

Marin County Family Support Blueprint

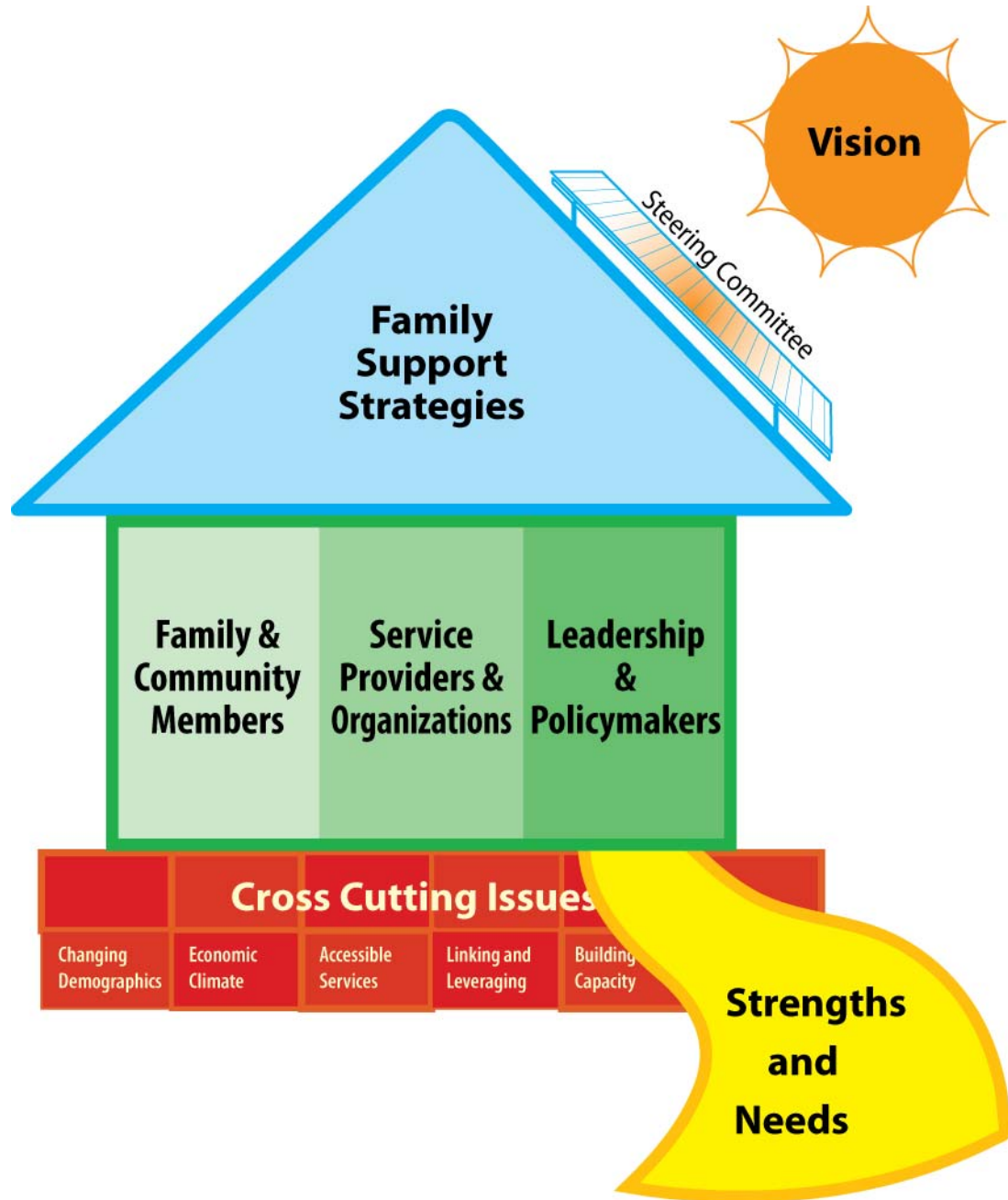


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I Why Marin Needs a Blueprint for Supporting Families

Marin is a County in which children are cherished and families are vital resources for communities that thrive.

Across the county, a growing number of families and communities are struggling to meet their basic needs, and to provide care and support for their children. At the same time that families find their needs increasing in all domains – economics, health and education – public and non-profits service agencies are faced with drastic cuts in resources. Meanwhile, Marin’s child population is growing faster than any Bay Area county. The Family Support System described in this Blueprint lays the foundation for a better way of supporting families, in these tough times and beyond.

This Family Support Blueprint offers a vision of Marin County that will guide our policies and practice in support of families for years to come. At this moment of unprecedented economic crisis, it is even more critical to have a plan for supporting families in difficult times. The Family Support approach that underlies this Blueprint is built upon the understanding that family is the most fundamental influence in the lives and outcomes of children, and families are strong when they are supported by safe and thriving neighborhoods.

Family Support Blueprint Vision:

Marin is a County in which children are cherished and families are vital resources for communities that thrive. We are united in our efforts to support all families to be healthy, secure, interconnected, and filled with hope and joy. The County's Family Support System is made up of formal and informal resources that are coordinated, accessible and reflective of our growing diversity. Everyone in the community shares the responsibility of contributing to the wellbeing of families.

II Purpose of the Blueprint

We are united in our efforts to support all families to be healthy, secure, interconnected, and filled with hope and joy.

The Family Support Blueprint presents a guiding vision and framework, along with concrete steps for supporting families in Marin County. It is grounded in both evidence based practices and family support principles and the needs and strengths that are unique to Marin. It also provides a framework for organizing new and existing systems and resources in the County. In the current climate of reduced public, private and philanthropic resources, reorganizing and leveraging what we have is especially critical. Therefore, in addition to identifying effective family support strategies for providers, family members, and policymakers, the Blueprint focuses on the pressing issue of improving the coordination and overall effectiveness of the Family Support System.

The Blueprint was developed with input from a countywide cross-section of service providers, public agencies, advocates, policymakers and community members. It has been endorsed by all of the stakeholder organizations represented on the Steering Committee, and, as such, carries significant political capital. The Blueprint provides a common language, vision and framework for everyone working with families in Marin. It can be used to inform individual services, to advocate for new and existing resources, and to integrate the many efforts happening across the county.

III Why Invest in Family Support

Even prior to the recent economic downturn, a wide range of social and demographic factors changed the landscape for many Marin families. Demographic shifts such as an increase in the

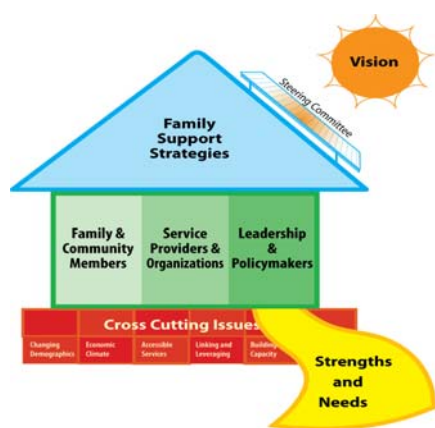
number of single-parent households, growing poverty, and Marin’s extraordinary cost of living have increased the number of families that struggle to meet their basic needs. A growing immigrant population has required a shift in service delivery systems to meet the challenges of greater diversity. Furthermore, the burgeoning cost of healthcare and housing, long commute and work hours, and the breakdown of extended family and neighborhood support have increased burdens on families.

As the nation faces an unprecedented healthcare crisis, research tells us that the social conditions of our lives (e.g. employment, housing and education) impact health more than genetics, behavior, or even medical care. Chronic stress, experienced by those who have high demands but little control in their lives, taxes physiological systems and often triggers an array of chronic diseases.¹ Research consistently shows that investing in children yields substantial benefits and savings to society.²

Now, more than ever, we need to invest in families. According to First Focus, a bi-partisan child advocacy group, an additional 2.6-3.3 million children throughout the nation are likely to fall into poverty during this recession. Of these children, 60% could fall into persistent or intermittent poverty - often leading to lost earnings, increased crime, and poor health outcomes. Ultimately the cost of this increase in child poverty could total \$1.7 trillion over this generation’s lifetime.³

Local communities and the federal government can do something to divert our children from this path. From the 1960’s to the early 70’s, the federal government instituted a number of anti-poverty programs that reduced the child poverty rate to an all-time low in 1973. The health and educational status of children during this period demonstrated a corresponding improvement. Family Support has the potential to improve the lives of families across all of these domains. Engaging families in problem solving and bringing together services and resources that promote new opportunities will increase the capacity of families to be healthy, involved members of dynamic communities. Now, more than ever, is the time for Marin to give top priority to the wellbeing of children and families.

IV Components of the Family Support Blueprint



The Family Support Blueprint for Marin County contains all of the elements necessary to build a comprehensive Family Support System. It starts with a foundation of *Strengths* and *Needs* and *Cross Cutting Issues* for families. It then presents an organizational *Framework* drawn from the Spectrum of Prevention⁴, which is used nationally to develop comprehensive prevention strategies. Finally, it lays out in detail *Strategies* at all levels of the spectrum, highlighting “high leverage opportunities” and effective strategies for coordination.

Strengths and Needs. An effective Family Support System is rooted in an understanding of the unique strengths and needs of the community. The first step in creating a countywide Blueprint for family support was to examine the status of families. We gathered data from many sources across the domains of family life: Family Economics, Health Access and Physical Health, Emotional and Behavioral Health, Education, and

¹ Ten Things to Know About Health, California Newsreel (2008)

² Investing in Infants and Toddlers: The Economics of Early Childhood, Zero to Three Policy Center

³ <http://www.firstfocus.net/Download/CostNothing.pdf>

⁴ <http://cchealth.org/topics/prevention/spectrum.php>

Family/Community Resilience. The Blueprint presents the key findings, and the complete Community Assessment can be found at: <http://www.co.marin.ca.us/familysupport>.

Cross Cutting Issues. The key findings from the Assessment led to the identification of five cross cutting issues most heavily affecting families in all aspects of their lives. These issues help us understand, develop and communicate about the work of supporting families.

1. Changing Demographics: Marin's child population is growing faster than any Bay Area county, and becoming increasingly ethnically diverse. The family support system must expand to serve a growing population, and do so in a manner that is culturally and linguistically appropriate.
2. Economic Climate: Even before the economic downturn, one-third of Marin households were unable to pay basic living expenses and were not considered self-sufficient. It takes more than four full-time minimum wage jobs to cover the basic expenses for a family of three in Marin. Meanwhile, the cost of housing is extraordinary, unemployment is rising, and demand for public assistance and services is growing at the same time those resources are diminishing.
3. Accessible Services: In addition to barriers such as lack of transportation and language, another challenge to access is the federally-defined requirements for many services. For example, the Federal Poverty Level is so low that, while many families have incomes above what qualifies for subsidized services, they struggle to meet basic needs because the cost of living is so high.
4. Linking and Leveraging Services: Marin supports families through a wide range of services. However, navigating the many CBOs, school districts and public agencies in this geographically diverse county is a challenge for providers and families alike. It is crucial to develop an effective resource and referral system, and to move beyond that to a coordinated system of care, especially in difficult financial times.
5. Building Capacity for Family Support Practice: While providers agree that the family support principles describe their philosophy, integrating the principles into their work is challenging. The system must integrate promising and evidence-based practices while at the same time engaging our diverse informal resources, families, and unique communities that make up this County.

V The Framework and Strategies

The County's family support system is made up of formal and informal resources that are coordinated, accessible and reflective of our growing diversity.

This section of the Blueprint details what is needed to achieve our vision of a countywide Family Support System. The Blueprint consolidates the Spectrum of Prevention into three **stakeholder levels** that are most directly affected by the strategies, that is, family and community members, service providers and organizations, and leadership and policymakers. The system should facilitate the flow of information, feedback and learning among all three stakeholder levels.

The strategies in the Blueprint are a combination of existing strategies currently underway in the County *and* promising new ideas that have shown success in other communities. While the majority of these strategies are currently in place, many successful ones must be expanded, adapted to other communities, and/or better coordinated to meet the expressed need of families and providers. In addition, many strategies were in danger of being cut as the Blueprint went to print.

Within each stakeholder level, there are 2-3 *high leverage opportunities*. These involve strategies that are connected to a specific opportunity in the coming year, e.g. stimulus funding, organizational priority.

The following are six high leverage opportunities that directly address our changing demographics, economic climate, access to services, linking and leveraging opportunities, and capacity building.

- ◆ **Supportive Services for Pregnant and Postpartum Families.** Leveraging and expanding resources targeting postpartum depression could substantially increase home-visiting and group prenatal care, both of which increase access to evidence-based services. Possible new resources include Early Head Start stimulus funds, Bella Vista Foundation funding, and the County Department of Health and Human Services (HHS).
- ◆ **Resource and Referral.** At the same time that the current economic crisis has created a demand for services which is unprecedented, both direct services and the outreach necessary to provide access to those services are being cut. The County HHS will dedicate staff time to work with 211, Network of Care for Kids, www.HealthyMarin.org, and other coordination points for family support services to improve access to and use of HHS and community resources.
- ◆ **School-Based Services.** There is significant federal, regional and foundation support for school-based services under the umbrella of Community Schools, an approach with which Marin has had considerable experience through School-Linked Services (SLS). Although current fiscal challenges will result in the end of SLS as we know it, the infrastructure and relationships that have been built position Marin to access funding for Community Schools, an effective way to support children, families and community, and to address the crosscutting issues.
- ◆ **Division of Public Health / HHS Restructuring.** The Marin County Division of Public Health (DPH) is currently undergoing a reorganization process. The DPH will utilize the Family Support Blueprint to help inform decisions related how existing public health resources will support families in Marin and to leverage resources for a range of family support strategies. This will help address families' increased needs and improve linkages, even during difficult times.
- ◆ **Coordination at the Level of Service Providers and Organizations.** The release of this Blueprint could generate increased involvement and philanthropic support for coordination of family support efforts. We recommend exploring how to build on existing coordination points for service providers, such as the Coordinating Council, to most effectively link a wide range of family support providers, and leverage our efforts, knowledge and resources.
- ◆ **Coordination at the Level of Leadership and Policymakers.** The Family Support Steering Committee is an existing group of leaders in the field that has the potential to build and sustain a coordinated approach and the political will for family support across Marin County.

VI Moving Forward

Everyone in the community shares the responsibility of contributing to the wellbeing of families.

This Family Support Blueprint offers a vision of Marin County that will guide our policies and practice in support of families for years to come. At this moment of unprecedented economic crisis, it is critical that we have a plan for supporting families in difficult times. The Family Support Steering Committee will continue to focus our collective efforts to achieve the vision and strategies defined in the Blueprint and build political will to improve the wellbeing of all families.

I Vision



Marin is a County in which children are cherished and families are vital resources for communities that thrive. We are united in our efforts to support all families to be healthy, secure, interconnected, and filled with hope and joy. The County's family support system is made up of formal and informal resources that are coordinated, accessible and reflective of our growing diversity. Everyone in the community shares the responsibility of contributing to the wellbeing of families.

II The Whats and Whys of Family Support

1. The Family Support Planning Process

In mid-2007, the Marin County Division of Public Health, Community Health and Prevention Services (CHPS) met with staff from the Bella Vista Foundation, a small family foundation that supports early childhood projects, to discuss the feasibility of convening a countywide family support planning process. CHPS received funding from the Bella Vista Foundation to conduct such a planning process, focusing on families with children from pregnancy to age five. The Marin Community Foundation, through their School Linked Services initiative, provided additional funding to expand the project focus to families with school-aged youth.

The family support planning process consisted of two components - a community assessment, which then informed the development of this countywide Family Support Blueprint. CHPS engaged a consulting company, Hatchuel Tabernik & Associates, to assist with the planning process and convened a Steering Committee of diverse group of leaders providing support to families in Marin.

The **Community Assessment** was designed to paint a picture of life for families in Marin - their needs, strengths, informal resources and formal services. This assessment covers the full scope of family life and is somewhat unique in that it provides information in domains including economics, education; health and mental health among others. While even the best community assessment provides only a snapshot in time, the picture in Marin began to change significantly with the economic downturn that started part way through the process. The community assessment was conducted from the spring of 2008 to early 2009, and, in the process, has made best efforts to document the status of families in Marin during this period of change. The assessment utilized extant community level data and focus groups as follows:

- Marin County Community Health Survey (2001), which, though dated, provides the best sample size of any community survey in Marin.
- The California Health Information Survey, with 2005 data being most frequently cited because of a larger sample size. The assessment also references 2003 CHIS data when survey questions were not available in subsequent years and pooled 2005/2007 data when it would be a more accurate reflection of the community.
- California Healthy Kids Survey (2004-06)

- A variety of state-level databases, such as the California Department of Finance, California Department of Education, as well as from a number of local assessments including Pathways to Progress, the Marin County Childcare Master Plan, and the Maternal, Child, and Adolescent Health Capacity Assessment.
- Seven focus groups with families from pregnancy to five years of age included:
 - Marin Head Start Policy Council
 - Marin City School Readiness Initiative Playgroup
 - Community Action Marin Family Council
 - San Geronimo Valley School Readiness Initiative Playgroup
 - Family Service Agency Postpartum Depression Group
 - Centering Pregnancy Group
 - Aprendiendo Juntos Playgroup
- Four focus groups with parents of school-aged children at the following locations:
 - Shoreline School Linked Services parent participants
 - Lynwood Family Literacy Program
 - Novato Youth Center, Parent Project participants
 - Venetia Valley School English Learner Advisory Committee
- An on-line survey was developed and sent to providers of family support services and community leaders that were identified by Steering Committee members. Ninety-two providers responded to the survey.

The **Steering Committee** met on a bi-monthly basis for a year and a half to guide the process. The Family Support Steering Committee members include:

◆ Jenna Churchman	Prosperity Partners / Community Action Marin
◆ Mary Donovan	Division of Social Services
◆ Ericka Erikson	Grassroots Leadership Network
◆ Linda Frost and Alaina Cantor	Novato Youth Center
◆ Kristen Gardner	MHSA Prevention and Early Intervention Consultant
◆ Bonne Goltz-Reiser	Jewish Children and Family Services
◆ Paula Machado	San Rafael City Schools
◆ Alma Martinez	Novato Unified School District
◆ Sheryl Morgan and Kay Wernert	Marin Head Start
◆ Jenny Ocon	Parent Services Project
◆ Ann Pring	Community Mental Health
◆ Sandy Ponek	Canal Alliance
◆ Amy Reisch	First 5 Marin
◆ Lisa Schwartz	Marin County Office of Education
◆ Lisa Sepahi and Bobbe Rockoff	Department of Health and Human Services
◆ Rebecca Smith	Division of Public Health, CHPS
◆ Sparkie Spaeth	Division of Public Health, CHPS
◆ Dani Tarry	Marin Community Foundation , School Linked Services
◆ Kathy Truax	Family Service Agency
◆ Terri Vyenielo Rockas	Kaiser Permanente / Healthy Marin Partnership
◆ Tina Warren	Division of Public Health, CHPS
◆ Donna West	Division of Public Health, CHPS

Steering Committee members contributed to the overall design of the planning process, the assessment tools and target audiences, and the vision and structure of the Blueprint. They reviewed the findings and discussed the implications of those findings on family support strategies. They

shared current opportunities and threats to family support, and identified existing family support practices in Marin and promising practices from around the country. Two ad hoc workgroups emerged during the process - *Data* and *What Works* - that conducted research and analysis and reported back to the full Committee. The work culminated in a full-day retreat and two follow-up meetings, to develop the strategies and next steps presented in this Blueprint.

2. The Family Support Blueprint

The Marin County Family Support Blueprint presents a guiding vision and framework, along with concrete steps for supporting families in Marin County. The Blueprint is grounded in family support principles and the needs and strengths identified through the community assessment. We envision that the Blueprint will serve as a guide for organizing new and existing systems and resources in the County. It is designed to be accessible and usable by all sectors of the County in a number of capacities including but not limited to: coordinating resources, developing programs, making policy, mobilizing communities, and directing funding.

The Blueprint draws upon the Spectrum of Prevention as an organizing framework. The Spectrum of Prevention (described in detail on pages 15-16) outlines seven levels of intervention – from strengthening individual skills to influencing policy – that together guide the development of a comprehensive community approach to addressing complex issues.

The Steering Committee chose the Spectrum as a framework because it captures the complexity of family support. Not only does it encourage people to think about strategies at the micro and macro levels, it also enables us to think across the traditional silos in which family support providers and advocates usually operate (e.g. education, health or family economics) to develop a blueprint for supporting families holistically. The Family Support Blueprint starts by presenting *The Picture* of strengths and needs in the county in the traditional service domains. However, it then intentionally moves to identifying short and long-term strategies across all of those domains, organized by level of support on the Spectrum. The seven levels have been further consolidated into three *stakeholder levels*, or the type of stakeholder that is most directly impacted by the strategies: (1) family and community members, (2) service providers and organizations, and (3) leadership and policymakers.

We hope that the vision of a family support system presented here will be an enduring one. The current economic climate makes the emphasis on a coordinated and accessible system even more critical. Therefore the Blueprint includes many strategies that increase collaboration, in addition to explicit coordination strategies that focus on improving the overall effectiveness of the family support system at all levels of the Spectrum.

Uses of Blueprint. As mentioned, the Blueprint is a guide for building a countywide system of family support. In an effort to make the Blueprint user-friendly and relevant, there are two major points of entry: the picture and the strategies.

- If stakeholders are interested in the strengths and needs of families, they can be explored in *The Picture* section of the Blueprint, which is organized by specific domain, i.e. family economics, physical health and health access, mental health, education, and family/community resiliency.
- If stakeholders are looking for guidance for developing programs, building capacity and linkages, or policymaking, then they can open up *The Strategies* section and start with the most relevant stakeholder level.

Since the Blueprint was developed with input from a broad cross-section of the County and has been adopted by all of the stakeholders represented on the Steering Committee, it presents significant political capital for individual organizations as they advocate for new or existing family support services and resources. The Blueprint provides a common language, vision and framework for everyone working with families in Marin. It can be used to inform individual services and to integrate the many efforts underway across the county. Steering Committee members identified some of the ways that they, and all family support providers and stakeholders, can use the Blueprint:

- Inform City and County planning and resource allocation
- Utilize as a tool for organizational development
- Inform program planning
- Inform strategic planning at all levels, e.g. County level, interdepartmental, community-based organizations, foundations
- Build policy platforms
- Create legislation
- Leverage funding
- Identify gaps and areas of need, both geographically and by service area
- Guide orientation and training
- Utilize as a tool for organizing parents
- Track countywide progress towards supporting families with a cohesive system

3. What is Family Support?

A growing number of families and communities are struggling to provide care and support for their children. Even prior to the recent economic downturn, a wide range of social and demographic factors has changed the landscape for many families in Marin. Changing demographics, such as an increase in the number of single-parent households and growing poverty, have led to a greater number of families that struggle to meet their basic needs. A growing immigrant population has required a shift in service delivery systems to meet the needs of this more diverse population. Furthermore, the increasing cost of healthcare, long commute and work hours, and the breakdown of extended family and neighborhood support has created additional burdens on families.

Family support is an approach to working with families that considers these changing needs. ***This approach is built upon the understanding that family is the most fundamental factor influencing the lives and outcomes of children, and families are strong when they are supported by safe and thriving neighborhoods.***⁵ Family support brings together services and resources that promote new opportunities for families, which, in turn, increase the capacity of

Family Support Principles

1. Families are resources to their own members, to other families, to programs, and to communities.
2. Staff enhance families' capacity to support the growth and development of all family members and emphasize the importance of hope and joy.
3. Practitioners work with families to mobilize both formal and informal resources.
4. Programs affirm and strengthen families' cultural, racial, and linguistic identities and enhance their ability to function in a multicultural society.
5. Programs advocate with families for services and systems that are coordinated, fair, responsive, and accountable to the families served.
6. Staff and families work together in relationships based on equality and respect.
7. Programs are flexible and responsive to emerging family and community issues.
8. Programs are embedded in communities, interdependent, and contribute to the community-building process.
9. Principles of family support are modeled in all program activities, including planning, governance, and administration.

⁵ Family Strengthening Policy Center, Policy Brief. Introduction to Family Strengthening, 2004

families to be healthy, involved members of dynamic communities. Engaging families in problem-solving, while at the same time developing skills, creates both healthy and functioning families and stronger communities.

The approach of family support encompasses *philosophy*, *programs*, and *place*. Family support is based upon a *philosophy* or principles that guide interactions with families. These principles focus on resiliency and are strengths-based (see Family Support Principles above). Family Support includes *programs* or resources that promote healthy family functioning and minimize adverse childhood experiences. These programs and philosophy are ideally embedded in a *place* – neighborhood-based supports that are multidisciplinary and integrated.

4. Why Invest in Family Support?

As the nation faces an unprecedented crisis in healthcare, research indicates that the social conditions of our lives (e.g. employment, housing and educational levels) impact our health as much as our genes, our individual behavior, or even our medical care. Here in the United States, the strongest predictor of an individual's health is his or her class status; poorer people are four times more likely to die an early death than those in the upper income brackets. Chronic stress, experienced by those who have high demands but little control in their lives, taxes physiological systems to the point of creating an array of chronic diseases.⁶ Healthy People 2010, which creates federal goals and benchmarks for health, recognizes that, “Communities, states, and national organizations will need to take a multidisciplinary approach to achieving health equity — an approach that involves improving health, education, housing, labor, justice, transportation, agriculture, and the environment.” Family support is just such a multi-disciplinary approach to addressing these social determinants of health.

A growing body of research indicates that early relationships, particularly during the first three years of life, influence long term health, mental health, social and academic outcomes for children. Researchers in the field of human capital, such as Nobel Prize winner James Heckman, have consistently found that investing in these early years of life produces high benefits and savings to society.⁷ Cost-benefit analyses of quality early care programs show a return on investment of 16 percent each year, a rate exceptionally higher than returns to most stock market investments or traditional economic development.⁸

This notion of a high return on investments for children is supported by research on long-term health consequences for children who have *adverse childhood experiences*. In the late 1990's Kaiser Permanente Department of Preventative Medicine in San Diego and the Center for Disease Control surveyed 17,337 middle-income, educated patients about adverse childhood experiences (ACEs), such as exposure to abuse, drug or alcohol abuse in the household, having a depressed or mentally ill parent, having an absent parent, etc. Researchers found that, as the number of ACEs these individuals were exposed to increased, so did the variety and severity of chronic diseases and social problems that they experienced as adults. The ACE Study found that adults who had adverse experiences as children had higher rates of smoking, pulmonary disease, hepatitis, heart disease, fractures, diabetes, obesity, alcohol abuse, and IV drug use.

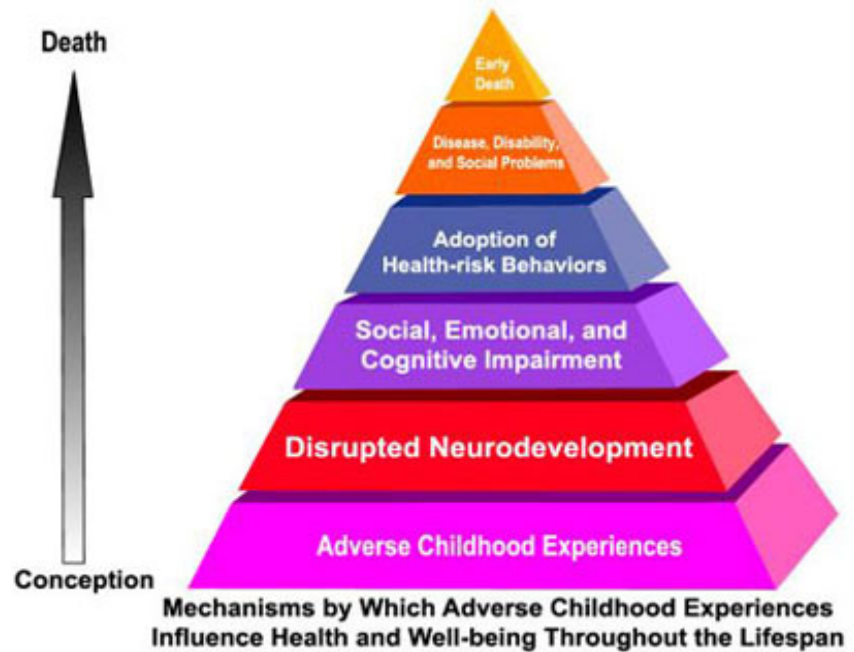
⁶ Ten Things to Know About Health, California Newsreel (2008)

⁷ Investing in Infants and Toddlers: The Economics of Early Childhood, Zero to Three Policy Center

⁸ www.childrensdefense.org/helping-americas-children/early-childhood-education-child-care/about.html

Individuals with multiple ACEs were 460% more likely to suffer from depression as adults and have an attempted suicide rate that is 30-51 times higher than average.⁹ The ACE pyramid demonstrates that adverse childhood experiences lead to disrupted neurodevelopment which leads to risky behaviors, and ultimately disease, disability and early death.

Figure 1. Adverse Childhood Experiences Pyramid



Now, more than ever, we need to invest in children and families. According to First Focus, a bi-partisan child advocacy group, an additional 2.6 - 3.3 million children in the nation are likely to fall into poverty during this recession. Of these children, 60% could fall into persistent or intermittent poverty - often leading to future lost earnings, increased crime, and poor health outcomes. Ultimately the cost of this increase in child poverty could total \$1.7 trillion over this generation's lifetime.

Finally, in addressing our urgent economic challenges, policymakers and economists agree that improving the economic stability and earnings of low-income families is a good way to stimulate the economy, as they are likely to spend additional resources quickly in order to meet their basic needs that will in turn enable them to contribute to an upturn in the economy.¹⁰

III The Picture: Strengths and Needs



An effective family support system must be rooted in the unique needs and strengths of the community. Therefore, the first step in creating a countywide Blueprint for family support was to examine the status of families. Over the course of 10 months, we gathered quantitative and qualitative data to help develop a picture of how families were faring – their needs, strengths, informal resources and formal services. We looked at extant data from many sources across the core domains of family life: Family Economics, Health Access and Physical Health, Emotional and Behavioral Health, Education, and Family/Community Resilience. We also held focus groups with families, and surveyed 92 providers. The key

⁹ http://www.acestudy.org/files/Gold_into_Lead-_Germany1-02_c_Graphs.pdf

¹⁰ www.childrenleadershipcouncil.com/node/7

findings for each domain are presented below. The full Community Assessment, with greater detail and complete citations, can be found at <http://www.co.marin.ca.us/familysupport>.

Families in Marin face a wide range of social, economic, and public health challenges that threaten their ability to thrive in our community. Although Marin has fewer households with children than the state average, the child population is rising. Furthermore the number of Latino children in Marin has doubled in the past eight years. Findings from the Community Assessment reveal significant need among Marin’s low-income population; however, all families have needs. Many Marin families are experiencing a period of unprecedented need, which intensified with the recent economic downturn.

Figure 2. Changes in Ethnicity of Marin Youth Population

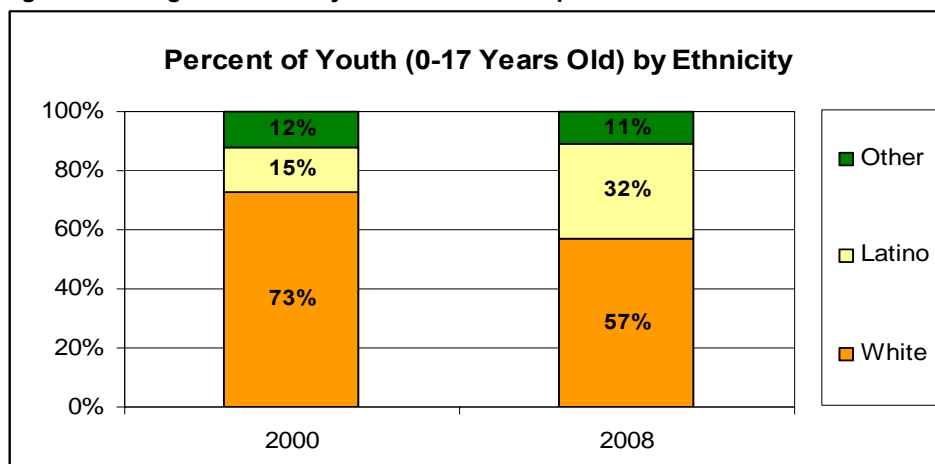


Figure 3. Change in Age of Marin Youth Population

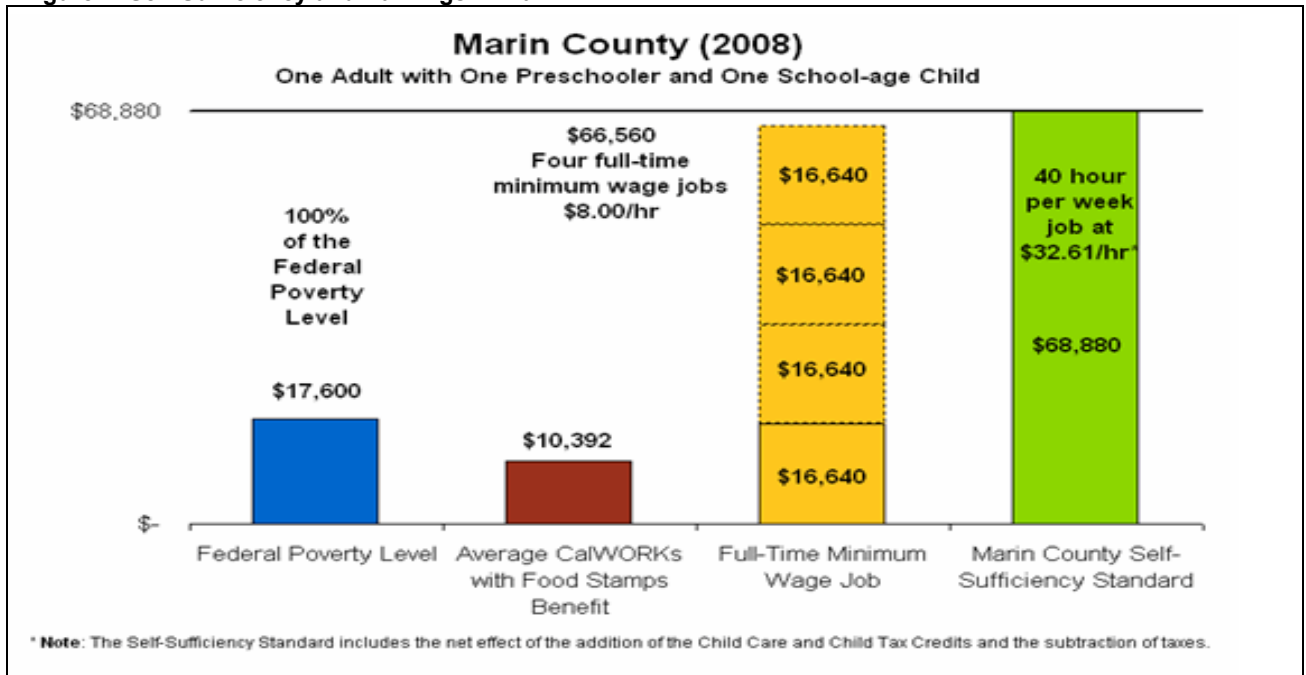
Age/Population	1995	2000	2008	Change 1995-2008
0-2 years	8,186	8,045	7,467	-9%
3-5 years	9,019	8,169	9,585	6%
6-10 years	13,948	14,664	15,926	14%
11-13 years	7,450	8,682	8,792	18%
14-17 years	8,012	10,978	11,827	48%
Total 0-17 years	46,615	50,538	53,597	15%

1. Family Economics \$

- For a county widely considered as being wealthy, Marin has consistently had a significant number of poor children. Officially, 3,767 or 7.7% of children aged 0 to 17 lived in households reporting incomes below the federal poverty level (FPL) in 2005; 17.7% of children were living in households below 200% of the FPL. Most of these children live in Novato and San Rafael. (US Census Bureau)
- Marin’s unemployment rate has increased significantly -- from 3.9% on average during 2005 to 7.4% in March 2009; however, Marin’s unemployment rate is significantly below the statewide unemployment rate of 11.5%. (California Employment Development Department)

- Marin families are experiencing significant financial hardships, unlike those seen since the Great Depression. Based on two locally-developed aggregate community need indices, demand for public assistance rose over 20% between January and December 2008. Families in focus groups overwhelmingly identified financial concerns as the top stressor impacting their family. In particular, families who did not qualify for public assistance expressed significant frustration about obtaining resources to help them make ends meet. (Marin County Department of Health and Human Services)
- Even before the economic downturn, more than one-third of Marin’s households (35,387 out of 100,201) were not able to pay for basic living expenses and were not considered to be self sufficient according to the County’s Department of Health and Human Services. The self-sufficiency index is a measure of county-specific costs for housing, food, transportation, child care, health care, and taxes. A single adult with a preschooler and a school-age child will require \$68,880 per year to remain self-sufficient in Marin County in 2008, requiring *more than the equivalent of 4 full-time minimum wage jobs*. (Insight Center for Community Economic Development)

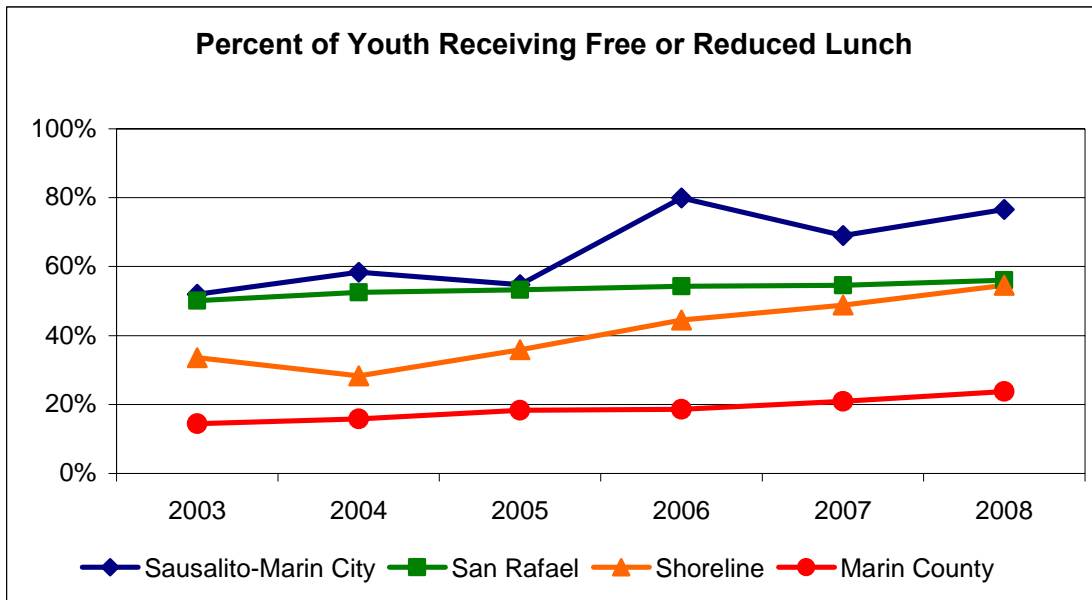
Figure 4. Self-Sufficiency and Earnings in Marin



- Many families who were not officially classified as “living in poverty” could not sustain the cost of living in Marin. While only 5.7% of people in Marin County meet the federal poverty requirements, 18.2% live in a state of asset poverty – defined as not having enough assets in reserve to financially support them for a 3 month period. (Marin County Department of Health and Human Services)
- Marin’s homeless population is growing, while the County is struggling to meet the increasing need. In February 2009, 1,770 people were identified as homeless and either living in shelters or locations not meant for human habitation; of these, 331 were children. An additional 3,028 were precariously housed, i.e. were “doubling or tripling up” with friends or family members. (Marin County Department of Health and Human Services)

- In 2008, fair market rent for a 2 bedroom unit was \$1,592 / month as opposed to \$905 in California. Furthermore, there is a deficit of subsidized housing in the County, with only half of those living below 100% of the Federal Poverty Level in Marin having access to very low-income housing.
- Food security is an important issue for low-income families in Marin. While participation in the food stamp program has increased, state studies show that many eligible families in Marin are not accessing the food stamp program. (California Food Policy Advocates)
- Participation in the school Free and Reduced Lunch program increased from 14.4% in 2003 to 24% in 2008. The districts with the highest participation rates were Sausalito Marin City, San Rafael and Shoreline. (CA Department of Education)

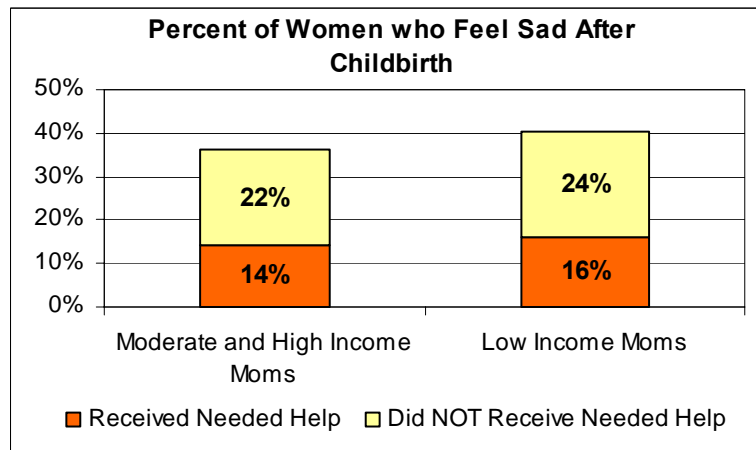
Figure 5. Youth Participating in Free or Reduced School Lunch Program



2. Emotional and Behavioral Health ☺

- Approximately one quarter of mothers reported that they were so sad or downhearted after having a child that they needed some kind of help, and of that group only 37% got help. This percentage was higher for low-income mothers (below 300% of Federal Poverty Line) and first-time mothers. Almost one half of low-income mothers felt they needed

Figure 6. Woman in Marin who Reported Feeling Sad after Childbirth, by Income



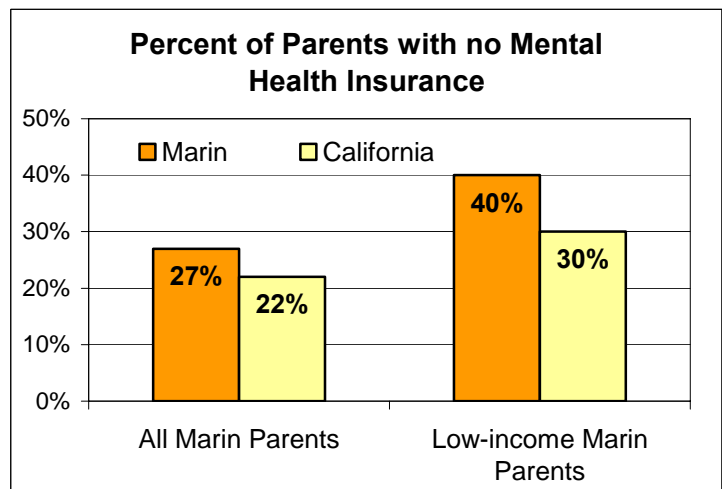
emotional help after giving birth. (Marin County Health Survey)

- Mothers in Marin are twice as likely to receive help for mental health or emotional problems as are fathers. (California Health Information Survey)
- While Marin youth report lower levels of sadness and hopelessness than their statewide counterparts, low-income youth report nearly three times the risk of depression as do more affluent youth. (California Healthy Kids Survey)
- Although Marin’s rates of reports and substantiated cases of child abuse and neglect are less than the statewide rate, both reports and substantiated cases disproportionately involve children of color. (University of California at Berkeley Center for Social Services Research)
- Reports of domestic violence are increasing in San Rafael and the unincorporated areas of Marin while it has decreased across California. Exposure to domestic violence can lead to the same emotional, behavioral, and academic problems faced by children who are direct victims of abuse. Data from the Family Violence Prevention Project in 2002 indicates that in *at least 29%* of domestic violence cases, children are present at the time of the incident. (California Department of Justice, Criminal Justice Statistics Center)

3. Health Access and Physical Health +

- Marin children generally have high rates of primary health coverage (98%) and access to a medical home. Dental insurance coverage and oral health utilization rates for children in Marin, however, are worse than for children statewide. (CA Health Information Survey)
- Overall, Marin parents (90%) reported that they had health insurance, which compares favorably with the state. However, only 67% of low-income parents reported that they had health insurance. According to the family support survey of social service providers in Marin, healthcare for adults was rated as one of the most needed but least available services. In focus groups throughout the County, parents spoke frequently about obstacles to healthcare including inaccessible hours, challenging voice mail systems, front office staff being disrespectful, difficulty with paperwork, wait times, and long wait lists. (California Health Information Survey)
- Forty percent of low-income parents report that they do not have mental health coverage, which compares poorly with the state. According to a survey of social service providers in Marin County, mental health services for adults ranks highly in a list of most needed but least available services in Marin. (California Health Information Survey)
- Trust and familiarity are the most essential qualities that

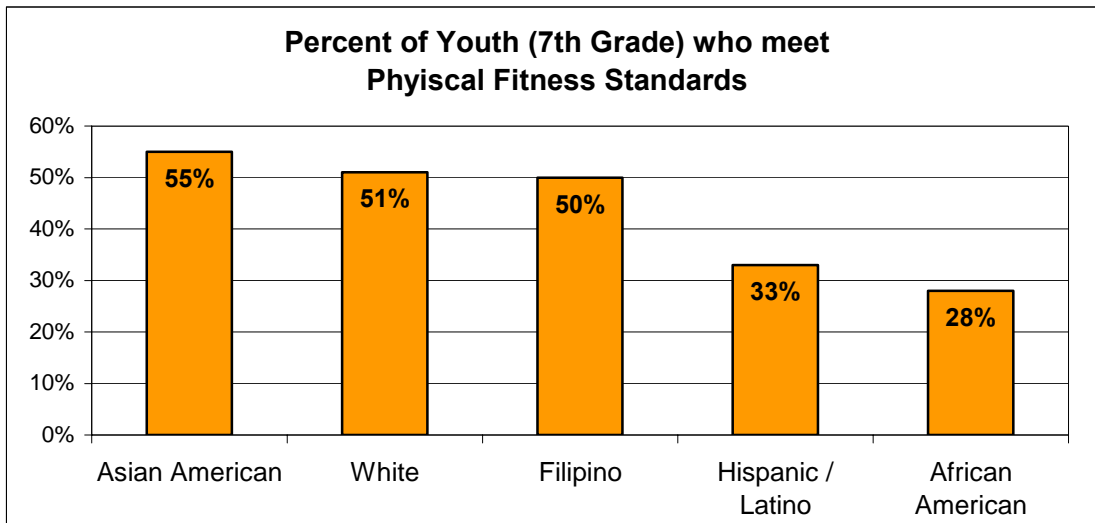
Figure 7. Mental Health Coverage Among Parents, by Income



predict who Latino parents will rely upon for healthcare information. (First 5 Marin, Health Access Health Literacy Initiative)

- Pregnant women in Marin effectively utilize prenatal care, but many lose care shortly after birth. Nearly one quarter of all births in Marin are paid for by Medi-Cal, and most of these are to undocumented Latina immigrants. Mothers who have Emergency Medi-Cal for pregnancy lose coverage within 4-8 weeks, leaving them uninsured at a particularly vulnerable time. (California Center for Health Statistics)
- Marin families have high rates of breastfeeding initiation, but most mothers do not continue to breastfeed for the recommended duration and rates fall below the Healthy People 2010 objective. (California Department of Public Health, Center for Family Health, Genetic Disease Screening Program and California Health Information Survey)
- Marin's rate of overweight children is lower than Bay Area and statewide averages, but is increasing. There are ethnic disparities in rates of physical fitness among youth, with Latino and African-American youth being generally less fit. (Center for Disease Control and Prevention, The Pediatric Nutrition Surveillance System, CA Health Information Survey)

Figure 8. Seventh Graders Meeting the Physical Fitness Standards



4. Education

- Marin County has shortages of infant and school-age care. While sufficient care exists to serve preschool-aged children generally, many working families are unable to find full time care for their children. (Marin County Child Care Commission)
- In many cases, families with children of all ages are unable to afford the full price of child care and are unable to obtain subsidized care for their children. There are an estimated 2.2 children eligible for subsidized care competing for each available subsidized space in the county. Parents in focus groups identified lack of affordable childcare and afterschool activities as a primary stressor for their family. (Marin County Child Care Commission)
- Public school enrollment has historically remained relatively steady, but enrollment increased over the last four years. The California Department of Education projects that Marin's enrollment will continue to rise and have one of the fastest increasing enrollments over the next decade as compared to other counties.

- Marin's Latino and English Language Learner (ELL) populations have grown significantly; the Latino population has increased by 20% and the ELL by 36% over the last 8 years. (California Department of Education)

Figure 9. Enrollment in Marin County Schools, 2007-2008

Enrollment	White	Latino	African American	Other (including Asian)	English Learners	Economically Disadvantaged
29,081	64%	19.8%	3.4%	12.8%	13%	20.9%

- Marin has a significant achievement gap. African American and Latino children score much lower than their White and Asian counterparts on several standardized state test measures. Furthermore, in many cases, the gap in test scores between Marin's children of color and their white counterparts is larger than in other Bay Area counties and the state overall. (CA Department of Education)

Figure 10. Achievement Gap Among Students on the CAT/6 Standardized Test, 2007

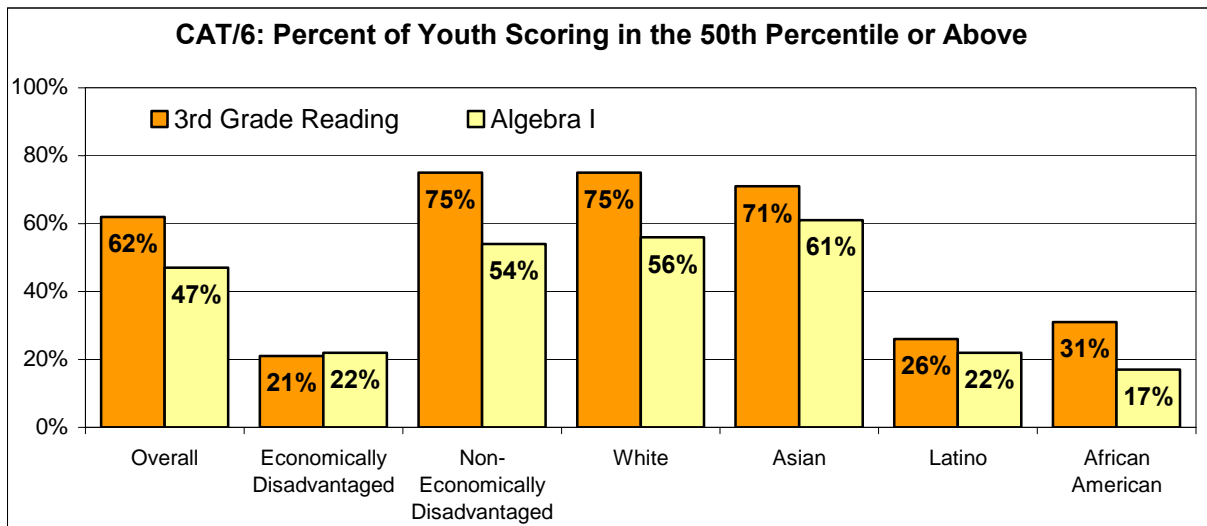
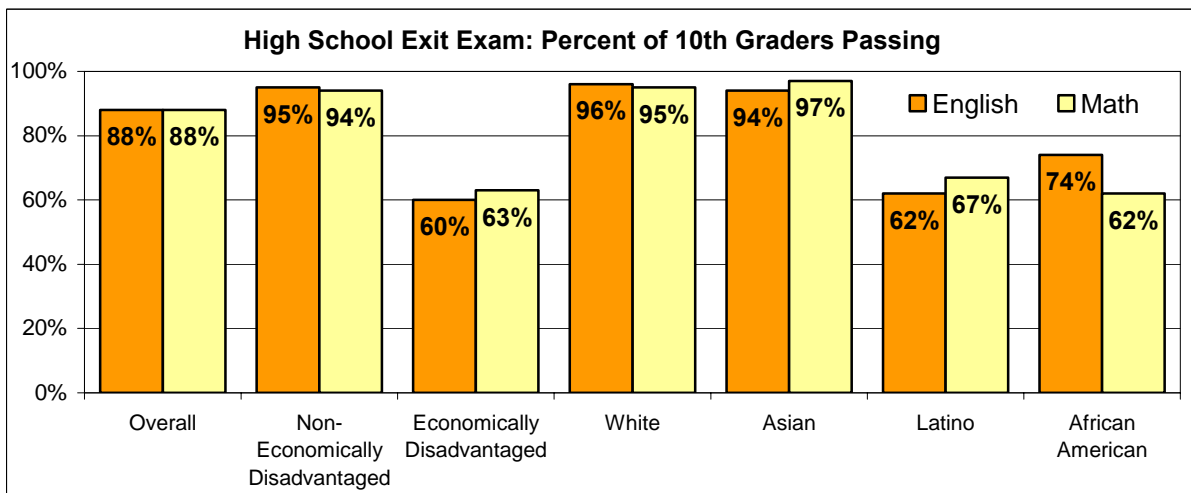


Figure 11. Achievement Gap Among 10th graders on the California High School Exit Exam, 2007

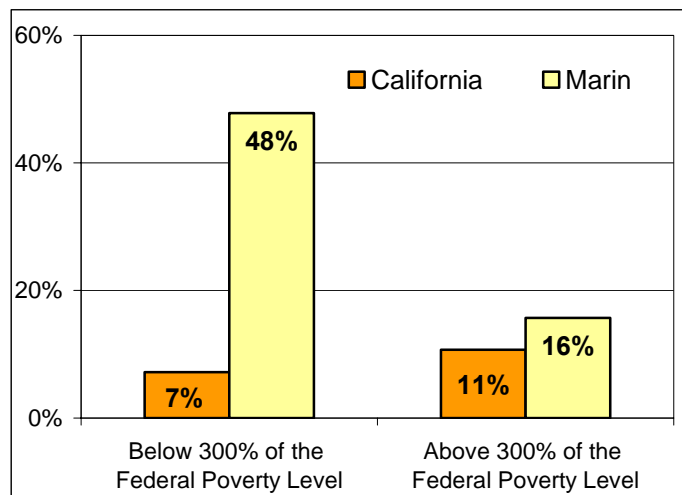


- Parents in focus groups expressed a desire for more information about child development, particularly related to how to discipline children. Parents of young children overwhelmingly expressed an interest in drop-in parenting groups, informal educational opportunities, and free parent-child activities such as those that are available through First 5 Marin's School Readiness Initiative playgroups. (Family Support Focus Groups)
- Parents of school-aged children expressed a desire for support with navigating the public school system and dealing with acculturation issues for Latino immigrant families. Parents also expressed a need for more affordable afterschool care and activities for school-aged children and youth. (Family Support Focus Groups)

5. Family and Community Resiliency ♥

- Marin parents report higher levels of involvement with young children than statewide counterparts, but seem to have lower levels of teen supervision than parents statewide. Many parents in focus groups expressed challenges balancing work and family life. (Marin Family Support Focus Groups)
- In 2001, the Marin County Community Health Survey looked at education levels among parents of children under five years old, comparing those with incomes above 300% of the Federal Poverty Line to those below. A full 99% of middle to upper income parents had graduated from high school, with 94% going on to higher education. In contrast, only 70% of low-income parents (below 300% of the FPL) graduated from high school, with 42% continuing on to college. Parents with higher levels of education usually have greater access to resources and income that creates a stable environment. Parents in our focus groups expressed a desire for more adult education opportunities, such as English as a Second Language and technical or vocational classes. (Marin County Community Health Survey and Family Support Focus Groups)
- When asked about how often families in Marin get together with friends or relatives, low income parents reported significantly less frequent social contact than their higher income counterparts. In family focus groups for this project, many Latino immigrant families discussed the challenges of isolation, not having family members nearby and not knowing their neighbors. (Family Support Focus Groups)

Figure 12. Families Using the Park 20 or more Days During the Last Month



- Ninety percent of parents report that a park or open space is within walking distance. Parents report that having a walkable neighborhood is the top asset in their community. Almost half of low-income parents report that they take their children to the park 20 or more days per month, which is much higher than the state average. (Family Support Survey and Focus Groups)

- Youth in Marin have higher measures of resiliency, including caring relationships with an adult, high expectations from an adult, and opportunities for meaningful participation in both school and community settings than youth statewide. However, low-income families consistently expressed a need for more affordable afterschool and summer activities for children and youth. (Marin Family Support Survey and Focus Groups)
- In focus groups, parents of young children reported that they are seeking resources and groups for families that are informal, community-based, drop-in, and free. Both family members and providers reported that most families learn about services and resources from friends, family members, and schools. (Marin Family Support Focus Groups)

IV Cross Cutting Issues



Across all domains and stakeholder levels the following issues emerged consistently from the community assessment and planning process. These cross cutting issues inform how we understand, develop and communicate about the work of supporting families. They reflect families’ ongoing struggles and the heightened strain of our current reality. The cross cutting issues must be addressed for the County to achieve the vision of a coordinated, accessible and culturally relevant family support system.

1. Changing Demographics

Marin’s child population is growing faster than any Bay Area county. At the same time the County is becoming increasingly ethnically diverse as the Latino population has doubled in the last eight years. Clearly, this has implications for both the allocation of countywide resources and for the approach to serving families. The family support system must expand to serve a growing population, and do so in a manner that is culturally and linguistically appropriate.

2. Economic Climate

Marin families are experiencing significant financial hardships unlike any seen since the Great Depression. Even before the economic downturn, about one-third of Marin’s households were unable to pay basic living expenses and were not considered to be self-sufficient. Because the self-sufficiency standard, or the amount of money required to meet basic needs, is so high in Marin, many families are seeking assistance and support for the first time due to the recession. This means that demand for public assistance is growing at the same time those resources are diminishing.

3. Accessible Services

There are a number of barriers to services that surfaced across all domains. Lack of transportation was often cited by families as a major obstacle, especially for those outside of the more urban areas like the Canal and Central San Rafael. The need for more bilingual services was also frequently mentioned. Federally-defined requirements for many services, e.g. the Federal Poverty Level, pose another challenge to families in Marin and the Bay Area. Many families have incomes well above what qualifies for subsidized services and yet struggle to meet basic needs because the cost of living is so high. Finally, families and providers repeatedly stressed the importance of services that are easily accessible and flexible in nature, such as those that are school-based and neighborhood-based.

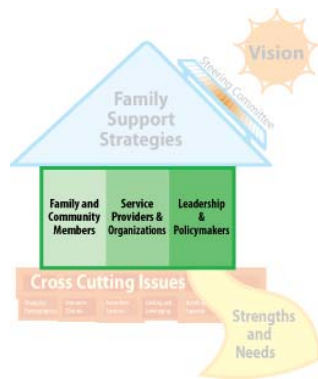
4. Opportunities for Linking and Leveraging Services

Marin County has a wide range of services that provide families with resources in all areas of their lives. However, understanding the many non-profits, school districts, and local governmental agencies is a challenge for providers and families alike. Developing an effective resource and referral system, and moving beyond it to create a coordinated system of care, is particularly critical during difficult financial times.

5. Building Capacity for Family Support Practice

For our family support system to be truly responsive and reflective of communities in Marin, families must be included in decision-making and seen as a critical partner. While the majority of providers responding to the family support provider survey felt that the family support principles described their organizations' philosophies, they also identified challenges to integrating the principles into their work. Organizations expressed challenges such as not having sufficient time or training to engage families, services being tied to billable hours, insufficient bi-lingual/bi-cultural staff, difficulty referring to and/or collaborating with other agencies, and challenges engaging parents who work long hours. In addition, the family support system needs to work towards continual improvement and integration of promising and evidence based practices, while maintaining a commitment to the unique communities we serve.

V The Blueprint Framework



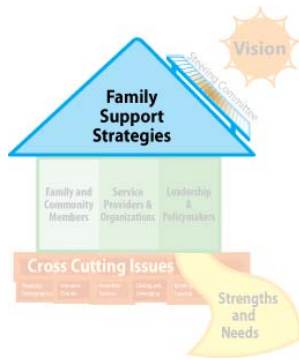
This section of the Blueprint details strategies for achieving our vision of a countywide family support system. As described in the introduction, the Blueprint draws upon the Spectrum of Prevention as our organizing framework for the development of a comprehensive community approach to family support.

The Spectrum of Prevention was developed by Larry Cohen while working as Director of Prevention Programs at the Contra Costa County Health Department. It has been used nationally in public health and prevention initiatives targeting issues such as violence prevention, injury prevention, nutrition, and fitness. In Marin, it is currently being used by the Healthy Marin Partnership as a framework for targeting obesity, alcohol abuse, and smoking. The Spectrum framework includes seven complementary levels for strategy development that, when used together, result in greater impact than would be possible by implementing any single activity or initiative.

The Steering Committee used the Spectrum of Prevention to identify existing and promising family support strategies that address the needs of Marin families. As the planning process progressed, we found it most useful to consolidate the original seven levels into three *stakeholder levels*. These represent the level of stakeholder that is most directly impacted by the strategies, i.e. family and community members, providers and organizations, and leadership and policymakers. Ideally, the Family Support System integrates a continual flow of information, feedback, and learning among all three of these stakeholder levels. The Family Support Principles illustrate how all of these levels are vital to creating families, organizations, and communities that thrive. The full Spectrum and consolidated stakeholder levels are detailed on the following page:

Stakeholder Level	Spectrum of Prevention Level
Leadership & Policymakers	Influencing Policy and Legislation: Legislation and other policy initiatives are among the most effective strategies for achieving broad goals. Both formal and informal policies have the ability to affect large numbers of people by improving the environments in which they live and work, encouraging people to lead healthy lifestyles, and providing for family protections.
	Mobilizing Neighborhoods and Communities: Addressing today's social and public health problems requires a community as well as a medical approach. We must be willing to meet with communities and share the agenda, prioritizing community concerns as well as provider/department goals.
Service Providers & Organizations	Changing Organizational Practices: Modifying the internal policies and practices of agencies and institutions can result in improved support for staff of the organization, better services for clients, and a healthier community environment. Advocating for organizational change at agencies such as law enforcement, schools and health departments can result in a broad impact on family support.
	Fostering Coalitions and Networks: Coalitions and networks can be powerful advocates for legislation and organizational change. They also provide an opportunity for collaborative planning, resource coordination, and system-wide problem solving.
	Educating Providers: Strategies can reach a broad range of family support providers who have daily contact with large numbers of families in a variety of settings, building their capacity to transmit skills and knowledge to others.
Family & Community Members	Promoting Community Education: The goals of community education are to reach the greatest number of individuals possible, as well as to build a critical mass of people who are or will become involved in supporting families.
	Strengthening Individual Knowledge & Skills: Working directly with family and community members in all settings can enhance an individual's capability to support their own and/or other families.

VI Strategies for Achieving Our Vision: Overview



The strategies incorporated in the Blueprint represent what is needed to create an effective system of family support. They are a combination of existing strategies currently underway in the County *and* promising new ideas that have shown success in other communities.

We recognize that at first glance, the Strategy section can be overwhelming. However, this Blueprint is intended to be the framework for building a comprehensive family support system. In such a complex field, the strategies cover a broad range of needs, approaches, domains, and stakeholder levels. While the majority of these strategies are currently in place, many are not operating at the level needed to meet the expressed need of the community, and in addition, some of the strategies were in danger of being cut as the Blueprint went to print. The goal of the Blueprint, especially during such a shifting landscape, is to provide a lasting, community recording of all of the strategies that are essential to the family support system.

With that in mind, we have organized the strategies to maximize their usefulness to all family support stakeholders, as follows:

1. **Stakeholder Level.** First strategies are organized by stakeholder level. These stakeholder levels include Family and Community Members, Service Providers and Organizations, and Leadership and Policymakers.
2. **High Leverage Opportunities.** Within each stakeholder level, the Steering Committee has identified *high leverage opportunities*. These involve strategies that are most viable because they are connected to a specific opportunity in the coming year, e.g. stimulus funding, departmental reorganization, existing priority among major organization, institution or coalition, etc. They are also considered high leverage because they can begin to have an impact on families, providers, or policies within a year – something the Steering Committee felt was especially important in these difficult economic times. At each stakeholder level, the first high leverage opportunities is a Coordination strategy, which specifically addresses the need for better linking and leveraging of family support efforts at and between each Stakeholder Level. The current economic climate makes the emphasis on a coordinated and accessible system even more critical, so special attention has been given to these strategies.
3. **Family Support Strategies.** Finally, the remaining strategies for that stakeholder level are listed. They each have an icon indicating which community assessment domain they address. As mentioned above, while the majority of the strategies included in this Blueprint are already being implemented to varying degrees throughout the county, they are not able to meet the level of need. And as families' needs and stressors are increasing, the resources and services available to support them are being reduced or cut altogether.

VII Families and Community Member Level Strategies

Stakeholder Level: Families and Community Members

This stakeholder level includes *Strengthening Individual Skills and Knowledge* and *Promoting Community Education*. The Blueprint envisions family and community members as both the focus of family support efforts and also as partners and resources to each other. Family support strategies at the family and community member level contribute to families that are healthy, self-sufficient and interconnected, and physically and emotionally secure; and to children that live in safe and nurturing environments that foster optimal physical, intellectual, social and emotional development.

High Leverage Opportunity

Coordination at the Level of Family and Community Members

New Opportunity: Due to the current economic crisis, it is especially important to support family and community members to develop and build on their own informal and community based resources. Groups provide social support, information on child development, other essential resources, or links to civic engagement activities. They all provide a basis for relationships and skill-building which build and maintain resiliency during difficult times.

Existing Capacity: There is currently a wide range of informal resources within Marin communities, including playgroups, mothers' and fatherhood groups, co-op preschools, faith-based resources, Promotoras, community gardens, cultural and arts groups, and many more.

Recommended Actions: Convene these groups to come together and share information through vehicles such as learning communities. Link these groups to one another and to other Stakeholder Levels to help ensure that they reach families and are effective, self-sustaining, and connected to a broader family support system.























High Leverage Opportunity - Supportive Services for Pregnant and Postpartum Families






New Opportunity: Early Head Start stimulus funds, Bella Vista funding, Kaiser Community Grants, the Mental Health Services Act, and Dept. of Health and Human Services (HHS) resources are possible resources for serving families impacted by or at-risk for postpartum depression. Leveraging these resources could improve coordination of services, as well as increase Early Head Start, other homevisiting, and Centering Pregnancy group prenatal care, all of which are evidence-based practices.

Existing Capacity: HHS Integrated Clinics provides prenatal care for many of Marin's families with greatest need, and Marin Head Start is has a well-established Early Head Start program in the County. There are also a number of efforts in the County that provide support for families that are impacted by postpartum depression, including: screening, support groups, individual counseling, and limited homevisiting services.

Recommended Actions: HHS Community Health and Prevention Services will continue to convene the providers of these services to improve coordination, offer professional development and training opportunities, and identify options for expanding programs. Family Support Steering Committee members have signed letters of support for an Early Head Start expansion in Marin, which would provide services to teen parents and other families.

Domain	Family Support Strategies Targeting Families and Community Members
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-  Outreach to low-income families and promote free tax preparation services and Individual Taxpayer Identification Number assistance to increase utilization of federal tax benefits such as Earned Income Tax Credit.
-  Outreach to low-income families to promote Individual Development Accounts aimed at home ownership, small business and continuing education or training.
-  Provide comprehensive financial education in multiple languages throughout the county (credit building, access to mainstream financial services, budgeting, and asset protection).
-  Link families to coordinated income support services (CalWorks, SSI, Social Security, SDI, PFL benefits, food stamps, WIC, school food program, childcare, CHI products, Pharmacy cards)
-  Provide one-stop employment and training support for individuals seeking opportunities for self-employment.
-  Provide accessible vocational training opportunities in multiple languages.
-  Provide eviction prevention and rental assistance.
-  Provide school based outreach to increase families' awareness of free and reduced school breakfast and lunch services; explore and address barriers to families applying for and obtaining free meals.
-  Provide individual peer support groups and peer mentoring
-  Provide parenting support via home-visiting services for families, pregnancy through age 3 (i.e. Nurse Family Partnership) and parent coaching
-  Provide evidence-based therapy and support services for young families with unique needs. e.g., PCAT, PCIT, Infant-Parent Psychotherapy, CTI- Parent Child Psychotherapy treatment for trauma exposure, and Triple P.
-  Provide post-partum depression support groups
-  Provide depression screening and referral at childcare sites
-  Provide coordinated behavioral health services in schools. Utilize a range of forums such as school Student Study Teams and School Attendance Review Boards for reaching families.
-  Provide adolescent mental health services
-  Provide intensive family services for parents participating in domestic violence, mental health, and drug courts.
-  Provide Medi-Cal and sliding scale mental health services
-  Provide mental health outreach, education, screening, and early intervention for at-risk populations
-  Provide suicide prevention and outreach services to underserved communities
-  Provide individual substance abuse treatment services and peer support services
-  Coordinate media resources to mobilize parents to take action related to high-risk alcohol use and other ATOD issues
-  Disseminate information on the web on most current research related to high risk alcohol use and other ATOD issues

Key:  = Family Economics	 = Behavioral Health	 = Health Access & Physical Health
 = Education	 = Family Resiliency	

Domain	Family Support Strategies Targeting Families and Community Members
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-  Provide one-stop outreach enrollment and retention for children’s health insurance products and link all families to a medical home.
-  Provide community-based health education and health literacy activities (i.e. Promotores)
-  Provide health education / reproductive health care services to teens and low-income families to prevent pregnancy / unwanted pregnancy
-  Provide group prenatal and well-child care (i.e. Centering Pregnancy and Centering Parenting)
-  Provide community-based health education related to pregnancy and early parenting
-  Provide breastfeeding support and education by both peers and professionals and promote pro-breastfeeding norms via social marketing campaigns
-  Provide peer led community education related to nutrition and access to food
-  Provide families with skills and resources to walk and bike within their community safely
-  Provide oral health outreach, screening, and follow-up
-  Provide high quality formal early learning experiences
-  Provide informal early learning opportunities and playgroups etc.
-  Educate parents about child development and support them in their parenting (i.e. Triple P)
-  Educate parents about the school system and related processes and encourage/promote parents’ involvement in their children’s schools
-  Provide family literacy programs (i.e. Raising a Reader, Bring Me a Book)
-  Link students to support services to ensure their academic success
-  Provide affordable and desirable afterschool and summer tutoring and enrichment opportunities
-  Utilize clinics and childcare centers to identify and assess young children’s special needs and coordinate / link them with appropriate resources,
-  Provide parent education to identify and support for families whose children have special needs
-  Establish therapeutic preschool to meet needs of children who need enhanced services
-  Provide families with skills and resources to participate in community gardens
-  Provide school-based resource and referral services
-  Provide faith based supports, resource and referrals
-  Provide youth mentoring services
-  Strengthen skills and opportunities for youth in the juvenile justice program (i.e. Youth Court)
-  Provide schoolwide programs to increase awareness of cultural, social, emotional issues
-  Train emerging parent leaders to serve as informal resources within preschool and K-12 sites
-  Coordinate family education to increase utilization of outdoor and recreational opportunities

Key:  = Family Economics	 = Behavioral Health	 = Health Access & Physical Health
 = Education	 = Family Resiliency	

VIII Service Providers and Organizations Level Strategies

Stakeholder Level: Service Providers and Organizations

This stakeholder level includes *Educating Providers*, *Fostering Coalitions and Networks*, and *Changing Organizational Practice*. Currently, providers are the core of the county's family support system, and warrant ongoing capacity building to improve skills, practices and coordination. Family support efforts at this level contribute to providers' ability to offer services and resources that are coordinated, accessible, welcoming to families and reflective of the County's growing diversity. The result is a family-centered countywide system of family support with multiple points of entry that are coordinated across all domains, e.g. physical and mental health, education, economics.

High Leverage Opportunity

Coordination at the Level of Service Providers and Organizations

Link and Leverage Services to Create a Coordinated System of Family Support

New Opportunity: The release of the Blueprint could generate increased involvement and philanthropic support for coordination of family support efforts. Due to the current economic crisis, it is essential that family support providers better coordinate their efforts in order to identify and respond to increased needs and dwindling resources.

Existing Capacity: There are existing coordination points for service providers groups, such as the Coordinating Council, that effectively engage a range of family support providers.

Recommended Actions: Explore the feasibility of building upon existing groups to integrate a renewed focus on family support. Explore potential funding to support these groups, e.g. United Way. Develop a group structure to engage essential family support providers in the County and prioritize possible functions of the group, including:

- Build a common language related to family support and social determinants of health
- Provide a forum for networking, working across disciplines, and communicating with family support partners
- Leverage resources, e.g. support providers' grant writing and planning efforts, discuss collaborative funding opportunities
- Coordinate training and professional development
- Explore and develop strategies for integrating services
- Look at gaps, needs, capacity and resources across the County to better focus resources and collaborative efforts
- Build and maintain effective resource and referral strategies
- Coordinate service provider fair
- Discuss and disseminate information about trends and opportunities in family support
- Identify strategies make services more accessible and to reach geographically isolated and hidden populations
- Build cultural humility across service delivery systems
- Learn how to effectively engage families and support direct services staff to influence and inform decisions at the policy level

High Leverage Opportunity – Resource and Referral

New Opportunity: The County Department of Health and Human Services (HHS) is dedicating staff time to improve access to information about HHS and community resources. HHS will work with 211, Network of Care for Kids, and www.HealthyMarin.org to keep information current, coordinate information sharing, and promote the appropriate use of these underutilized resource and referral systems in the community.

Existing Capacity: At the same time that the current economic crisis has created a demand for services which is unprecedented, both direct services and the outreach necessary to provide access to those services are being cut. We need to find alternative ways to sustain the work of programs such as School Linked Services, which has provided a substantial hub for resource and referral services for the past many years.

Recommended Actions: Family Support Steering Committee members will be invited to partner with DHHS to participate in an assessment of resource and referral services, and develop mechanisms for maintenance and promotion of an effective system.

High Leverage Opportunity – School-Based Services

New Opportunity: There is a range of possible funding sources for school-based services, under the umbrella of Community Schools, including Stimulus funding (e.g. Title I, Race to the Top), federal Full-Service Community-School grants, the East Bay Community Schools Network, and wide-spread interest among local foundations.

Existing Capacity: Marin's School-Linked Services model is a community school approach, as are many of the current and former Healthy Start sites. Although SLS is being discontinued, its legacy makes Marin well-positioned to adopt models such as Community Schools, which are public schools that combine the best educational practices with a wide range of vital in-house health and social services to ensure that families are engaged and supported, and children are physically, emotionally and socially prepared to learn. In this model, the school site becomes a community hub, and is available for community use after school hours.

Recommended Actions: Exit interviews between School Linked Services staff and school officials will compile information about district needs and offer information about potential linkages that may assist with meeting these needs. Health and social service providers will be seeking new ways to connect with schools in the absence of SLS, and will need to identify mechanism for building this coordination.

High Leverage Opportunity - Food and Nutrition

New Opportunity: A recent convergence of factors presents an unprecedented opportunity to build new linkages between food security, nutrition education and sustainability efforts. These factors include the roll out of the revised WIC food package, additional ARRA supplemental food funding, increased countywide access to Farmer's Markets and Farm Stands, as well as multiple grassroots efforts to improve local agricultural capacity. As the need for supplemental food increases in the community, there is increased opportunity to develop innovative and family-friendly partnerships that increase access to healthy foods.

Existing Capacity: The Marin Community Foundation recently sponsored a Food Summit, a convening of food pantries and food banks. As a result, Department of Health and Human Services Policy & Planning will lead an effort to map food security resources available through the pantries, schools and food banks in the county and develop recommendations to enhance food access. Concurrently, Marin Master Gardeners is conducting an assessment of community gardens in Marin and Marin Link is planning to conduct a community food assessment in hopes of integrating all of this work.

Recommended Actions: Integrate the recommendations of these various groups to develop a comprehensive food system assessment and develop an on-going network or coalition to address these issues. Bring these recommendations to funders such as Marin Community Foundation for consideration through the Food Summit and Improving Community Health.

Domain	Family Support Strategies Targeting Service Providers and Organizations
\$	Educate providers about how to apply for food, rental and income support services
\$	Coordinate and collaborate with food distribution sites
\$	Focus employment and training on career ladders for living wage jobs and entrepreneurial interests in growing sectors
😊	Train peer support providers to provide home visiting services
😊	Train childcare providers to identify and respond to behavioral concerns in the classroom and to work effectively with families on these and other issues
😊	Train childcare providers to promote healthy social emotional development using evidence-based practices (i.e. evidence-based curricula such as Second Step)
😊	Educate providers to support early attachment and promote early childhood mental health using evidence based- practices (i.e., Promoting First Relationships, DC: 0-3)
😊	Train providers in evidence based practices to address domestic violence, trauma, etc.
😊	Provide integrated behavioral health in healthcare settings
😊	Provide universal screening for postpartum depression / domestic violence / perinatal substance abuse
+	Develop facilitated and coordinated referrals between medical safety net providers
Key: \$ = Family Economics 😊 = Behavioral Health + = Health Access & Physical Health 🎓 = Education ♥ = Family Resiliency	

Domain**Family Support Strategies Targeting Service Providers and Organizations**

Assess and address barriers such as cost, wait time, etc. to accessing health care in community clinics



Employ medical volunteerism to increase access to health services for low-income families



Provide mobile, school and ECE- centered, and community-based health care services



Work with schools to make health education comprehensive and impactful



Work with employers to develop policies and practices that encourage breastfeeding in the workplace



Convene stakeholders to prevent obesity



Recruit culturally and language competent ECE and K-12 staff and provide training for all teachers so they can better support English Learners and children of different cultures



Provide family advocates in child care centers



Strengthen kindergarten transition supports



Strengthen articulation between Pre-K and K-12 programs



Strengthen system for linking students to support services



Capture additional funding to address students' academic needs



Develop program and educational strategies to keep teen parents enrolled in school



Support K-12 culture that meets the needs of low performing students



Identify and promote use of key information and referral hotlines



Provide family support training and technical assistance for providers promoting family resiliency and informal supports



Provide community based service hubs through Community Schools, existing agencies and/or Family Resource Centers



Coordinate male involvement / father involvement coalitions / networks



Encourage grassroots neighborhood council – join planning advocacy, and community development



Outreach and education to organizations that run events to infuse family friendly policies and practices



Create child friendly community spaces



Provide safe afterschool spaces for youth



Coordinate community policing efforts

Key: \$ = Family Economics

😊 = Behavioral Health

⊕ = Health Access & Physical Health

🎓 = Education

♥ = Family Resiliency

IX Leadership and Policymakers Level Strategies

Stakeholder Level: Leadership and Policymakers

This stakeholder level includes *Mobilizing Communities and Neighborhoods* and *Influencing Policy and Legislation*. Family support efforts at this level aim to create a county where leaders and policymakers of all types share in the responsibility of contributing to the wellbeing of families. This means that Marin has policies that are responsive to needs and strengths of families in this County and that strengthen family support services and resources; community leaders are empowered to work collectively to help families thrive; and funders are active partners in generating and sustaining family support resources. In other words, all stakeholders work collectively to build the systems, infrastructure and political will needed to implement this Blueprint.

High Leverage Opportunity

Coordination at the Level of Leadership and Policymakers

Build a Coordinated Approach and the Political Will for Family Support Across the County

New Opportunity: The release of the Family Support Blueprint provides an opportunity to share this vision and framework with leadership and policymakers throughout the County, and develop policies and infrastructure that supports children, families and communities to thrive.

Existing Capacity: The Family Steering Committee membership is currently comprised of a number of professionals that are influential in the field of Family Support. In addition, there are a range of grassroots community leadership groups in the County, including Parent Voices, School Readiness Initiative Advisory Boards, Grassroots Leadership Network, Sustainable Marin, the Concilio, ISOJI, and the Hispanic, Latino, Indigenous People of Novato.

Recommended Actions: Continue to convene the Family Support Steering Committee and expand membership to include leadership from grassroots community groups, local municipalities, “non-traditional” family support providers and other policymakers. The Committee could eventually function as a “hub of hubs”, coordinating the following functions:

- Identify priority issues (from the Family Support Blueprint) to work on in the committee, and at the regional, county, and/or city levels
- Solicit input on policy issues from families and service providers
- Develop and/or coordinate advocacy campaigns for family support overall and specific related issues
- Conduct and/or share policy analyses and discuss their implications across domains
- Share information, funding opportunities and updates
- Give feedback and input on initiatives, grants, policies, plans – from the organizations represented and their constituencies
- Influence City and County planning efforts (monitor city council or Board agendas)
- Identify champions and build political will throughout County
- Leverage resources and coordinate fund development efforts, e.g. build collaborative relationships with funders, assist with submitting RFPs in coordinated fashion and with letters of support
- Assess progress in realizing the family support vision

High Leverage Opportunity - Public Health / HHS Restructuring

New Opportunity: The Marin County Division of Public Health (DPH) is currently undergoing a reorganization process, aimed at better utilizing public health resources to build the Division's capacity to more directly reach the community and address the social determinants of health to affect change. The development of a new organizational domain focusing on children and family services may lead to increased opportunities to leverage resources for a range of family support strategies.

Existing Capacity: The newly released Family Support Blueprint will help to inform decisions related how existing public health resources will support families in Marin.

Recommended Actions: The Children and Families team within DPH will conduct a program assessment aimed at best leveraging program goals, funding streams, staff skills, and other community resources. Staff will continue to collect information from other public health departments about innovative partnerships that offer essential services for families.

High Leverage Opportunity Marin Community Foundation, Improving Community Health

New Opportunity: Marin Community Foundation has embarked upon a community grants process aimed at Improving Community Health, and in collaboration with leaders from the County Department of Health and Human Services, Healthy Marin Partnership, First 5 Marin, and others. The work will focus on community health activities including grantmaking and technical assistance in the areas of providing health insurance for children, strengthening the delivery of health services, and addressing the social determinants of health.

Existing Capacity: This partnership engages leadership from some of the most active organizations providing preventative and family focused healthcare in the community.

Recommended Actions: This group will continue to help guide strategic efforts to improve community health in Marin.

High Leverage Opportunity Very Low Income Housing and Homeless Prevention






New Opportunity: The Homeless Policy Committee will be redeveloping the Housing Component of Marin's Ten Year Plan to End Homelessness. While federal leadership has in times past focused on chronic individual homelessness, new legislation and stimulus funding broadens the focus of homeless efforts to homeless prevention and increased focus on family homelessness. Family Support Steering Committee members have been invited to participate in the county-wide Homeless Policy Committee to advocate for increased very low income family housing and homeless prevention funding to be directed to families.

Existing Capacity: The Homeless Policy Committee will oversee the new Housing Component of the Ten Year Plan, which will be influenced by a new housing options feasibility study led by the Department of Health and Human Services in partnership with Marin Housing Authority, Community Development, and the Continuum of Housing and Services. MCF's Affordable Housing Initiative provides additional opportunities for funding.

Recommended Actions: This group will increasingly influence homeless and housing policy in Marin, with a growing focus on families

Domain	Family Support Strategies Targeting Leadership and Policymakers
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|---|--|
|  | Use self-sufficiency index to raise awareness of Federal Poverty Level issue and advocate for policy changes |
|  | Advocate for living wage |
|  | Advocate for equity in workforce investment for green jobs |
|  | Advocate for a permanent warming center |
|  | Campaign for affordable housing on a city level |
|  | Create cooperative housing, community land trusts |
|  | Mobilize parents and youth within local or school communities to address high risk alcohol use |
|  | Advocate for MediCal reimbursement for DC: 0-3 diagnostic criteria (Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood) |
|  | Support development and implementation of ECE and school wellness policies |
|  | Support advocacy for universal healthcare |
|  | Educate and mobilize community members to advocate with leadership to adopt policies to increase access to healthy foods |
|  | Encourage parent leadership and advocacy in schools |
|  | Train and mobilize parents to advocate for child care/early learning opportunities |
|  | Mobilize parents to advocate for public education |
|  | Mobilize parents to advocate for educational equity |
|  | Advocate for increased child care/early learning opportunities |
|  | Advocate for public education supports |
|  | Coordinate opportunities for youth leadership and civic engagement |
|  | Educate and mobilize community members to advocate with leadership to adopt policies for safe, walkable communities |
|  | Coordinate community gardens efforts |
|  | Support families to form and participate in informal playgroups and peer support groups, and informal respite care |
|  | Develop policies mandating that community events and community spaces be family friendly |
|  | Policy bodies in the County consider “Is it good for the kids?” when decisions are made |
|  | Create countywide system to support community gardens |

Key:  = Family Economics	 = Behavioral Health	 = Health Access & Physical Health
 = Education	 = Family Resiliency	

X Next Steps



This Family Support Blueprint offers a vision of Marin County that will guide our policies and practice in support of families for years to come. For the first time, we have a countywide blueprint for supporting families across all service sectors and domains of family life. At this moment of unprecedented economic crisis, it is even more critical to have a plan for supporting families in difficult times. The Blueprint is built upon the understanding that family is the most fundamental influence in the lives and outcomes of children, and families are strong when they are supported by safe and thriving neighborhoods.

The Family Support Blueprint is a living document shared by the community. To help bring this document and the vision within it to life, Marin Community Health and Prevention Services will continue to convene a Family Support Steering Committee, which will now work towards the implementation of the family support strategies identified in the Blueprint. The Family Support Steering Committee plans to focus our collective work in a number of ways in the coming years. These include:

- **Disseminating the Blueprint** to policymakers, service providers, and family members as a response to the current economic crisis. The Blueprint is a tool which can help to **generate political will in support of families**. Future presentations of the Blueprint by Steering Committee members will include Healthy Marin Partnership, Marin Community Foundation, Bella Vista Foundation, Marin Child Care Commission, and Marin County Office of Education.
- **Building a policy/leadership committee with broad consensus and representation** via the Family Support Steering Committee. The Steering Committee members will share representation on other policy committees and will serve as a “hub of hubs” for families.
- **Creating linkages and systems for communication among all stakeholder levels**, with a special consideration of how to engage families and policymakers. These linkages should include mutual feedback, shared leadership, and a focus on finding solutions during difficult economic times. The Steering Committee will help to create tools for communication among stakeholders, so that Marin is poised to respond to opportunities quickly, such as leveraging resources and coordinating advocacy.
- **Responding to trends, crises and needs of families**, while at the same time working to address the high-leverage strategies identified in the Blueprint. The Steering Committee will review the Blueprint to assure that the strategies and opportunities represented in it are current and relevant to Marin’s families. As part of this process the group may develop indicators to track progress on strategies, participate in further assessment activities, develop new partnerships and define new opportunities.

As we move forward with these next steps, the Blueprint as a framework is only as strong as the community that is built around it. We will continue our commitment as a community to share the responsibility for the wellbeing of families in Marin.