations.

The story of the river and the bridge

There was once a woman strolling along the river’s edge. She heard a cry for help and realized a person was struggling to stay afloat in the rough waters. She pulled the person out. Then came another cry and a second person was drowning. The woman pulled this person out to the safety of the shore. A third cry came and the woman looked up the river to see a long line of people struggling to get to shore. Suddenly mist cleared and the woman saw where the people were coming from. A footbridge crossing the river upstream was damaged and people attempting to cross the bridge were falling in.

This presented a dilemma for the woman: Should she stay where she was, pulling people one by one to the shore, or should she run up to the bridge and block the entrance, so no people crossed it?

And so it is with our ten surviving and thriving sectors, and the needs we must address to ensure the safety and health of all. We have an unending stream of people, children and adults, requiring help with the basics of survival. Others might have more resources, but still struggle to engage with the services that promote self-sufficiency, like behavioral health care. The 100% Community model is one where elected officials, organization leaders and fearless advocates go upstream to fix the bridge while making sure lifeguards rescue those who fall into the turbulent waters.

Our future together

In times of crisis we are reminded how fragile and vulnerable we all can be. What's been made painfully clear is that systems of health and safety need to be developed across every county in the nation. It's far from hyperbole to state that our lives are depending on our actions today and tomorrow. Collaboration on a scale as yet unheard of between change agents working in ten surviving and thriving service sectors, and between those in government and business, is required.

We don't doubt for a second that we can arrive to a future when every child is safe, every parent is supported and every community member thriving. The fact that you read this book is a testament to the tipping point that we are living next to—across all fifty states. We are definitely in the “when,” not “if,” phase of creating local systems where 100% of our people are healthy, safe and resilient.

With courage and compassion our work together awaits.

Appendices

*Your vital toolkit for
getting started*

100% Community Survey

How do we know if parents, youth and all residents have access to vital services? We ask them. The 100% Community Survey will provide you with a better understanding of who can access ten vital services for surviving and thriving in times calm and chaotic

WE START BY asking our county residents questions about the services that should be helping them. The 100% Community survey is based on the Resilient Community Experience Survey first published in *Anna, Age Eight: The data-driven prevention of childhood trauma and prevention* by Katherine Ortega Courtney, PhD and Dominic Cappello in 2018. It was further developed with input from family-serving organizations in New Mexico and Kentucky. The survey is being implemented to assess not only the degree to which parents and youth can access the 10 “surviving” and “thriving” services, but reasons why access may be challenging.

We are including the short version of the survey, first published in 2018, and can provide you with the current version upon request. This version includes the important additional questions focused on why services may be challenging to access.

The survey can be customized to assess youth populations, as well as other populations. We support each of our 100% Community county initiatives in an extensive assessment and evaluation process. Our 100% Community course provides in-depth support for the ongoing process of research, assessment and evaluation.

See next page for survey.

1. Please select your neighborhood: (as you customize the survey, include all communities)

2. Please describe your household. If you do not have any children, or you are not a guardian or caregiver for a child, please skip to question. Select all that apply

- Single-parent household
- Two-parent household
- Grandparent guardian
- Foster guardian
- Grandparent, aunt, uncle, relative or friend/mentor responsible for helping a child get services like health care, dental care, etc.
- Parent of adult children
- I do not have children/I am not a guardian or caregiver for a child
- I provide childcare in my home or in a childcare center
- Other, please explain:

3. How many children do you care for under the age of 5?

0 1 2 3 4 or more children

4. How many children do you care for between the ages of 5 and 18?

0 1 2 3 4 or more children

Note: The following survey is provided to show only an overview of the questions. The current survey asks respondents why they might have difficulty accessing a particular survey.

How do you rate the following services in your community? The term “accessible” means affordable and/or not a burden to get to, and not subject to long waiting lists.

5. Mental health care services to provide counselors to speak with about emotional problems, treat depression and untreated mental health challenges, and address adverse childhood experiences and trauma

Very accessible Accessible Not very accessible Not Accessible Don't know

6. Medical and dental care to increase health, resiliency and longevity

Very accessible Accessible Not very accessible Not Accessible Don't know

7. Housing programs to prevent homelessness and provide a safe place if a home is unsafe

Very accessible Accessible Not very accessible Not Accessible Don't know

8. Food pantries and programs to reduce hunger

Very accessible Accessible Not very accessible Not Accessible Don't know

9. Public transport that ensures residents get to vital social services, work or school

Very accessible Accessible Not very accessible Not Accessible Don't know

10. Job training to provide access to jobs with livable wages

Very accessible Accessible Not very accessible Not Accessible Don't know

11. Early childhood programs that strengthen early learning

Very accessible Accessible Not very accessible Not Accessible Don't know

12. Family-centered schools. (Schools that offer support with academics, tutoring, family support, and health and social services, and do so before, during and after school, on weekends, and over summer break. They also offer counseling services and can screen students and family members for emotional trauma and mental health challenges, or refer them to local behavioral health care agencies.)

Very accessible Accessible Not very accessible Not Accessible Don't know

13. Parent supports, including home visitation and respite programs, to strengthen families and reduce the chance of childhood injury, trauma or maltreatment

Very accessible Accessible Not very accessible Not Accessible Don't know

14. Youth mentors to provide strong role models and support for every boy and girl

Very accessible Accessible Not very accessible Not Accessible Don't know

Assessing Action Team Members' Knowledge: A Readiness Survey

The 100% Community course provides Action Team members with all the resources and skills to address gaps in vital services.

WE WANT TO set up action teams to succeed in increasing the services for surviving and thriving on a countywide scale. To do this requires that we provide training for all those wishing to get to results. It helps all members of the 100% Community initiative, at the beginning, to know what degree potential co-organizers and action team members understand the twenty key concepts guiding 100% Community initiative.

Action Team Pre and Post Survey

Please answer the following questions about working in a 100% Community Action Team. On a scale from 0 to 6, 0 indicates "strongly disagree" and 6 indicates "strongly agree."

1. I can describe the five services for surviving presented in 100% Community:

Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

2. I can describe the five services for thriving presented in 100% Community:

Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

3. I can describe the social determinants of health and how it guides our work:

Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

4. I can describe why all ten sectors should be accessible to 100% of our residents:

Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

5. I can describe the benefits of public and private sector partnerships:

Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

6. I can describe what "data-driven" and "cross-sector" mean:

Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

7. I can describe the components of the collective impact model:

Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

8. I can describe the four phases of continuous quality improvement:

Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

9. I can describe the importance of working in alignment with existing local efforts:

Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

10. I can identify the local organizations currently providing services in my chosen sector:

Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

11. I understand how to design a logic model:

Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

12. I can describe why we use evidence-informed strategies:

Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

13. I can describe the difference between a technical challenge and an adaptive challenge:

Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

14. I understand how to create a clearly defined evaluation plan for a project:

Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

15. I feel comfortable describing the goals and expectations of the Action Team:

Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

16. I understand how the Action Team can benefit my agency and community:

Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

17. I can describe the impact of adverse childhood experiences and trauma on communities:

Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

18. I understand how state, county, city and school government (elected leaders and influential government staff and stakeholders) can impact local initiatives like 100% Community

Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

19. I understand how technology can be used to support 100% Community innovations and projects.

Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

20. I understand the importance of self-care while working to ensure the ten vital services for surviving and thriving.

Strongly Disagree 0 1 2 3 4 5 6 *Strongly Agree*

What about Endnotes?

You want to know more. Excellent. We want you to explore the research and back stories behind solutions. To support you—intrepid innovator—moving from reader to change agent, we rethought the entire concept of endnotes.

IN MANY PUBLICATIONS an endnote is source citation that refers the readers to a specific place at the end of the paper where they can find out the source of the information or words quoted or mentioned in the paper. In the era of ebooks, readers want their resources as they read, not tucked away hundreds of pages further on.

Throughout this book, we have used a short-URL coding system to create updatable URLs that provide additional information about a particular resource or concept. By placing these short-URLs (e.g. <https://aae.how/24>) in the digital and print versions of the book, we can keep track of which URLs are working correctly and which need to be updated (governments, especially, love to change URLs without notice or let them vaporize altogether—a process known as “URL rot”). The short-URL system also lets us count how many times each outside resource is accessed. This way, we know which links our readers find most useful. But, don’t worry, we don’t have a way to track who clicks on what, and wouldn’t even if we could.

Throughout *100% Community* and all our special editions based on it, you will find a wealth of resources through these short-URLs attached to most projects. Please do let us know if one fails to work or, just as importantly, if you know of amazing resources we missed and should include in the future. We will be updating the electronic version of the book constantly and we plan to make new print editions every year.

Action Teams That Achieve Results

The public sector in the United States has a long history of setting up coalitions to address social challenges. Where has that gotten us? We need to be brave enough to ask, “What seems to be inherently wrong with the ‘task force’ and ‘coalition’ model?”

THINGS MUST BE done differently to achieve different results. In our experience most coalitions end up as monthly convenings where good hearted, like-minded folks network, rather than engage in result-focused enterprises. If we are to be completely candid, if all the coalitions in the country were doing data-driven work focused on ensuring the health, safety and education of the public, health and education disparities would not be such a harsh reality for so many. With so much work focused in the name of community health, residents shouldn't be reporting on the 100% Community survey that they can't access medical care in a timely manner. Yet they do.

So let's do things very, very differently. Instead of using the term task force, we replace it with action teams. And we ask folks, before they join the 100% Community initiative, “Are you committing to measurable and meaningful results?” We work more like a private sector than the public sector in that we are setting clear short, intermediate and long-term objectives that lead to an increase in user-friendly vital services like health care, food, transportation and safe housing.

We use Food Innovations as examples below, but these apply universally to all 10 sectors.

Setting up your action team

1. Identify co-facilitators: We are firm believers in synergy, so identify at least two participants to serve as co-facilitators for a year, supporting and tracking all action team activities.
2. Create a command center: Set up a space to incubate ideas and solutions. While tech does connect us, real time synergy with colleagues is needed on the local level to support relationship-building, networking and the development of innovations and projects. In times of a public health crisis, this command center may need to be virtual using technology.

Continued next page.

3. Create an email mailing list and communications strategy: Identify all those engaged in your survival or thriving sector's businesses and services and gather together their email addresses and other contact information (if available). Using any of the solutions found in the "technology" chapter, create a mailing list of these contacts. This list should contain all county elected officials, stakeholders and those working on the state level with impact on sector-related issues. Establish a manageable frequency for the mailings (weekly, monthly, etc) and create goals for the messaging (e.g. ten percent of recipients should sign up for the free talk next month).
4. Engage diverse folks in your action teams: Engage people of all ages in the public and private sectors. Learn more here about youth incubators at Gooddler, a good way to engage young people in socially-engaged work.

👉 Gooddler Youth Incubator: <https://aee.how/217>

5. Create an incubator: Explore all types of incubators for social enterprises that are sponsored by colleges and may include service-learning, community-based research, problem-based learning, civic work and others. Ashoka U, the higher education arm of Ashoka, a four-decade old incubator for social entrepreneurs recently created social entrepreneurship courses and programs in over two hundred campuses.

👉 Compact Community Engagement: <https://aee.how/218>

6. Establish collective impact guidelines: To begin with, collective impact is a model for community projects that says each project should have the following:
 - a shared vision with all involved
 - shared goals
 - shared understanding of use of data
 - shared understanding of inter-connected activities
 - a solid economic base

Take the time to consider and write out a guideline for each item. These will inform the action team process of developing innovations and projects.

7. Create a yearly calendar and logic model and track progress: Your team will need to create a shared calendar to promote all monthly activities (including deadlines for projects) and track progress with each action team to ensure measurable and meaningful results with short, intermediate and long-term outcomes. Check out the "technology" chapter for ideas on shared calendars.

8. Create a shared space online for notes, minutes and documents: As you work with others across your county or state, you will want to make certain that everyone has access to the latest documents. In the old days we used to send around an email with a Word Doc attached claiming that the attached version was the latest (it usually wasn't). A better way is to establish a repository where a single "authorized" version of each document can be accessed by the entire team. The "technology" chapter has more information on this.
9. Create guidelines for communicating (emails, newsletters, text messages, etc): Communication has become easier in the Internet Age, but it hasn't grown any simpler. We strongly recommend that you create guidelines on how people should communicate. This may sound too basic to bother with, but how many times has someone sent you something important through a text message and then you can't find it a month later? With dozens or more people working together, it helps to establish the correct way to communicate with individuals and the group. For example, you may decide that any communication that requires clear action (researching something, calling someone, getting something sent to the printer) must be sent through email so that it is archivable and searchable (alternatives are systems like Basecamp and Trello), you could also establish that all meetings (online or in person) must be summarized in writing and stored in a Google Doc in your shared Google Drive. Thinking about this ahead of time will save a lot of headaches in the future.
10. Ensure that all action team members take the 100% Community online course and read the appropriate 100% Community publications: Teams can't make progress if everyone is pushing in a different direction. We have found that even if everyone in a group comes from a different background or has a different area of specialization, if they have all read the same materials, watched the same videos and listened to the same interviews and podcasts, progress happens like clockwork.

Your Action Team within the County 100% Community initiative

Ideally, there are ten action teams within a county, each one focused on a surviving or thriving sector. The goal of the action team is radically simple: ensure that all residents have access to your service areas. And ensure that the services provided are of quality and affordability (which in some cases mean sliding fee scale). (And yes, we fully understand that what we have just described is a huge undertaking—one that will unfold over the years project by project.)

You and your entire 100% Community folks will be working in a loop (guided by the continuous quality improvement four-step process)—moving from assessment to planning to action to evaluation. All your projects (detailed in this book) will be at different phases throughout the year.

Assessment phase

In the assessment phase, ensure the 100% Community Survey reaches your county's most vulnerable populations: Your main 100% Community initiative will take the lead on the survey, assessing access to 10 sectors, including yours. You want to ensure the survey captures the magnitude of the problem accessing vital service facing youth and adults.

In the assessment phase, assess the gaps in services, identified by surveying, and reasons for them. You'll be one of the few counties in the nation with a county-wide survey with results from parents telling you where gaps in vital services are. Yes, rather than depend on what agencies think they know, we actually asked real people how difficult it was to access services. Equally important, you will have feedback on why accessing services might be tough for the mom working two jobs with two kids or a teen without a car. As you review the survey results it will become clear which of the 100% Community innovations and projects detailed in this book should be priorities and where in the county they need to exist.

LEADERSHIP, SUPPORT AND ALIGNMENT

As a 100% Community Action Team, you should make it a priority to have identified every service organization in your county that is part of your sector. This means, for example, that the Food@100% Action Team has a spreadsheet or directory (aka "a database") with every food support-related entity in the county, with names of agency directors, emails and websites. Action Teams focused on all ten surviving and thriving sectors should be known throughout the county as the ultimate convener and supporter of organization leaders. Your team should know all the other teams working in your field and working in alignment.

Planning Phase

In the planning phase, support all sector related innovations developing an internal strategic plan using a logic model: A logic model in an innovation plan that includes the hypothesis guiding the project, the partnerships needed, measurable activities and short and long-term objectives.

In the planning phase, use the Adaptive Leadership model. Ensure that action teams members are well versed in Adaptive Leadership (we cover it in our 100% Community course) to identify whether the problem being addressed is a technical or adaptive challenge.

In the planning phase, create a public city and/or county position paper and strategic plan on ending gaps in services. We go over all the elements of such a paper and plan in our 100% Community course. There are also excellent examples of writing such a plan we happily share.

Action Phase

In the action phase, communicate with county stakeholders about your mission.

Consider adopting, for example, if you were the Food@100% Action Team, “Access to food as a right” and other positive messages about supporting the food industry and farmers in collaborating with food support agencies to end local food insecurity and hunger. Read how a city made access to food a right of citizenship. A city in Brazil recruited local farmers to help do something US cities have yet to do: end hunger. All ten surviving and thriving sectors Action Teams could modify this campaign to promote innovation within their particular sector. We talk about creating and testing social messages in our 100% Community course.

In the action phase, aligning with local government: Ensuring all Action Team members work with current city and county efforts to address their particular sector and services. The long-term goal: **Institutionalizing the prevention efforts— with a City Department of Food Security (or Transport, Housing, Behavioral Health, etc.).** This will only happen if alignment with current local work is done in a respectful and collaborative manner.

Evaluation Phase

In the evaluation phase, present at your yearly 100% Community Summit on Trauma-Free and Thriving Children—and consider convening your own sector-specific events. This Summit is your Action Team’s opportunity to report to the public on your progress with innovations and projects. A least yearly an Action Team should convene with all county players working in their surviving or thriving sector. In many ways the 100% Community initiative is ten coalitions in one. All these coalitions need to be nurtured, identifying new players in each sector and inviting them into the countywide process of continuous quality improvement, following the Collective Impact guidelines.

IN THE EVALUATION PHASE, AFTER THE 100% COMMUNITY SUMMIT

Publish a report on successes and challenges in all ten sectors, sending it to all county, city and school board elected officials, along with family-serving agency directors. This report should come with a link to the annual 100% Community Survey that identified gaps in services. Ideally, this should lead to ongoing dialogue about addressing gaps, improving services and the impact of the 100% Community projects. At this point, Action Teams return to the assessment phase and conduct the 100% Community Survey again to see to what degree the “needle was moved.” For example, parents and youth reporting more access to surviving and thriving services. In times both calm and chaotic, we should be seeing access to health care and all survival services grow steadily if our work is successful.

Developing a 100% Community Project with CQI

We are solving some of society's biggest challenges. When you join the 100% Community initiative you will be supported in exploring how data guide us and collaboration gets us to results. Welcome to Continuous Quality Improvement (CQI).

THERE ARE TWO ways to approach a project. Trust the hunch of a colleague or boss. The other strategy is to follow the data-driven four phases of continuous quality improvement (CQI): assess, plan, act and evaluate. The first might work, the second definitely does. We provide you with two overviews. First, CQI-at-a-glance followed by CQI with questions and sample answers. Note: In our 100% Community course participants get lots of experience using CQI to set them up for result-focused project development.

CQI at-a-glance

Phase One: Assess

- Identify the challenge to be addressed.
- Use data to better understand the problem.
- Use data to confirm that the challenge is a priority.
- Use data to drill down to the root causes of the challenge.

Phase Two: Planning

- Identify which components of the challenge you will prioritize in your project.
- Research evidence-informed solutions to the challenge.
- Identify a timeline, roles and responsibilities, costs, and other elements related to the overall implementation of the project.
- Develop a logic model that outlines the theory of change and how progress will be measured.

Phase Three: Action

- Secure buy-in from key stakeholders and those who may be impacted by the project.
- Begin project implementation.
- Monitor activity in the plan-making adjustments as needed.
- Ensure data are collected throughout the action phase.

Phase Four: Evaluation

- Analyze all relevant data gathered during the project.
- Determine the strengths and weaknesses of the project.
- Determine the impact of the project on the challenge.
- Communicate with all stakeholders the results of the project and return to the assessment phase.

CQI: questions for each phase with sample answers

The following Q+A is designed to provide 100% Community course participants with a sample of how to answer the key continuous quality improvement questions (CQI) related to developing a local innovation/project.

Q+A: Assessment

QUESTION: What is the challenge you identified?

EXAMPLE: Our students at our middle school face emotional and physical challenges due in part of adverse childhood experiences. Students at our school use alcohol and recreational drugs at early ages, as well as consider suicide.

QUESTION: What data did you use to identify the challenge?

EXAMPLE: The 100% Community survey indicated that a large segment of the student population may lack access to both medical care and behavioral health care for a variety of reasons including cost, travel challenges, and inconvenient hours for family members. The Youth Risk and Behavior Survey (YRBS), specifically the data around initiation of alcohol use by age 12 and rates of suicidal thoughts by both middle and high school students. Data from the 2009 Public Health Survey of Adults that asked questions about ACEs. Data from the article, “The Prevalence of Confirmed Maltreatment Among US Children, 2004 to 2011” in *JAMA* (2014) by Wildman, Emanuel and Leventhal, concluded that maltreatment will be confirmed for 1 in 8 US children by 18 years of age. The authors reported that this was far greater than the 1 in 100 children whose maltreatment has been confirmed annually by child welfare systems across the nation. For black children, the cumulative prevalence is 1 in 5; for Native American children, 1 in 7.

QUESTION: What do data tell you about the size of the challenge?

EXAMPLE: According to the most recent Youth Risk Behavior Survey (YRBS), 1 out of 5 middle school students report suicidal thoughts. Slightly less for HS students in the county. Many students at our middle school did not take the YRBS, therefore the need may be greater than we thought.

QUESTION: What do data tell you about which populations are being impacted by the challenge?

EXAMPLE: Data from the article, “The Prevalence of Confirmed Maltreatment Among US Children, 2004 to 2011” in *JAMA* 2014 by Wildman, Emanuel, and Leventhal that concluded that maltreatment will be confirmed for 1 in 5 black children, and 1 in 7 Native American children. 1 in 5 children live in households where the income is below the federal poverty income. Our middle school is located in a zip code that has a mix of incomes and many students with different ethnicities, with a significant proportion being Hispanic.

QUESTION: What do data tell you about the current capacity of your agency, community or county to address the challenge?

EXAMPLE: The rates of underage substance use and suicide ideation have not changed significantly for many years indicating a lack of community capacity to address the challenge. Our school does not have staff to address substance use with our middle schoolers nor their parents. There is limited funding for our school to increase behavioral health services for our students.

QUESTION: Which data can confirm that your challenge is a priority?

Binge drinking rates, from the YRBS, among MS and HS students indicate a challenge.

Rates of suicidal thoughts are present in middle school and continue to high school (from the Youth Risk Behavior Survey). Depression among adults and ACEs scores from the latest Behavioral Risk Factor Surveillance System (BRFSS) public health survey of adults.

QUESTION: What data and/or research illustrates the root causes of the challenge?

EXAMPLE: We are exploring root causes of suicidal thoughts by looking at academic literature and books on suicidal thoughts. There can be a host of reasons—including Adverse Childhood Experiences. Past research on ACEs shows that there is a link between adult behavioral health outcomes and early childhood experiences. In our state 60% of adults report having at least one ACEs according our state Public Health Adult Survey. In small samples, as many as three-quarters of high school students report having 3 or more ACEs. Some with 7 to 10 ACEs.

Q+A: Planning Phase

QUESTION: Which component of the challenge will you address with a local project?

EXAMPLE: There were many issues we identified (substance use, depression, ACEs and suicidal thoughts). We wish to focus on addressing depression in students, as well as adverse childhood experiences. We want to explore evidence-informed prevention processes.

QUESTION: Describe your review of research focused on your challenge?

EXAMPLE: More ACE research to come:

☞ CDC's Adverse Childhood Experiences (ACEs) Information: <https://aae.how/219>

☞ Category Archives: Adverse childhood experiences: <https://aae.how/220>

☞ Robert Wood Johnson Foundation on Adverse Childhood Experiences: <https://aae.how/221>

☞ Youth Risk Behavior Surveillance System (Depression in Youth): <https://aae.how/222>

QUESTION: What potential evidence-informed solutions exist in the research?

EXAMPLE: Because ACEs represent a number of challenges (child abuse, neglect, growing up in households with violence or substance abuse, or with adults with mental health challenges, etc.), we want to first focus on identifying the challenges/ACEs endured by our middle school students. We understand that our students and their parents may have untreated trauma due to ACEs. In some households ACEs continue. We seek, at first, to be able to offer to students and their family members behavioral health care that is easily accessible and culturally appropriate.

We reviewed research on current evidence-informed solutions for ACEs. There are many challenges and approaches to addressing child abuse, neglect, growing up in households with violence or substance abuse, etc. We understand that families have many needs such as stable housing, secure food and access to medical care and transportation. We have been reviewing the literature on community schools which have funding for school-based behavioral health care among many other services. We are prioritizing school-based behavioral health care.

Since we mainly have influence at our middle school, we want to focus on first identifying/ACEs endured by our middle school students and helping our students and their families access behavioral health care. One approach we found is called Screening, Brief Intervention and Referral to Treatment (<https://aae.how/223>). We are still reviewing many forms of support that could be made available if our school had a behavioral health care center.

QUESTION: What is the hypothesis that illustrates how your actions might solve the challenge? (As in, “if you do A, then B will happen.”)

EXAMPLE: If we can increase our capacity to provide behavioral health care at our school, we can implement ACEs screening. With a team of school-based behavioral health care providers, we can help students and their families to get quality, culturally appropriate and easily accessible behavioral health. Behavioral health treatment can lead to a reduction in early substance misuse, depression and suicidal thoughts. We can help parents to address their problematic behaviors so that ACEs end in their household. We also will have the staff to help parents and youth navigate to vital services like food, safe housing and transport, along with being able to assess to what degree these services exist locally.

QUESTION: What are your key steps, timelines, roles and responsibilities related to your project?

EXAMPLE: Our course project requires creating awareness of the epidemic levels of ACEs and the relationship between ACEs and early substance misuse, depression and suicidal thoughts. This awareness is a short-term outcome.

Intermediate-term, we are looking into creating funding for more behavioral health care staff at the school.

Long-term, we want to fund the creation of a school-based health/wellness center with the capacity to offer behavioral health care to both students and their family members. This is a long-term project requiring, increased funding, and buy in from stakeholders on the school, district, city and county levels. We may also need support from state government and health care institutions.

QUESTION: What unintended consequences might you encounter?

EXAMPLE: Other school-based health centers we have looked at have had different reactions. Some have been very welcomed by the entire school community. Others have had backlash from parents who do not approve of behavioral health care or school-based health centers for fear that “personal family issues” may be revealed or that health centers may provide unwelcome health advice to youth.

We also may find that there are not enough appropriate referrals in our community to help families access vital services once we do identify problems related to ACEs.

Some behavioral health care agencies are limited to which services they can provide.

Q+A: Action Phase

QUESTION: How will you secure buy in for the course project (innovation or change initiative) in your workplace and/or community?

EXAMPLE: We will start with qualitative data. We hope to do informational interviews with local school management, school board members, parents, students, city hall, county government and the local hospital and behavioral health care providers. We will use their input to get buy-in. We need to build support among potential funders. We can then seek to gather data on the magnitude of ACEs, along with substance misuse and suicidal ideation, within our student and parent populations.

QUESTION: Which, of all your proposed activities, are the most vital?

EXAMPLE: Buy-in from school principal and school board for phase one: creating awareness of the challenges and potential solutions. We also need ongoing awareness of ACEs from our school staff and parents. For our long-term goals, we will need establishing funding to be one of our most vital activities. For all of our efforts, we will need data (qualitative and quantitative) as a vital component to educate and ensure buy-in along the way.

QUESTION: How will you begin implementation of the course project?

EXAMPLE: We will start by contacting the state Department of Health (DOH), Office of School and Adolescent Health and the state coalition for school-based health to learn the latest policies on school-based health centers. We will also explore how some school-based health centers were funded. We have identified fully resourced community schools in the state and schools with fully-funded behavioral health care centers. From there we begin our process of information gathering through interviews with stakeholders.

QUESTION: How will you record and monitor activities as your course project unfolds?

EXAMPLE: All information interviews with stakeholders will be recorded, documented and filed on Google docs. We will also do surveys—via Google forms and record findings.

QUESTION: What will your process be for making adjustments to your course project?

EXAMPLE: We will meet monthly to assess progress. We will consider adjustments using the data we are collecting along the way as part of our process.

QUESTION: How will you ensure data is collected along the way as your course project unfolds?

EXAMPLE: We will have a monthly report at our meeting on all findings (qualitative and quantitative data, research articles on our topic areas)—and create a quarterly update sent out to all participants and stakeholders.

Q+A: Evaluation Phase

QUESTION: How will you analyze and share all relevant data with those working on the experiment?

EXAMPLE: Analyses will require our team working with a data specialist. We have identified one at our local college. We will create a database that all our members can access and a project management system called Freedcamp, to share all documents.

QUESTION: How will you ensure that your data and evaluation are presented in an easy to understand manner?

EXAMPLE: We will have a data expert on our team and run all data by a data committee. We will ask for support from the Office of School Health-DOH—in reviewing data. We will use data visualization (for example Tableau software) to help increase awareness.

QUESTION: How will you determine the strengths and weaknesses of the course project?

EXAMPLE: Strengths will be assessed by the aspects of the project that are going well and moving forward with support from stakeholders. Weaknesses will be identified by areas that have limited ability to make movement forward on our project.

QUESTION: How will you determine the impact of the course project on your challenge?

EXAMPLE: The overall impact for the project is long-term. Our initial phase is awareness which will be determined by follow-up surveys. Our intermediate phase will be determined by assessing the amount of funding we have been able to secure and number of providers we have been able to hire. Long-term outcomes can be monitored over the years. We can use measures from the YRBS on substance use, depression and suicidal thoughts, the number of ACEs screens we are able to complete at our middle school per year, and the number of students and families that are receiving services due to school ACEs screening.

QUESTION: How will you identify the unintended consequences?

EXAMPLE: We need to set up a process to track the parent's reactions to school-based behavioral health. Surveys and informational interviews can be valuable tools to identify the unintended consequences.

QUESTION: How will you measure if people (employees and/or residents impacted by the course project) are better off?

EXAMPLE: We will use surveys and existing data to assess:

- Short term: The amount of constructive dialogue between school staff, parents, students and district personal on the topic access to health care and other vital services, along with the health challenges of students
- The percentage of awareness of school staff, parents and students of the local rates of ACEs, depression and substance misuse and potential evidence-based solutions
- Usage of local behavioral health agencies by parents and youth
- Usage of the counseling staff by students and family members
- Amount of funding for school and community support for school-based behavioral health including financial support
- Long term: significant changes in access to behavioral health care for our students and their family members, we should see a decrease in problems associated with youth depression, substance use and suicidal thoughts—as indicated by Youth Risk and Behavior Survey

QUESTION: How will you ensure that you communicate with all stakeholders on the results of the experiment?

EXAMPLE: We will use the internet and social networking tools to share our progress and successes—as well as challenges. We will make sure our monthly meetings include time to plan communication with stakeholders who are not able to attend meetings.

Finding answers

As you can see from this example of CQI question and answers, local community stakeholders can create a very informative and thoughtful strategic plan to take on a project. Please let the 100% Community course instructors or coaches know if you need assistance answering any question as you develop your project plan. We look forward to supporting the development of your course project/innovation. Make you sure to review the course website's research page for links to research articles and other resources.

Evaluation Begins with Questions

Consider our questions that inform our evaluation of the countywide 100% Community initiative. You have taken on a complex process with many moving parts. We need to constantly ensure that all components of the 100% Community initiative are working across the county.

AS YOU DESIGN your local county initiative, consider asking the following questions.

- To what degree do residents have access to the following ten vital services?
 1. Behavioral Health Care
 2. Medical/Dental Care
 3. Housing
 4. Food
 5. Transportation
 6. Early Childhood Learning Programs or Affordable Childcare
 7. Community Schools
 8. Youth Mentor Programs
 9. Parent Supports
 10. Job Training
- To what degree are the ten surviving and thriving services rated as user-friendly and easy to access by parents, youth and all community members?
- To what degree do county stakeholders (local government management, non-profit agency leadership, foundation staff) use a data-driven framework to strengthen and align services in order to increase access to services?
- To what degree do schools and campuses have medical and behavioral health care in place to ensure that students are not marginalized due to health disparities and given the support to achieve academically?
- To what degree do the education systems (K-12, college) align with job markets?
- To what degree do residents, service providers and lawmakers have access to technology to strengthen education, communication, collaboration and problem-solving?
- To what degree do local child welfare offices have the capacity to use data, quality improvement and technology to collaborate with county partners, refer parents and youth to vital services, and decrease child maltreatment?

- To what degree is the public given the opportunity (through face-to-face and online forums) to share their concerns, ideas and questions related to increasing vital services and creating resilient families and communities?
- To what degree is the private sector engaged in the strengthening of community systems of family health, safety, education and economic development?
- To what degree is the public aware of historical trauma, adverse childhood experiences and health disparities?

Our long-term goals in each county follow.

Eleven goals of 100% Community

1. Increase access to the five services for surviving including medical/dental care, behavioral health care, food security programs, housing security programs and transportation to vital services.
2. Increase access to the five thriving services including parent supports, early childhood learning programs, fully resourced community schools with health care, youth mentors and job training .
3. Increased elementary and high school attendance, performance and graduation rates.
4. Increased enrollment and attendance at local community colleges, vocational programs or colleges.
5. Increased use of youth and family services to promote physical and mental health
6. Decreased substance misuse.
7. Decreased violence (bullying, harassment, intimate partner violence, domestic violence, child abuse, gun violence).
8. Agencies in ten sectors have data-driven plans to serve 100% of residents.
9. Funding for survival and thriving services to meet need secured locally through city and county government.
10. Increased public/private partnerships ensuring ongoing innovation to strengthen systems of health and safety, with a focus on technology.
11. Increased reports of health, safety and resilience in children and youth documented through a school-based survey such as the Youth Risk and Behavior Survey (used with middle and high school students) and adult surveys such as the State Department of Health's Behavioral Risk Factor Surveillance System (BRFSS).

Evaluation is critical to the success of each county's 100% Community initiative. Your institutions of higher learning should be able to provide you with support in this area.

Engaging with Elected Lawmakers

Your 100% Community innovations and projects will depend on support from local and state leadership. Start building those relationships thoughtfully, strategically and respectfully.

TO SUCCEED WITH your mission to ensure that services for surviving and thriving, including timely medical care, are accessible to all county residents, consider a very long sentence that describes basic communication in six components:

Who says what to whom for what reason through which process with what results?

What this 14-word sentence details is everything you need to know about communicating with those leaders and stakeholders who hold the success of your project in their hands by controlling the priorities and budgets of state, county, city and school departments. As you contemplate connecting with an elected leaders whether a state senator, city council member or school board member, be very clear about the following:

- **Who?** The “who” is you, or more accurately, who is doing the reaching out and, ideally, the face-to-face meeting. This might be you, Rayna F. Sanchez, private citizen. It could be Rayna, leader of the 100% Community initiative of Lea County Action Team on Food Security. It might be the entire ten-person action team. Or better yet, it might be Rayna representing the 100% Community initiative which represents twenty-five food security-related agencies serving thousands of people a day throughout the county. When you begin to reach out to others, be very aware of what we call your “public face” and who you represent. Elected officials and the staff who most likely may make an appointment will see a solo resident very different than someone who legitimately represents hundreds if not thousands of residents/constituents.
- **Says what?** What is your message? If you are leading the 100% Community action team on medical care, you may have many messages but focus on the top three most important issues. You may wish to share with a state senator that, 1) based on the results from the 100% Community Survey, 75% of parents report having little or no access to medical care. 2) Based on data from other public health data focused on health and safety, there is a significant need for medical health care. 3) Your research strongly suggests that one of the most effective strategies for improving access to care for both parents and their children is through school-based health care centers and you would like support for a bill focused on funding such centers across your county.

- **To Whom?** Be very clear about whom you need to connect with and why the relationships matters. If your issue is seeking funding to support a countywide system of affordable housing, a school board member might not be “the whom” you need to be speaking with—at least at first. If you have identified a particular project that you are seeking funding for, it might be a local or state lawmaker instead. You will want to research all the lawmakers that might impact your work in housing (or the other nine sectors). You should know an elected leader’s voting record and interests and it would also help to know a bit about a leader’s staff. Remember, you are building relationships that will take time. Due diligence will bring rewards.
- **For what reason?** Again, as mentioned earlier, be very clear about why you are seeking a meeting and building a relationship with a lawmaker and their staff. Do you want to introduce the mission of the 100% Community initiative and build awareness of health disparities? Do you wish to hand deliver a copy of the book, *100% Community*? Do you want to share data focused on documenting a problem that desperately needs to be addressed by funding through a city budget, or the development of a state senate or house bill? Might you want a policy created by the school board? Be very clear about your communication strategy and your reasons for meeting. You will want to focus on building awareness of the challenges residents ensure as a result of lack of vital services. After that, you can determine mutual interest in the issue and if a lawmaker might support prevention strategies.
- **Through which process?** You, like hundreds if not thousands of residents, want the ear of an elected official. You not only wish to be heard, you want a partner in the city hall or state house for a mission and cause you feel deeply about. You will most likely be starting with multiple emails, then a phone call, in order to secure an appointment. You might be meeting with staff a few times before you actually meet with a lawmaker. It all depends on the city, county and state. In some political environments, things are quite horizontal or “flat,” meaning that even state lawmakers are very accessible and not living on some lofty cloud. In other localities, lawmakers can be very hard to reach. It’s all about personal style. If you meet with staff or a lawmaker, just follow the golden rule: be polite. Go prepared with a one-pager that clearly describes your project and why it’s important. Have reliable data to make a point. Show up early. Listen closely. Your mission, in a first meeting, is not about getting a “yes”—it’s about exploring a connection to assess if you and your action team might be in alignment with a lawmaker.
- **With what results?** The goal of any meeting with an elected official and their staff should be to make a connection, share vital information and explore mutual interest in a 100% Community project (by the way, in some situations it’s the staff who may become your biggest supporter, so never be dismissive of the support staff who often wield great power). After your meeting, you and your action team members should assess what took place—or at least what you think took place. Follow up with a thank you in electronic or paper form and continue to share updates with staff and leaders.

Elected leaders are just like you except...

In our journey, we have met (and by “met” it might be a long collaboration or a handshake and a one-minute exchange) with many elected leaders, from school board members to city council members, mayors, county commissioners, state lawmakers, congress people, a Lt. governor and governor (plus cabinet level secretaries who run multi-million dollar state agencies). If you didn't know their titles (and that they control the funding that can make or break your project), you might perceive them as your basic nice business person with a spouse, kids, mortgage and hopes for keeping the public health and safe for life's expected and unexpected challenges. These folks are civil servants and doing important work. Regardless of which side of the aisle (or aisles) they may sit, they have chosen the public sector to focus their energies in the hopes of helping. How they wish to help is for you to discover. We believe that the slogan "we're all in this together" is one most elected officials understand.

A course for elected officials

There is no course for elected leaders when they first enter office (or those stakeholders running multi-million dollar state and local agencies), on addressing health disparities and lack of access to vital services (but we're working on it). What this means is that you may have the job of educating many of our state and local elected leaders and stakeholders. In all fairness to our leaders and the general public, the subject of health disparities or the social determinants of health is not taught in public or private schools or most of higher education. You have an opportunity to do vital public awareness that leads to results and you have the tools to start the job. The biggest tool in the toolbox is the book you're holding in your hand.

Katherine's Journal

As Dom and I finalized the version of the book you are currently reading, it occurred to us that our state lawmakers are truly at a unique crossroads. The seven colliding crises we mentioned at the beginning of the book can be a catalyst for huge improvement on a statewide scale. Our state lawmakers have a unique opportunity to address problems our residents have been facing for centuries, in addition to new ones. Our first draft follows:

Solutions

Seven Local Opportunities

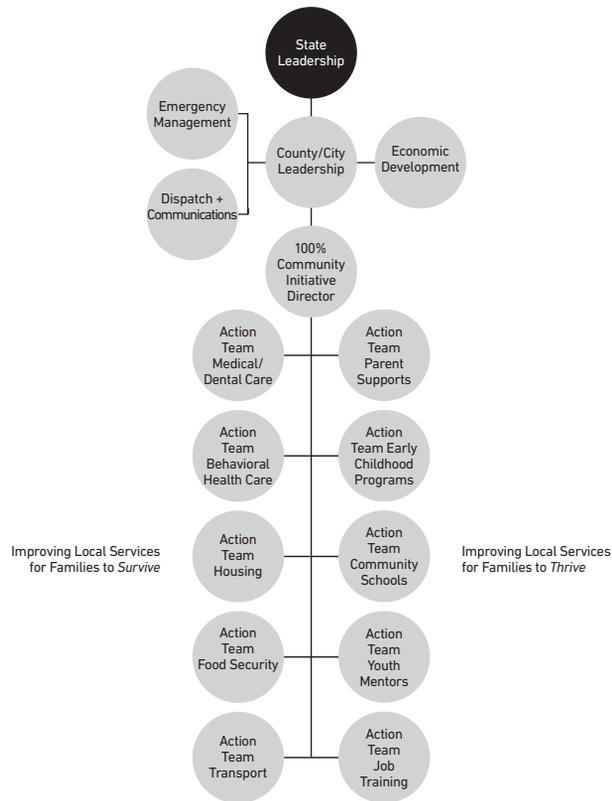
- *Public health crisis prevention and care: as each state learns valuable lessons from the COVID-19 pandemic, where gaps in care exist, state and local leaders strengthen health care and create a seamless system to ensure timely care to address current challenges and future public health crises.*
- *Local economic development: each state learns from the economic disruption of 2020 and the crash of 2008, with each city hall developing a robust city-county Department of Economic Innovation and Development to support crisis-proof economies.*
- *Ongoing capacity-building: county and city governments collaborate to create a local government program that focuses on identifying gaps in ten vital surviving and thriving services. It ensures that all local governmental and non-governmental agencies work to create a seamless system of care and safety.*
- *Historical health and safety challenges addressed: all local government. and nongovernmental agencies, working in collaboration with higher education, public schools and public health, commit to ending long-standing challenges that include health disparities, education disparities, adverse childhood experiences, substance misuse, violence and historical trauma.*
- *Digital divide disappears: a public-private partnership ensures that all areas of the state have access to the internet—and all residents can access it for tele-medicine, remote education, remote work options, training, job interviews, and all job readiness and placement activities.*
- *Emergency response aligns with local government: emergency management leaders work with local leaders to refine systems of crisis readiness to ensure efficient communication, dispatch and all vital county-city services during a crisis.*
- *State leadership empowered by data and collaboration: state leadership develops unprecedented levels of collaboration to ensure the health, safety and resilience of all state residents.*

APPENDIX H

100% Community— County Program Org Chart

Supporting all county 100% Community initiatives

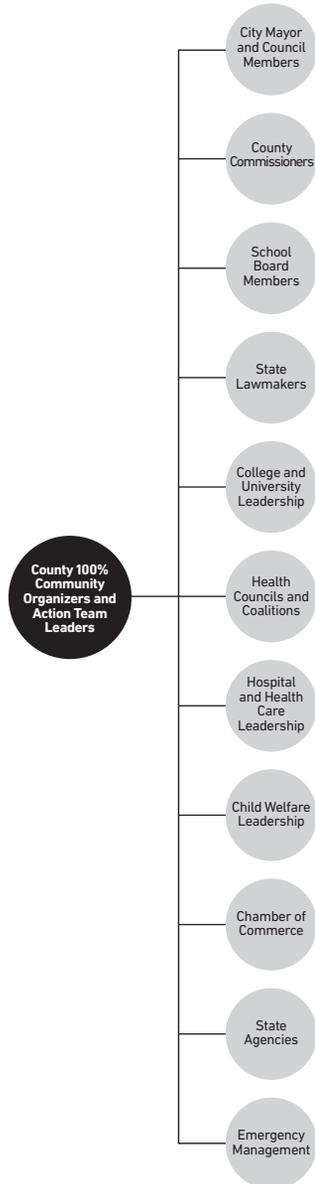
This org chart is meant to serve as a guide. 100% Community leadership, working in collaboration with elected county and city leadership, should compare this org chart with a county’s Emergency Management org chart to align chain of command in a public crisis situation.



Action Teams are incubators, working in alignment with existing local programs in the public and private sectors.

100% Community—Partnerships

Building the countywide collaborative system to ensure trauma-free and thriving children, students and families



APPENDIX J

100% Community Initiative Logic Model

Hypothesis

By ensuring that 100% of county residents have access to 10 vital surviving and thriving services including timely health care, we can increase physical and mental health, safety, resilience, family stability and community emergency readiness. We can also decrease ACEs, trauma, substance misuse and social adversity.

Purpose

Build the capacity of each community within a county's borders to create a seamless and networked countywide system of care, safety, emergency preparedness, and education for 100% of residents. Ensure structure for emergency management.

Goals

Educate elected leaders and stakeholders on the need for and benefits of ensuring that all residents have access to the ten services for surviving and thriving. Develop a hub for competency-based learning for county leaders in ten vital family-serving sectors; Use continuous quality improvement to improve quality of and access to 10 vital services shown to strengthen families; Evaluate progress

Inputs/Partners

- Governor and cabinet level secretaries and staff
- State lawmakers
- Mayors and council members and city managers
- County commissioners and County manager
- School board members and school superintendent
- University and college presidents and leadership
- Leadership in agencies in ten surviving and thriving service sectors: behavioral health care, medical/dental care, transportation, housing, food security, parent supports, early childhood learning, youth mentors, family-centered schools, job training and placement
- Experts in continuous quality improvement, collective impact and adaptive leadership
- Emergency management specialists
- Economic development experts and social entrepreneurs
- Historians and historical trauma experts
- Information technology and infrastructure
- 100% Community developers
- Community stakeholders of all ages
- Data systems

Activities

- Identify co-organizers and ten action team leaders to use collective impact model to guide initiative
- Support ongoing surveying of county families and community members to assess gaps in 10 service areas
- Recruit action team members from ten sectors
- Facilitate 100% Community course for all initiative participants, with 100% Community as course textbook
- Implement local innovations and projects to address gaps in services in ten sectors
- Create Task Force on History and Cultures to educate public about root causes of health disparities, trauma and social adversity
- Track all innovations and projects and share measurable progress with all residents
- Create public and private partnerships to support innovations
- Create economic base to institutionalize work in each county

Evaluation

- Measure satisfaction and user experience of those taking course and engaging with initiative
- Measure changes in knowledge and behaviors among initiative participants related to their understanding of CQI, data-driven work, and reaching goal of 10 sectors accessible to 100% of residents
- Measure changes in agency leadership and increased use of CQI, collective impact and adaptive leadership
- Track alignment of initiative with current local work
- Measure increases in quality of services and accessibility to services (in ten sectors)
- Track the increase of public awareness of root causes of health disparities, trauma and social adversity
- Track increase in effective use of technology to increase agency user-friendliness and accessibility
- Track increases in buy in from elected leaders related to serving 100% of residents in 10 sectors

Short-term Outcomes *(Depending on the level of urgency, the timeline could be days, weeks or months)*

Establishment of effective and transparent governance of 100% Community initiative with a governmental or nongovernmental organization, with evaluation process secured.

Increase knowledge and skills of 100% Community initiative and course participants (govt/agency leaders) to:

- Use data to identify local challenges in ten sectors

- Mine and analyze data
- Assess agency workflow challenges and successes
- Research evidence-based solutions
- Implement CQI to improve services
- Increase use of CQI, Collective Impact and Adaptive Leadership among agency leadership

- Improve communication between city, county and school board leadership and their staff
- Increase awareness of gaps in vital services
- Increase use of structured innovations to address gaps in services with measurable activities
- Increase knowledge of the root causes of health disparities, trauma and social adversity among public and leaders

Intermediate Outcomes *(Timelines vary widely)*

- Increased access to 10 vital surviving and thriving services
- Increased local funding of programs and services related to preventing health disparities and social adversity
- Increased leadership awareness of social costs of lack of access to ten vital services, health disparities, trauma and social adversity
- Agencies in ten sectors have data-driven plan to serve 100% of residents

Long-term Outcomes *(Timelines vary widely)*

- Increase in access for all county residents to ten surviving and thriving services
- Increased school/college attendance, performance and graduation; increased job readiness
- Increased use of 10 vital services
- Increased use of technology to strengthen access to 10 services
- 100% Community initiative institutionalized within local government
- Increased public/private partnerships ensuring 100% of residents have access to 10 services

100% Community—Timeline

The following is a general timeline for the 100% Community initiative. It is a customizable process that can be designed to meet the needs of a specific county. Each county’s progress will unfold based on the collaborative capacity of local county, city and school government, as well as local higher education, non-governmental agencies and state entities.

- Now ● A local champion (you) reads and reflects on the book 100% Community.
- Year 1 ● The local champion connects with the 100% Community developers to explore the county’s capacity to take on the 100% Community initiative.
- Year 1 ● A local champion identifies two initiative co-community organizers (you might be one of them) and 10 Action Team Leaders (one for each of our ten surviving and thriving sectors).
- Year 1 ● The potential initiative team (co-organizers and action team leaders) read and discuss 100% Community and conduct a readiness self assessment (asking, are we ready to launch such a groundbreaking initiative?).
- Year 1 ● 100% Community Readiness Workshop for the county team completed.
- Year 1 ● Team implements a survey of county parents, youth and community members to identify gaps in ten vital services. Results are analyzed by team with support from 100% Community developers. Gaps in vital services are identified, as well as reasons for the lack of accessibility.
- Year 1 ● A County Summit is launched to share survey results with all elected leaders in the county and stakeholders.
- Year 1 ● All team members complete the 100% Community Course. Course graduates demonstrate an understanding of continuous quality improvement (CQI).
- Year 1–5 ● Action Teams implement innovations and projects, using the CQI “assess-plan-act-evaluate” process, designed to increase the quality and accessibility of 10 vital surviving and thriving services.
- Year 1–5 ● Community organizers monitor improvements in ten vital services (increases in quality and accessibility) by ongoing assessment and evaluation.
- Year 5 ● The work of the 100% Community initiative is institutionalized by the creation of a local government Department of Family and Community Resilience (this supports a collaborative process of the county, cities, schools, higher education and public health). The goal is 100% of county residents have access to ten services, resulting in increases in health, safety, resilience and emergency preparedness.

Crisis-proof County Readiness Checklist

How initiative action team leaders can start work in each of their ten sectors to prepare for a public health crisis

We are strengthening our capacity to ensure that representatives from each of the ten sectors are communicating and working in alignment. When we say alignment, we mean within the 100% Community initiative and with state, county and city leadership including emergency management and dispatch. Our goal is to ensure that services like health care, food and transportation (among 10 services) are working in coordination and meeting the needs of all residents with a special emphasis on our most vulnerable county populations. The following checklist will vary from county to county, depending on a variety of factors and the degree of urgency.

This checklist is designed for all ten action team leaders to review, with their action team members.

Surviving/Thriving Services

Medical Care@100% Action Team

- Which agency do you represent and are you having emergency meetings now?
- Are agencies collaborating to ensure a continuum of care from prevention of viral infection to ICU hospitalization?
- Is there a local number residents can call to get help finding a local provider in a timely manner?
- Do healthcare providers know how they can best reach patients, via phone and/or online?
- Who is in charge of all the county's health care organizations during a public health crisis?
- Do all organizations have the supplies they need to address a public health crisis?
- Where do local health clinics call for supplies?

Food@100% Action Team

- Which agency do you represent and are you having emergency meetings now?
- Are free food delivery services in place during a stay at home order?
- Is there a local number residents can call to get help finding a local provider of food supports in a timely manner?
- Who is in charge of addressing food shortages during a public health crisis?
- How well stocked are food banks and food pantries?
- What would be prudent to have in supply to address a public health crisis?
- Who is checking in with senior centers, schools, and shelters to assess the need for food?

Transportation@100% Action Team

- Which agency do you represent and are you having emergency meetings now?
- Is there a local number residents can call to get help finding a local provider for public transport options in a timely manner?
- Who is in charge of public transport during a public health crisis?
- Who do the public call for help with transport?

Behavioral Health@100% Action Team

- Which agency do you represent and are you having emergency meetings now?
- Is there a local number residents can call to get help finding a local provider in a timely manner?
- Do mental health care providers know how they can best reach clients, via phone and/or online?
- Who is in charge of all the county's behavioral health care organizations during a public health crisis?
- Do all organizations have the supplies they need to address mental health care issues during a public health crisis?
- Where do local mental health care health clinics call for support?

Housing@100% Action Team

- Which agency do you represent and are you having emergency meetings now?
- Who is checking in with shelters to assess additional needs to ensure viral infection protection guidelines can be implemented during stay at home order?
- Is there a local number residents can call to get help finding a local provider of emergency shelter in a timely manner?
- Who is in charge to support temporary housing during a public health crisis?
- Who can reach emergency housing experts during a public health crisis?

Parent Supports@100% Action Team

- Which agency do you represent and are you having emergency meetings now?
- Is there a local number parents can call if they have serious challenges with family life but don't wish to engage with child welfare?
- Do parent educators know how they can best reach parents, via phone and/or online?
- Have all staff helped parents identify a health care provider who they can access easily?
- In case of a crisis, do parents know where to call for medical help?
- Who can contact the county's network of parent support staff during a public health crisis?
- Have staff been trained how and when to keep in contact with parents during a public health crisis?

Child Care/Early Childhood Learning@100% Action Team

- Which agency do you represent and are you having emergency meetings now?
- Is there a local number parents can call if they have serious challenges with family life but don't wish to engage with child welfare?
- Do early childhood learning programs and child care providers know how they can best reach parents, via phone and/or online?
- Have all staff helped parents identify a medical care provider they can access easily?
- In case of crisis, do parents know where to call for medical help?
- Who can contact the county's network of early childhood learning program staff during a public health crisis?
- Who can contact the county's network of early childhood educators during a public health crisis?
- Have early childhood educators been trained how and when to keep in contact with parents during a public health crisis?

Schools/School Clinics@100% Action Team

- Which agency do you represent and are you having emergency meetings now?
- Is there a number that students can call for support if they face challenges at home but do not wish to involve child welfare?
- Do school leaders know how they can best reach students and their families, via phone and/or online?
- Have all educators and school staff helped parents and students identify a health care provider who they can access easily?
- In case of crisis, do parents and students know where to go for medical help?
- Who can contact the county's network of school educators and staff during a public health crisis?
- Have school directors been trained how and when to keep in contact with staff during a public health crisis?
- Do school food banks have enough supplies for an extended period during a public health crisis?
- Do school-based health centers have staff trained to operate during a public health crisis?
- What supplies might they need to serve school staff, students and families?
- Who is in charge of food and how do schools keep food services going for students?
- Are school-based health care providers trained to offer services and support during a public health crisis? What supplies might they need?
- How can all schools be prepared to serve as a shelter if need be?

Youth Mentors/Youth Support@100% Action Team

- Which agency do you represent and are you having emergency meetings now?
- Have all mentors helped their mentees and their parents identify a health care provider who they can access easily?
- Do mentors know how they can best reach mentees and their families, via phone and/or online?
- In case of crisis, do mentees and parents know where to go for medical help?
- Who can contact the county's network of youth mentor staff during a public health crisis?
- Who can contact the county's network of youth mentors during a public health crisis?
- Have mentors been trained how and when to keep in contact with mentees during a public health crisis?

Job Training@100% Action Team

- Which agency do you represent and are you having emergency meetings now?
- Who can evaluate shifting demands in work sectors and coordinate a shift in workforce to ensure both employment and delivery of vital services?
- Have all training staff helped trainees identify a health care provider who they can access easily?
- Do educators and trainers know how they can best reach students, via phone and/or online?
- In case of crisis, do trainees know where to go for medical help?
- Who can contact the county's network of job training staff during a public health crisis?
- Who is in the county can be contacted if there is severe disruption in employment?
- Who can be contacted to help people with employee benefits during disruption?

General City/County Services

The 100% Community initiative leaders work in alignment with call city and county government programs, strengthening the systems of care, safety and resilience.

Liaison to State Government

- Who on the local level is the contact person with state leadership?

City Hall/County Government

- Who is in charge of city and county government and chain of command during a public health crisis.

Emergency Management/Dispatch/Fire/Police/Sheriff/First Responders

- Identify who is in charge during a public health crisis?

Sanitation/Trash pick up

- Who is in charge of this vital service?

During a public health crisis, how might this service be impacted?

- What are protocols if service is disrupted?

For more information about a “crisis-proof” or “crisis-readiness” checklist, please contact us.

About the Authors

Dr. Katherine Ortega Courtney is an advocate for strengthening continuous quality improvement in all family-serving organizations, from health care to transportation, to create a seamless system of health and safety in each county. She promotes a data-driven, cross-sector and technology-empowered county capacity-building process. She is also the co-author, with Dominic Cappello, of *100% Community: Ensuring 10 Vital Services for Surviving and Thriving* to guide local leadership in every state and county in their work designing fully resourced cities and towns where vital services like health care, among ten surviving and thriving services, meet the needs of all families and community members. She and Cappello are also co-authors of *Anna, Age Eight: The data-driven prevention of childhood trauma and maltreatment*, which serves as a long overdue call-to-action for each state to end adverse childhood experiences (ACEs), trauma, social adversity and health disparities. Dr. Courtney has a PhD in Experimental Psychology from Texas Christian University, where she studied at the Institute of Behavioral Research. Dr. Courtney worked with the State of New Mexico for eight years, first as the Juvenile Justice Epidemiologist, then as Bureau Chief of the Child Protective Services Research, Assessment and Data Bureau, where she co-developed the Data Leaders for Child Welfare program. She has worked in policy, research and has led community initiatives through her work at the Santa Fe Community Foundation and the NM Early Childhood Development Partnership.

Dominic Cappello is a *New York Times* bestselling author and advocate for continuous quality improvement, promoting a data-driven, cross-sector and technology-empowered county capacity-building process. Cappello is also the co-author, with Dr. Katherine Ortega Courtney, of *100% Community: Ensuring 10 Vital Services for Surviving and Thriving* to guide local leadership in every state and county in their work designing fully resourced cities and towns where vital services like health care, among ten surviving and thriving services, meet the needs of all families and community members. He and Dr. Courtney are also co-authors of *Anna, Age Eight: The data-driven prevention of childhood trauma and maltreatment*, which serves as an urgently needed call-to-action for each state to end adverse childhood experiences (ACEs), trauma, social adversity and health disparities. Cappello worked for the New Mexico Department of Health Epidemiology and Response Division and the New Mexico Child Protective Services Research, Assessment and Data Bureau, where he co-developed the Data Leaders for Child Welfare program, which he implemented in New York City, Connecticut, New Mexico and Pennsylvania. Cappello has a Master of Arts in Liberal Studies with an emphasis in Language and Communication from Regis University. He is the creator of the *Ten Talks* book series on family health and safety that gained a national audience when he discussed his work on *The Oprah Winfrey Show*. Cappello also curated Santa Fe's first public TEDx conference to showcase technology and socially-engaged solutions to all our public health and safety challenges.

100% Community Publications

Everything you need to start your local 100% Community initiative is here. Please contact us to learn about our book and training series to support your local work.

Books by Katherine Ortega Courtney, PhD and Dominic Cappello:

- *Anna, Age Eight: The data-driven prevention of childhood trauma and maltreatment*
- *100% Community: Ensuring 10 Vital Services for Surviving and Thriving*

Contact the authors at www.10vitalservices.org

COMING FALL 2020

Special Edition: Excerpts from *100% Community* designed for 100% Community initiative community organizers, action team members, evaluators and community residents:

- *100% Community Workbook*
- *Leadership@100%*
- *Food@100%*
- *Housing@100%*
- *Medical and Dental Care@100%*
- *Behavioral Health Care@100%*
- *Transportation@100%*
- *Parent Support@100%*
- *Early Childhood Learning@100%*
- *Community Schools@100%*
- *Youth Mentors@100%*
- *Job Training@100%*
- *My Family@100%*
- *My Life@100%*
- *Assessment@100%*

We're all in this together.

We face stark challenges. Pandemics and economic disruptions make once comfortable lives vulnerable, while those already enduring adversity find life impossible. *100% Community* is the reset button, providing the roadmap for how we work together in new ways to create local systems of health, safety, education and economic stability.

In *100% Community*, we provide you and your community with the insights to ensure that ten vital services are working well. The services that none of us can do without, the “surviving services,” start with medical care and include behavioral health care, safe housing, secure food and transport to vital services. The “thriving services” include parent supports, early childhood learning programs, community schools, youth mentors and job training. Each of these services play a vital role in keeping us safe from adversities — both everyday and unexpected.

100% Community shows how we can create a local system of readiness by investing in strong local systems of care, safety and education, and how we can decrease health disparities along with a host of long-standing and costly challenges including adverse childhood experiences, trauma, substance misuse, violence and untreated mental health problems.

By harnessing data, research and technology, the public and private sectors can work together with unprecedented levels of collaboration. *100% Community* provides a tested, step-by-step guide to creating a seamless local system of health and safety. Together, with ten vital services accessible to 100%, we're all stronger and safer.

“The 100% Community initiative guides us as we embrace the opportunity to design new systems of care and safety we urgently need.”

— Matt Probst, PA-C,
Medical Director,
El Centro
Family Health



Katherine Ortega Courtney, PhD and Dominic Cappello are advocates for solving colliding challenges using data, technology and collaboration. They know why systems that should protect us, can fail us — and teach leadership development and data-driven problem-solving. Dr. Courtney's expertise in data analysis, continuous quality improvement, collective impact and experimental psychology guides communities and organizations through turbulent and timely change.

Cappello is a community systems strategist and *New York Times* bestseller author, whose *Ten Talks* book series on family safety reached a national audience when his innovative work was featured on *The Oprah Winfrey Show*.

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