

Addendum to  
**The Virginia Plan to Prevent  
Child Abuse & Neglect**

**Implementation Plan**

October 2021



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## I. Introduction

### A. Background

The Virginia Department of Social Services (VDSS), in partnership with numerous state agencies and organizations throughout the Commonwealth, created the Virginia Plan to Prevent Child Abuse and Neglect (Prevention Plan) in response to the 2020 Appropriations Act directive to design a comprehensive, coordinated plan to prevent child abuse and neglect. This Prevention Plan was presented to the Governor, the Chairs of the House Appropriations and Senate Finance and Appropriations Committees, and the Commission on Youth in June 2021 by the Commissioner of VDSS, in partnership with the Department of Behavioral Health and Developmental Services (DBHDS), the Department of Health (VDH), the Department of Education (DOE), and the Family and Children's Trust Fund (FACT). The Prevention Plan reflects a collaborative effort among 50 representatives from 29 different organizations, including those representing parent and youth voice. The planning process emphasized shared accountability and data-driven decision-making from the beginning to the end and was built using foundations from national prevention models and existing prevention plans in the Commonwealth. The Prevention Plan was intentionally designed to serve as a high-level framework to help coordinate prevention efforts across the Commonwealth.

Recognizing an opportunity to further develop and ready the Prevention Plan for implementation, Families Forward Virginia took the lead for “Phase 2” to coordinate the creation of activities to support each objective and strategy in the plan. Families Forward Virginia solicited representatives from across the Commonwealth passionate about strengthening families to participate in a workgroup structure to design these activities. The activities presented in this Addendum prepare and position the Prevention Plan for implementation at the local level.

### B. Prevention Plan

The Prevention Plan has a singular goal, which serves as a “north star” and clear articulation of what the plan hopes to achieve. The goal is the organizing concept around which the remainder of the plan is arranged. The Virginia Plan to Prevent Child Abuse and Neglect’s goal is

***All families, youth and children in the Commonwealth are safe, healthy and nurtured, and have equitable access to resources and opportunities to thrive in their communities.***

Woven throughout the plan are contextual and foundational themes of ***equity, trauma-informed, culturally specific and incorporating lived experience.*** These four themes guided the development of the Prevention Plan. ***Equity*** is the central foundational theme for the Prevention Plan and is integrated in the Plan as a practice, not a concept. In order to achieve equity, those working in the system must examine and understand when, why and how the child welfare system was created, recognize the impact of historical and systemic inequities and proactively work to dismantle them. The Prevention Plan highlights a commitment to the understanding that needs should be defined by the person (not the system), and the system should then meet families where they are, shifting its behavior to meet identified needs.

Additionally, the Prevention Plan is rooted in a ***trauma-informed*** approach that recognizes the impact of trauma on individuals and groups and fully integrates this knowledge into policies, procedures, and practices. The ***culturally specific*** foundational theme reflects the importance of identifying and nurturing the unique cultural strengths, beliefs and practices of all children, youth and families and incorporating that knowledge into all interactions, programs and service. Finally, people with ***lived experience*** provide an authentic perspective that contributes to a deeper and richer understanding of needs and service gaps. The success of the Prevention Plan is contingent on including and emphasizing the voice and perspective of those with lived experience.

The plan also features five objectives:



1. **Well-Being and Economic Stability:** Families will have easy and equitable access to supports and services in the community that promote well-being and strengthen economic stability.



2. **Person and Family Centered Programs:** Establish and deliver effective, trauma-informed programs that are person and family-centered.



3. **Social Norms:** Transform social norms to support parents and positive parenting



4. **Collaboration:** Foster collaboration among those with lived experience, prevention partners and state agencies to better understand needs and work together towards the achievement of common goals



5. **Infrastructure:** Establish infrastructure that targets funding and resources for prevention and promotes data sharing and workforce development

The objectives and strategies of the Prevention Plan focus on preventing child abuse and neglect from happening in the first place and promote upstream approaches to lessen the immediate and long-term harms of child abuse and neglect. Strategies included in the plan range from a focus on individuals, families, and relationships to broader community, equity, and societal change. This range of strategies recognizes the connectivity between individual-family behavior and broader neighborhood, community, and cultural contexts. The prioritized activities further support the strategies of the plan, providing a ready-made guide for implementation. Activities were designed by local level representatives with local level implementation in mind. While numerous activities to support the plan strategies were discussed, those deemed most important by workgroup members for each objective were prioritized and added to the plan.

The Prevention Plan is presented in a one-page grid on the following page.

# Virginia Plan to Prevent Child Abuse & Neglect

## GOAL

*All families, youth and children in the Commonwealth are safe, healthy, and nurtured and have equitable access to resources and opportunities to thrive in their communities.*

### CONTEXTUAL AND FOUNDATIONAL THEMES: EQUITY | TRAUMA-INFORMED | CULTURALLY SPECIFIC | INCORPORATING LIVED EXPERIENCE

OBJECTIVES				
Well-Being & Economic Stability	Person and Family-Centered Programs	Social Norms	Collaboration	Infrastructure
<i>Families will have easy and equitable access to supports and services in the community that promote well-being and strengthen economic stability</i>	<i>Establish and deliver effective, trauma-informed programs that are person and family-centered</i>	<i>Transform social norms to support parents and positive parenting</i>	<i>Foster collaboration among those with lived experience, prevention partners and state agencies to better understand needs and work together towards the achievement of common goals</i>	<i>Establish infrastructure that targets funding and resources for prevention and promotes data sharing and workforce development</i>
STRATEGIES				
<p>1.1: Reduce barriers and enhance collaboration across the system to improve access to supports and services essential to child and family well-being including:</p> <ul style="list-style-type: none"> <li>• Health Services (health care, primary care, health insurance, behavioral health, mental health, substance use disorder)</li> <li>• Safe, affordable housing</li> <li>• Employment</li> <li>• Food</li> <li>• Transportation</li> <li>• Childcare/early education</li> </ul>	<p>2.1: Establish person-centered programs and supports across the prevention system (primary, secondary, and tertiary) that are evidence-based/evidence-informed</p> <p>2.2: Establish and implement an evidence-based/evidence-informed “whole family” approach across the prevention system (primary, secondary, tertiary)</p>	<p>3.1: Establish public engagement and education campaigns to grow awareness of prevention and positive parenting and emphasize the community’s role in embracing all families</p> <p>3.2: Recognize and reconcile the impact of negative interactions between families and the system when accessing safety net services; work collaboratively to de-stigmatize this access</p> <p>3.3: Develop and ensure policies that support healthy children and families</p> <p>3.4: Establish legislative approaches that support parents and positive parenting and promote budget inclusion of primary prevention funding</p>	<p>4.1: Identify common goals and measures among prevention partners, state and local agencies to expand and integrate existing services and programs</p> <p>4.2: Establish collaboration protocols with cross-agency and with non-traditional partners</p> <p>4.3: Promote collaborative funding streams and infrastructure for delivery of programs</p>	<p>5.1: Establish an oversight body, such as the Children’s Cabinet, charged with implementation of the Prevention Plan</p> <p>5.2: Utilize a data driven approach to planning, development, implementation and evaluation of prevention programs and services and to assess, benchmark and ultimately improve equity outcomes</p> <p>5.3: Recruit and retain diverse, highly-qualified workforce</p> <p>5.4: Improve operational efficiency and effectiveness by optimizing technology and processes</p>
PRIORITY ACTIVITIES				
<ul style="list-style-type: none"> <li>• Ensure employees receive a fair / living wage</li> <li>• Develop creative pathways to create centralized repositories of food for those in need, partnering with farmers, grocery stores, restaurants, school systems, etc.</li> <li>• Streamline the enrollment and referral process for services (housing, childcare, transportation, health services, employment, food etc.) to ensure a “No Wrong Door” approach so that once families are enrolled and deemed eligible for services from one state agency, they are automatically enrolled in other needed services</li> <li>• Provide more funding for high quality childcare (especially infant and toddler)</li> <li>• Advocate for issues regarding affordable, safe housing to be elevated to the state level to combat variability at the local level</li> <li>• Support extension of the federal child tax credit and development of a state child tax credit</li> </ul>	<ul style="list-style-type: none"> <li>• Provide parenting education interventions focused on mental health support and stress management</li> <li>• Ensure services are culturally specific and relevant to the family and child / youth</li> <li>• Ensure diversity, equity, inclusion and voices of lived experience are at the forefront when building services, practices and policies</li> <li>• Create a resource portal for families to access prevention resources</li> <li>• Educate middle and high school students about child development, brain development, attachment and bonding</li> </ul>	<ul style="list-style-type: none"> <li>• Develop strategies to promote collaboration and communication across systems</li> <li>• Advocate for increased paid maternity and paternity leave</li> <li>• Create universal messaging for programs and services in the medical community, specifically during pregnancy</li> <li>• Create and implement an advocacy calendar with partners which includes intentional monthly engagements with legislators to prioritize legislative relationship building</li> <li>• Research best practices and models (ex: National Children's Trust Alliance, Peer Support Model)</li> </ul>	<ul style="list-style-type: none"> <li>• Develop strategies specific to people with lived experience (PWLE) to gain their understanding on common goals and measures</li> <li>• Develop a systems map that identifies key local partners and builds replicable best practices</li> <li>• Formalize routine engagement and cross training of local level partners to better understand similarities and differences in roles and responsibilities</li> <li>• Establish statewide regional service coordinators to coordinate services for persons who touch many systems/agencies/departments (based on assessments)</li> <li>• Market prevention services to families to ensure communities know help is available before a crisis happens</li> </ul>	<ul style="list-style-type: none"> <li>• Clearly define common language, definitions, goals and performance measures related to data so there is consistency in how data is collected, interpreted, and analyzed across jurisdictions and agencies</li> <li>• Expand the network by better utilizing family navigators and peer support</li> <li>• Strengthen recruitment and retention efforts</li> <li>• Require robust and strategic allocation of resources to ensure services and necessary supports are efficient and effective</li> </ul>

## II. Phase 2 Process

### A. Recruitment & Participation

From the very beginning of its work leading “Phase 2” in the Prevention Plan, Families Forward Virginia was committed to ensuring the four contextual and foundational themes of **equity, trauma-informed, culturally specific** and **incorporating lived experience** were incorporated into the design and execution of the workgroup structure. Families Forward Virginia engaged in a thoughtful, deliberate process to recruit individuals from across the Commonwealth of varying backgrounds, perspectives and viewpoints, including diversity of gender, race, ethnicity, age, sexual orientation, persons with disabilities, geography and sector representation (government, non-profit, faith-based, etc.). In particular, engaging individuals with lived experience and expertise was a top priority in the workgroup participant recruitment process.

A call for nominations went out to numerous agencies, organizations and networks throughout the Commonwealth by Families Forward Virginia and other partner agencies involved in the development of the Prevention Plan. Interested persons could nominate themselves or others whom they believed were passionate about strengthening families and met the desired diverse workgroup participant criteria. After the initial deadline passed, Families Forward Virginia desired more recruitment of persons with lived experience and expertise and additional effort was extended to ensure those individuals were adequately recruited and offered a chance to participate. Ultimately, 94 individuals participated in the workgroups to design activities to support the strategies of each of the five objectives in the Prevention Plan.

During the workgroup process, a survey was administered to capture the various types of diversity represented across all workgroup participants. The following information was gathered through this survey:

<b>94 total participants (100% participated in the demographic survey)</b>	Representation from 30+ localities/counties and from government, non-profit and private sectors
<b>63%</b>	Individuals with lived experience
<b>39%</b>	Individuals of color
<b>2%</b>	Individuals between ages of 15-24
<b>46%</b>	Individuals between ages of 25-44
<b>45%</b>	Individuals between ages of 45-67
<b>7%</b>	Individuals aged 65 and older
<b>5%</b>	Individuals reporting a disability
<b>5%</b>	Individuals identifying with LGBTQ+ community
<b>94%</b>	Individuals identifying as female
<b>6%</b>	Individuals identifying as male
<b>17%</b>	Individuals who served on the Prevention Plan Steering Committee

A complete listing of workgroup members can be found in [Attachment A](#).

## B. Structure

Workgroups were organized around the five objectives of the Prevention Plan: 1) Well-Being and Economic Stability 2) Person and Family-Centered Programs 3) Social Norms 4) Collaboration and 5) Infrastructure. Once individuals confirmed their willingness to participate, they selected their desired top 3 workgroups in which to serve. The overwhelming majority of workgroup members were able to serve in their top workgroup choice, while some were asked to participate in their second choice to ensure balance in number of participants and diversity across all five workgroups. Each of the five workgroups was comprised of 17-21 members. Workgroups were led by two co-chairs which were selected by leadership from Families Forward Virginia and members of the planning committee from “Phase 1” of the Prevention Plan (planning committee organizations included VDSS, Families Forward Virginia, Virginia Poverty Law Center and VOICES for Virginia’s Children). Each set of co-chairs included one person who had served on the Steering Committee and either one person from the local level or a person with lived experience. Co-Chairs met together for an orientation to the process and to review their roles and responsibilities in late May, 2021 ahead of the first round of workgroup meetings in mid-June. A list of co-chair responsibilities and workgroup participant responsibilities is included as Attachment B in this report.

Each workgroup met for five 90-minute virtual meetings between mid-June and mid-August (three workgroups canceled their fourth meetings due to having less strategies for which to create activities). Intentional time was spent building rapport and sharing affirmations at the beginning of each workgroup meeting to ensure all participants felt welcomed, included and valued. Meeting goals and agendas were reviewed at the beginning of each meeting, and benchmarks and effectiveness were assessed at the end of each meeting to ensure goals were met. Each workgroup designed its own set of meeting norms at its first meeting, which included rules of engagement for how workgroup members wanted each other to engage and participate in the series of five work sessions. Those meeting norms were shared at the beginning of all subsequent meetings to remind members of their desired expectations around communication and engagement during the sessions. Additionally, the Prevention Plan’s goal and four contextual and foundational themes were reviewed at every workgroup meeting to emphasize the purpose of the work and to the importance of how the work was accomplished.

The first round of workgroup meetings focused on orienting members to the work of “Phase 1” of the Prevention Plan and to the purpose and expected outcomes of the workgroup meetings. The next three rounds of meetings were designed for workgroup members to brainstorm activities to support their designated objective in the Prevention Plan. These meetings often featured breakout groups to allow for more participation in discussion. Workgroups reviewed each strategy under their objective and developed activities to support implementation of the strategies. In documenting these activities, deliberate care was taken to maintain authenticity and alignment with each workgroup member’s voice as much as possible. Therefore, the notes documenting these activities reflect the exact words shared from workgroup members during this process as much as possible. Between the last two rounds of meetings, members received a compiled list of all of the activities that had been generated for the previous meetings and were asked to review the ideas and select their “Top 5” to prioritize for their objective. During the final meeting, workgroup members shared his or her “Top 5” with the group and tallies were taken for each activity. Those activities receiving any number of “votes” were then organized by highest number of votes and shared back with workgroup members. Members discussed these results and worked together to create their final list of prioritized activities. Because the workgroup structure was designed to include as many voices as possible, and to stay true to the intent of all perspectives, the entire list of activities created by each workgroup is

included in this document as Attachment C. These can be used for reference and to provide additional ideas for implementation.

### III. Prioritized Activities

The following tables outline the recommended activities prioritized by workgroup members to accomplish the strategies under each objective:

OBJECTIVE

<b>Well-Being &amp; Economic Stability</b>
<i>Families will have easy and equitable access to supports and services in the community that promote well-being and strengthen economic stability</i>
Strategies
1.1: Reduce barriers and enhance collaboration across the system to improve access to supports and services essential to child and family well-being including: <ul style="list-style-type: none"><li>• Health Services (health care, primary care, health insurance, behavioral health, mental health, substance use disorder)</li><li>• Safe, affordable housing</li><li>• Employment</li><li>• Food</li><li>• Transportation</li><li>• Childcare/early education</li></ul>
Prioritized Activities
<ul style="list-style-type: none"><li>• Ensure workers receive a fair / living wage<ul style="list-style-type: none"><li>○ Prioritize fair wages for childcare workers, along with other needed supports and training</li></ul></li><li>• Develop creative pathways to create centralized repositories of food for those in need, partnering with farmers, grocery stores, restaurants, school systems, etc.<ul style="list-style-type: none"><li>○ Incentivize restaurants to participate</li></ul></li><li>• Streamline the enrollment and referral process for services (housing, childcare, transportation, health services, employment, food etc.) to ensure a “No Wrong Door” approach so that once families are enrolled and deemed eligible for services from one state agency, they are automatically enrolled in other needed services<ul style="list-style-type: none"><li>○ As it relates to housing services, create referral process with Virginia’s Legal Aid programs to ensure tenants know their rights and discriminatory practices aren’t taking place</li></ul></li><li>• Provide more funding for high quality childcare (especially infant and toddler)</li><li>• Advocate for issues regarding affordable, safe housing to be elevated to the state level to combat variability at the local level</li><li>• Support extension of the federal child tax credit and development of a state child tax credit</li></ul>

OBJECTIVE

<b>Person &amp; Family Centered Programs</b>
<i>Establish and deliver effective, trauma-informed programs that are person and family-centered</i>
Strategies
<p>2.1: Establish person-centered programs and supports across the prevention system (primary, secondary, and tertiary) that are evidence-based/evidence-informed</p> <p>2.2: Establish and implement an evidence-based/evidence-informed “whole family” approach across the prevention system (primary, secondary, tertiary)</p>
Prioritized Activities
<ul style="list-style-type: none"> <li>• Provide parenting education interventions focused on mental health support and stress management</li> <li>• Ensure services are culturally specific and relevant to the family and child / youth <ul style="list-style-type: none"> <li>○ Include LGBTQ+ understanding and ensure systems and services adjust to serve this population</li> </ul> </li> <li>• Ensure diversity, equity, inclusion and voices of lived experience are at the forefront when building services, practices and policies</li> <li>• Create a resource portal for families to access prevention resources <ul style="list-style-type: none"> <li>○ Include a drop-down menu that allows families to select their needs, which then redirects them to corresponding resources</li> <li>○ Include an option for families to add in resource information to the portal</li> <li>○ Update the portal/database regularly with changes in resource information</li> </ul> </li> <li>• Educate middle and high school students about child development, brain development, attachment and bonding</li> </ul>

OBJECTIVE

<b>Social Norms</b>
<i>Transform social norms to support parents and positive parenting</i>
<b>Strategies</b>
<p>3.1: Establish public engagement and education campaigns to grow awareness of prevention and positive parenting and emphasize the community's role in embracing all families</p> <p>3.2: Recognize and reconcile the impact of negative interactions between families and the system when accessing safety net services; work collaboratively to de-stigmatize this access</p> <p>3.3: Develop and ensure policies that support healthy children and families</p> <p>3.4: Establish legislative approaches that support parents and positive parenting and promote budget inclusion of primary prevention funding</p>
<b>Prioritized Activities</b>
<ul style="list-style-type: none"> <li>● Develop strategies to promote collaboration and communication across systems <ul style="list-style-type: none"> <li>○ Create a multi-disciplinary approach to connect families to needed resources</li> <li>○ Improve collaboration at the highest levels to ensure communication and collaboration across secretariats (ex: Children's Cabinet)</li> </ul> </li> <li>● Advocate for increased paid maternity and paternity leave <ul style="list-style-type: none"> <li>○ Increase leave time to more than 6 weeks</li> <li>○ Work with private sector and healthcare sector collaboratively to advocate for leave and paid time off policies (including sick and well-child doctor visits)</li> </ul> </li> <li>● Create universal messaging for programs and services in the medical community, specifically during pregnancy <ul style="list-style-type: none"> <li>○ Embrace all families and ensure messages / images /materials address and illustrate diversity (LGBTQ+, fathers, grandmothers, teens)</li> <li>○ Ensure messages are designed in small, digestible bites: visuals/infographics should be brief, inclusive and based on community look and feel</li> </ul> </li> <li>● Create and implement an advocacy calendar with partners which includes intentional monthly engagements with legislators to prioritize legislative relationship building</li> <li>● Research best practices and models (ex: National Children's Trust Alliance, Peer Support Model) <ul style="list-style-type: none"> <li>○ Include trauma-informed training and create trauma-informed systems</li> <li>○ Ensure families do not have to retell their stories over and over</li> <li>○ Build family friendly practices into services</li> </ul> </li> </ul>

<b>OBJECTIVE</b>

<b>Collaboration</b>
<i>Foster collaboration among those with lived experience, prevention partners and state agencies to better understand needs and work together towards the achievement of common goals</i>
<b>Strategies</b>
<p>4.1: Identify common goals and measures among prevention partners, state and local agencies to expand and integrate existing services and programs</p> <p>4.2: Establish collaboration protocols with cross-agency and with non-traditional partners</p> <p>4.3: Promote collaborative funding streams and infrastructure for delivery of programs</p>
<b>Prioritized Activities</b>
<ul style="list-style-type: none"> <li>• Develop strategies specific to people with lived experience (PWLE) to gain their understanding on common goals and measures: <ul style="list-style-type: none"> <li>○ Create safe spaces for PWLE to express what prevention means for them</li> <li>○ Ensure PWLE are clear about processes, expectations, and levels of interaction before participating in meetings, advisory boards, etc.</li> <li>○ Ensure PWLE are meaningfully included on advisory boards, networking meetings and high-level meetings etc.; use existing models on how to meaningfully engage PWLE and consider accessibility of meetings and compensation for time</li> <li>○ Ensure authentic engagement and two-way communication with PWLE</li> <li>○ Completely involve PWLE when building services, practices and policy to ensure diversity, equity and inclusion</li> <li>○ Train PWLE to become mentors to peers entering the system (ex: foster care)</li> </ul> </li> <li>• Develop a systems map that identifies key local partners and builds replicable best practices <ul style="list-style-type: none"> <li>○ Identify and map prevention partners and state and local agencies, identifying populations served, organizational goals and outcome metrics</li> <li>○ Develop common definitions of terms</li> <li>○ Create funding maps to capture landscape, goals and objectives of initiatives and look for crossover</li> <li>○ Ensure funders are included in conversations so their expectations align with goals</li> <li>○ Market prevention services to funders to ensure better understanding of prevention needs</li> </ul> </li> <li>• Formalize routine engagement and cross training of local level partners to better understand similarities and differences in roles and responsibilities <ul style="list-style-type: none"> <li>○ Agency directors' structure intentional meetings, workshops, in-services, and networks to learn more in-depth information about partners</li> </ul> </li> <li>• Establish statewide regional service coordinators to coordinate services for persons who touch many systems/agencies/departments (based on assessments) <ul style="list-style-type: none"> <li>○ Create universal systems, applications and services (ex: create a <i>No Wrong Door</i> approach)</li> </ul> </li> <li>• Market prevention services to families to ensure communities know help is available before a crisis happens <ul style="list-style-type: none"> <li>○ Normalize reaching out for help with parenting</li> <li>○ Formalize "walking and warm referrals" as a standard practice with families</li> </ul> </li> </ul>

OBJECTIVE

<b>Infrastructure</b>
<i>Establish infrastructure that targets funding and resources for prevention and promotes data sharing and workforce development</i>
<b>Strategies</b>
<p>5.1: Establish an oversight body, such as the Children's Cabinet, charged with implementation of the Prevention Plan</p> <p>5.2: Utilize a data driven approach to planning, development, implementation and evaluation of prevention programs and services and to assess, benchmark and ultimately improve equity outcomes</p> <p>5.3: Recruit and retain diverse, highly qualified workforce</p> <p>5.4: Improve operational efficiency and effectiveness by optimizing technology and processes</p>
<b>Prioritized Activities</b>
<ul style="list-style-type: none"> <li>• Clearly define common language, definitions, goals and performance measures related to data so there is consistency in how data is collected, interpreted, and analyzed across jurisdictions and agencies <ul style="list-style-type: none"> <li>◦ Identify what data is needed universally; make sure data required is useful and not harmful</li> <li>◦ On a state level across agencies (VDSS, VDH, DBHDS, etc.) develop data sharing agreements so information on families can be entered once and automatically qualify families for all eligible services</li> <li>◦ Evaluate and standardize the tools / screenings / questionnaires / clinical interviews to achieve consistency and ultimately to better determine needed interventions</li> <li>◦ Ensure data collected is reflective of the multiple identities of youth and families including LGBTQ+, primary language spoken, faith / religious practices, etc. and ensure data is interpreted in a culturally appropriate manner without reporter bias</li> <li>◦ Standardize language around demographics e.g., income, how to measure FPL, core indicators from referral, assessment, goal planning to exit out of the system</li> </ul> </li> <li>• Expand the network by better utilizing family navigators and peer support <ul style="list-style-type: none"> <li>◦ Make sure all prevention efforts are inclusive of diverse voices and lived expertise</li> <li>◦ Better integrate the private sector into the data collection and sharing process; build structures to encourage and possibly incentivize private sector partners / providers to share data and insights</li> </ul> </li> <li>• Strengthen recruitment and retention efforts: <ul style="list-style-type: none"> <li>◦ Increase pay and benefits for workers in the field</li> <li>◦ Develop career pathways by strengthening partnerships with higher education to bolster and better utilize internships and fellowship programs in relevant fields of study; advocate for paid internships and stable funding for these programs <ul style="list-style-type: none"> <li>▪ Make sure stipends are allowed within grant contract requirements</li> </ul> </li> </ul> </li> <li>• Require robust and strategic allocation of resources to ensure services and necessary supports are efficient and effective <ul style="list-style-type: none"> <li>◦ Leverage public / private partnerships and make sure all areas and regions receive resources and access to technology</li> <li>◦ Engage locally with funding sources</li> <li>◦ Ask for a study on the percentage of funding that should be spent on primary prevention</li> </ul> </li> </ul>

## IV. Recommendations

The Virginia Plan to Prevent Child Abuse and Neglect was the culmination of eight months of collaborative work with over 50 individuals. Similarly, action steps developed by the Workgroups during “Phase 2” of the Prevention Plan was a culmination of four months of collaborative work with 94 individuals. While the momentum and enthusiasm from finalizing the work in these phases is exciting, movement and change at the highest system levels is challenging at best and requires a realistic perspective of the length of time needed to understand, accept, prepare for and implement changes across systems. Recognizing that there is not a firm timeline currently in place for the Prevention Plan, but desiring to build on the momentum generated from the development of the Plan and the Workgroup activities, Workgroup members offer the following recommendations for consideration in conjunction with the Prevention Plan:

1. Keep diversity, equity, inclusion and cultural competency at the center of implementation efforts.

The significance of the themes of diversity, equity, inclusion and cultural competency across Workgroups cannot be overstated. These discussions included recognition of all types of diversity – from race, gender, sexual orientation and ethnicity – to diversity of thought and belief shaped by various life and professional experiences, particularly from persons with lived experience and expertise. Persons with lived experience and expertise were intentionally recruited to participate in Workgroups, and should continue to have “seats at the table” through authentic engagement, clear communication and compensation throughout implementation. Additionally, emphasis should be placed on cultural relevance to ensure people from all backgrounds feel understood and included when accessing services. (*Objectives: Person & Family Centered Programs, Social Norms and Collaboration*)

2. Embrace a “No Wrong Door Approach” with accessing services and normalize asking for help.

All families need support. A workplace culture must be developed that emphasizes that parents and caregivers should not be continuously redirected, shamed for being ill-equipped or made to feel that asking for help means they are not a “good” parent or caregiver. Utilizing universal applications and warm referrals ensures access to support through various access points, which is key to normalizing the need for support, and reduces the chances that re-traumatization can occur when families are required to repeatedly share their stories. Additionally, streamlining enrollments will ensure families receive the support they need more quickly. (*Objectives: Well-Being & Economic Stability, Person & Family Centered Programs and Collaboration*)

3. Create and adopt universal definitions and terms across systems, policies and practices.

Clearly understanding concepts and services is critical for funders, partners, providers and those in need of services alike. Creating universal definitions for common terms in prevention will promote clear communication and collaboration with all groups and create consistency in data collection and analysis across the Commonwealth. (*Objectives: Collaboration & Infrastructure*)

#### 4. Promote a well-prepared, well-supported workforce.

A highly qualified, diverse, and well-supported workforce is essential for a strong infrastructure in prevention work. Ensuring those entering the workforce have clear career pathways through higher education, internship opportunities and access to stipends will help recruit and prepare them to meet the challenges of the work. Similarly, providing professional development, fair and living wages and paid maternity and paternity leave will ensure the workforce is retained, engages in ongoing learning, has a manageable work/life balance and feels satisfied and content in the work they are doing to strengthen families. (*Objectives: Well-Being & Economic Stability, Social Norms and Infrastructure*)

## V. Attachments

### A. Workgroup Participants

Well-Being & Economic Stability	Person & Family Centered Programs	Social Norms	Collaboration	Infrastructure
1. KT Bell	1. Michela Allen	1. Dawn Ault	1. Barbara Bates	1. Laurel Aparicio *
2. Buckey Boone	2. Tanya Coles	2. Angela Borsella	2. Amanda Caton	2. Kimberly Ayers
3. Maria Crostic	3. Kim Curtis	3. Melynda Ciccotti	3. Crystal Cobbs	3. Janet Bessmer
4. Thel Dominici	4. Annette Figgs	4. Quyen Duong	4. Laurie Crawford	4. Jarrett Brunny
5. Emily Griffey	5. Robin Foster	5. Leah Fraley *	5. Jane Glasgow	5. Shirl Catindig
6. Egette Indelele	6. Karen Gibson	6. Meredith Fulcher	6. Suzanne Grable	6. Jamia Crockett
7. Melodie Jennings	7. Briana Green	7. Diana Gravely	7. Donna Guevara *	7. Lynette Diaz
8. Valerie L'Herrou	8. Teshia Hackler	8. Simone Hill	8. Rosalind Hopkins	8. Ashley Graham
9. Lunise Luc	9. Chenequa Hayden	9. Elizabeth Holt	9. Cindy Joyner	9. Tiffany Haynes *
10. Rose Manuel	10. Keesha McMillan	10. Janel Johnson	10. Dee Kirk	10. Shelby Kelley
				11. Arezoo Khanzadeh
11. Nina Marino	11. Carol McMurray	11. Twana Johnson *	11. Melissa O'Neill *	
12. Glenda Mitchell	12. Ashaki McNeil	12. Summer Jones	12. Michele Powell**	12. Elizabeth Lee
13. Annie Paracka	13. Tonya Noe	13. Tameka Lawrence	13. Linda Rice	13. Allison Lowry
			14. Julie Rivnak-McAdam	14. Nadine Marsh-Carter
14. Holly Potter	14. Michele Powell**	14. Vanesa Livingstone	15. Thor Schofield	15. Dawn McCoy
15. Michele Powell**	15. Susanne Rakes	15. Rachel Miller	16. Kimberly Strader	16. Trish O'Brien
16. Beth Pruitt *	16. Juan Santacoloma*	16. Rebecca Navarro	17. Stephen Wade	17. Michele Powell**
17. Taylor Ryan *	17. Crystal Songer	17. Nicole Poulin		18. Anya Shaffer
18. Katy Turner	18. Amy Strite	18. Michele Powell**		
19. Anita Williams	19. Gail Maddox Taylor*	19. Jessica Simmons		
20. Lisa Wooten	20. Brittany Watson	20. Rachelle Vo		
21. LaWanda Wright	21. Amanda Wheeler	21. Celest Williams		

\* Co-Chair

\*\*FFV Liaison across all workgroups

## B. Workgroup Co-Chair & Participant Responsibilities

### Work Group **Co-Chair** Role & Responsibilities:

- Facilitate Work Group meetings and encourage participation from all members.
- Ensure all work group members feel welcomed and valued.
- Create an environment that supports work group members to share their unique perspectives and insights.
- Ensure work group members have a good understanding of the goal, foundational themes, objectives and strategies of the prevention plan and maintain fidelity to those planning components.
- Ensure Work Groups develop and prioritize activities to support their designated objective.
- Coordinate and communicate Work Group meeting times, virtual platform, and agenda.
- Communicate progress, feedback and questions to Families Forward Virginia.

### Work Group **Participant** Role & Responsibilities:

- Actively participate in work group meetings and share your unique perspective and insights.
- Maintain a good understanding of the goal, foundational themes, objectives and strategies of the prevention plan and maintain fidelity to those planning components.
- Help create a welcoming environment that supports participation from all work group members.

## C. Raw Notes by Workgroup

### Well-Being & Economic Stability

**Objective:** Families will have easy and equitable access to supports and services in the community that promote well-being and strengthen economic stability

#### **Strategies:**

**1.1: Reduce barriers and enhance collaboration across the system to improve access to supports and services essential to child and family well-being including:**

**1.1a: Health Services** (health care, primary care, health insurance, behavioral health, mental health, substance use disorder)

#### **Preliminary Activities**

##### *Partnerships:*

- Continue incorporation of systems e.g. schools, community centers, libraries, faith-based as access points and bring services i.e. mobile van to where families already go. Example of how these partners stepped up for COVID vaccine distribution
- Partner more with pediatricians around follow-up and enrollment of services where urgent may not focus on follow-up
- Always involve people with lived experience when developing ideas or services
- Work with businesses to help address the issue. This affects their bottom line as well
- Build better partnerships with w/ universities to support services

##### *Technology & Process Improvement:*

- Streamline the enrollment process of services- *No Wrong Door* approach. Anywhere families go to enroll they and are eligible for other services they are automatically enrolled. One door one time
- Innovative and better use of technology for enrolling and reminding people of deadlines e.g. text messages, emails, robo calls. Mailing letters is ineffective. By time people are receiving letters due dates have past
- Reduce the page length of applications and referrals. Some applications are nine pages long. In addition, for individuals who English is a second language the applications are confusing and do not translate, causes access issues, frustration, duplication, multiple trips to offices, backlog
- Translation services should be increased and easier to get for families
- Advance funding of telehealth and VDH State Telehealth Plan which includes broadband

##### *Strengthen & Scale Programs:*

- Fund Family Resource Centers. Not build new buildings but expand on existing connections to community.
- Strengthen the capacity of programs that support Asset Limited, Income Constrained, Employed- ALICE families and individuals
- Strengthen the usage of Community Advocates, Community Navigator, Creditable Advocate. Make connections with the trusted person in the community
- Develop more Community Health Action Teams into communities
- Increase funding for Centering Programs (prenatal program)

- Offering more programs in a group setting builds community and relationships

*Workforce:*

- Build cultural sensitivity in staff and develop a way for people to easily identify who those people or programs are
- Address the Behavioral Health and Community Health Nurse shortage and offer incentives.

*Other:*

- Have on-site mental health, nurses, SA workers, lawyers within the local DSS offices. Model example is Ohio
- Look at how benefits are packaged. Are they benefitting peoples' needs?

### **1.1b Safe, affordable housing**

#### **Preliminary Activities**

*Incentives:*

- Localities to provide incentives to provide more opportunities for income-based housing
- Provide incentives for property owners, particularly in rural areas
- Provide incentives to shelters to make sure they don't place families in homes in a way that is not sustainable
- Incentivize landlords to offer reasonable prices and participate in programs e.g. Rapid Re-Housing
- Encourage shelters to work with landlords and property owners re: incentives

*Policy / Advocacy:*

- Advocate for issues regarding affordable, safe housing to be lifted up to the state level to combat variability at the local level
- Prepare advocates in impacted communities to engage at the local level effectively
- Advocate for increased temporary housing solutions (emergency shelter) and prioritize vulnerable households for these services
- Improve connection with Virginia Legal Aid to ensure discriminatory practices aren't taking place and ensure tenants know their rights
- Improve awareness among landlords regarding income discrimination
- Recruit / engage champions to encourage others (peer coach approach with stipend for coach)

*Case Management / Support & Services:*

- Improve connection with prevention services for those living in hotel settings (this will require increased funding for prevention services)
- Provide job and training opportunities for people in transitional housing so they can develop skills to improve their income
- Provide longer-term case management so families are supported towards home ownership or paying off debt, etc. with the goal of successfully moving them out of low-income housing and opening that slot up for other families
- Explore ways to better navigate benefits: Tool kit to navigate economic benefits <https://vakids.org/take-action/american-rescue-plan-benefits>
- Develop strategies to promote home ownership

*Process Improvement:*

- Improve utilization of universal referral system
- Improve utilization of Housing Crisis Hotline / Unite Us

- Streamline processes to find affordable, safe housing. Find landlord first and then work through the eligibility case worker to make that work but ensuring protections for tenants all along the way
- Improve systems so all benefits work better together (avoid benefit cliffs)

*Other:*

- Many current affordable housing options are not safe, particularly for families, so this needs to be addressed through activities such as hosting family-friendly events in areas near affordable housing to promote safety
- Appropriately balance temporary housing geographically across the population; use data to help identify need and match to shelter space / identify areas of need
- Reduce barriers such as not allowing pets
- Ensure checks and balances so people aren't placed in resource deserts
- Develop specific strategies for people with criminal backgrounds who have a hard time finding housing (credit issues, etc.) e.g. additional funding for security deposits, additional programming / financial assistance
- Strengthen relationships with and expand programs such as Habitat for Humanity, faith-based programs
- Research Best Practice to identify activities that might be a fit for VA

### **1.1c Employment**

#### **Preliminary Activities**

*Systemic barriers:*

- Fair / living wage has to be offered for employment
- Support an equitable distribution of resources to organizations and agencies across the state; this is a cross-cutting issue across all areas of the prevention plan
- Address issue of availability of jobs (in all areas of the state)
- Address the correlation of language barriers with low wages
- Transportation is a key consideration; expand transit lines
- Affordable childcare is another key consideration; families are making hard choices between working and affording childcare
- Increase availability of Wi-Fi / laptops / etc.

*Strategies to address employment barriers:*

- Develop specific strategies for people with criminal records to address employment barriers
- Support re-entry programs across the state to increase access to resources
- Address issue of barrier crimes; work to reduce list of barrier crimes (as appropriate)
- Encourage elimination of "convicted of a felony" on job applications
- Offer businesses incentives to employ a targeted group of people who are having trouble becoming employed

*Utilize technology to reduce barriers:*

- Use virtual platforms for trainings when possible instead of requiring in-person trainings
- Help businesses to think about more telework options

*Enhance employer benefits:*

- Offer paid leave to employees. Work with businesses to offer family friendly policies and practices.

- Work with large employers to pay for insurance premiums, reduce copays, and offer telehealth as benefit package
- Expand sick leave to include family members and not just the employee
- Support employers who may need to provide additional support to employees upon beginning employment and maintaining employment e.g. individuals with disabilities

*Cross-System Collaboration:*

- Develop way for all agencies that work on employment related issues (transportation, housing, child care, job) to work together simultaneously; improve communication and coordination among these groups to work in favor of the individual (Virginia Employment Commission?)
- Partner with community and middle colleges in workforce initiatives e.g. women in industry and trade fields.

*Skills building:*

- Develop skills building opportunities to create pathways for employment. Provide people with the necessary training and skills they need to move into different types of work
- Provide programs to help build interview skills, resumes, etc.
- Create routes for volunteerism (with stipend) to build resume
- In workforce development classes teach participants how to advocate for raises and promotions for themselves. This could be part of an empowerment training.

*Skills and Jobs Mapping:*

- Map job availability to numbers of people seeking employment to determine where there are discrepancies between jobs available and skills and/or workers. Find ways to move jobs where people are and vice versa
- Map programming at local colleges and universities to see gaps between skills being taught vs. skills needed

*Other:*

- Address the fact that people who have degrees from other countries are not honored. They have to take lower wage jobs when they have education, experience and a degree. Make the process less expensive to have the degree recognized.

## 1.1d Food

### Preliminary Activities

*Assess needs:*

- Include food security questions in screening tools

*Increase availability of fresh food:*

- Find ways to provide incentives for farmers to participate in farmer's markets in off-season
- Provide produce and healthy foods in locations other than grocery stores (alternative locations)
- Partner with farmers to bring their into the community to make fresh food available for purchase in the community
- Find ways to harvest "ugly food / things that might be thrown out" to repurpose into the community; establish partnerships with grocery stores, etc. to donate these items
- Encourage people to plant and grow their own vegetables individually or through community gardens. Provide classes / education on how to do this.
- Partner with a variety of community partners to improve access to healthy food in food deserts

- Develop creative pathways to create centralized repositories of food to get food to people, partnering with farmers, grocery stores, restaurants, school systems, etc.; this will be different for every community
  - Incentivize restaurants to participate (continue and grow how this worked during COVID)
- Address food deserts and develop a way to designate areas as deserts

*Infrastructure:*

- Transportation issues to get to grocery stores that are located miles away
- Improve infrastructure and expand transit lines

*Address trauma:*

- Address trauma that goes along with food insecurity

*Build on existing efforts:*

- Build on work that's already been done on food insecurity / experts we already know about
  - The Richmond-based program to address fresh food deserts, are the Healthy Corner Store Initiative, Grown To Go Mobile Market, and Nutrition Distribution Network (at summer lunch program sites)
  - Support and build upon the Children's Cabinet VA Roadmap to End Hunger recommendations
- Expand relationships with food banks and Mom & Pop grocers

*Policy and Systemic Changes:*

- Have the Dept. of Education expand the summer food program; make the summer increase standard
- Make the food stamps summer increase standard after COVID ends
- Increase WIC enrollment through a policy shift to attract older children who are currently not eligible
- See if nutritionist and dietitian services can be offered with SNAP programs
- Use the subject matter expertise of the VA WIC representative

*Other:*

- Improve Wi-Fi in Farmer's Markets so payment mechanisms can process benefit cards
- Broaden education around purchasing and storing food for individuals who receive SNAP benefits
- Offer incentives tax credits to businesses that address deserts/food insecurity

## **1.1e Transportation**

### **Preliminary Activities**

*Partnerships:*

- Look at partnership with Rideshare- Uber or Lyft especially in rural areas
- Form partnerships with DMV and Insurance Associations to address system changes for people who have a lot of points license and how to reduce, can't pay to reinstate license and and/or can't afford high insurance cost to get a car.
- Discuss how LDSS and local agencies can partner to create flexibility in TANF VIEW, SNAP and SNAP ED funding to include low cost cars, gas cards, and/or bus passes (a permanent change) to employed recipients
- WIC and Head Start collaborate to use HS vans as mobile clinics/resources while children are in school.

*Promote Alternatives:*

- Continue and use telehealth to eliminate need for transportation to non-emergency concerns
- Make broadband universal to alleviate need for some travel e.g. non-emergency medical appointments, in-person appointments to enroll in services.

- State to offer incentives to businesses that create remote/work from home positions

*Infrastructure:*

- Improve infrastructure and expand transit lines
- Work with regional planners and businesses when developing infrastructure and routes that they consider employees who may be coming from other counties and reduce the need for people to take multiple forms of transportation just to get to work.

*Other:*

- Expand Vehicles for Change and address strict criteria requirements
  - State create incentives for the general public to donate used cars to organizations like Vehicles for Change
- Support and increase mobile services for health needs especially in rural areas
- Extend Medicaid transportation to include getting to employment as an approved service

### **1.1f Childcare / early education**

#### **Preliminary Activities**

*Advocacy:*

- Advocate for additional extension of childcare subsidy program
- Advocate for grace period for TANF recipients to receive childcare before having to show proof they are employed or looking for a job
- Support state paid family medical leave policy
- Advocate to direct American Rescue Plan funds to childcare, especially for things like non-traditional types of care
- Advocate to maintain increased income eligibility criteria
- Support Working Families Childcare Act which creates model of best practices for federal funding and collaboration

*Funding & Resources:*

- Provide more funding for infant and toddler care (these services cost more to provide and need increased funding). Daycares are losing 3 and 4 year olds to pre-school, which makes it harder for childcare centers to break even
- Incentivize employers to provide childcare
- Make sure we pay childcare workers high-enough wage and provide needed supports
- Provide education / training / incentive for family friends to provide good, quality care (boyfriend, girlfriend)
- Provide resources to help develop partnership between caregivers and parent
- Provide support for Family day home networks; every region to have funding for a network
- Provide funding for family / informal caregivers; improve creativity in creating childcare in home

*Collaboration:*

- Encourage school systems, non-profits and/or local governments to work together to provide after school childcare
- Improve coordination between childcare / employment systems

*Other:*

- Take into consideration the varying sizes / resources of smaller vs. larger childcare providers
- Through Virginia Quality, use equity lens to determine resources for providers rather than current structure that rewards those already established; provide incentives and structure / funding / stipend for established providers to help mentor new providers.
- Newport News shipyard – model for supporting families – explore partnership with them and/or ask them to encourage other business to support childcare as well
- Increase options and alternatives for childcare for 3<sup>rd</sup> shift / overnight. Benchmark / model from military communities

## Person & Family Centered Programs

**Objective:** Establish and deliver effective, trauma-informed programs that are person and family-centered

**Strategy 2.1: Establish person-centered programs and supports across the prevention system (primary, secondary and tertiary) that are evidence-based / evidence-informed**

### **Preliminary Activities**

*Strengthen & Scale Programs:*

- Strategically fund and build to scale evidence based and evidence informed programs, and support efforts of programs trying to become EB
- Expand and integrate existing services and programs (i.e. home visiting, domestic violence shelters, CBCAP, etc.)
- Expand home visitation (or other programs) to meet basic needs of parents for items like “pack and plays”, etc. as they leave the hospital after birth to help give children a healthy start
- Expand housing resources for families
- Provide interventions to help break generational issue of lack of parenting education including focus on mental health / dealing with stress, etc. Mental health skill building for parents (and children). Medicaid access would be needed for this
- Increase support and funding for peer to peer support programs
- Increase usage of Community Resource Workers, Doulas and Community Navigators

*Accessible & culturally specific services:*

- Ensure availability of services that are culturally specific and relevant to the family and child / youth; ensure that cultural competency includes LGBTQ+ and that systems and services adjust to serve this population
- Increase representation of all across the Commonwealth (more men, more ethnic backgrounds, lived experience, etc.)
- When building services, practices and policy make sure diversity, equity and inclusion is at the forefront. In addition to involving people with lived experience/expertise.
- Ensure services are accessible (bi-lingual, transportation, childcare, equity & inclusion approach etc.)
- Understand that representation matters and people need to see themselves in the services and programs, including attracting and hiring more men in the field

*Training & Development:*

- Provide staff training to expand prevention methods we want to establish; staff needs to know about resources available in order to support their families with accessing services. Find ways to help staff connect with community resources – know who to call

*Awareness & De-Stigmatization:*

- Looking at the way we market services to parents. Think about awareness of services, decreasing stigma and improving access
- Targeting advertising for systems where families go help
- Normalize family education, wellness and asking for help

- Get businesses involved and use them to set up awareness campaigns and be present at neighborhoods night out
- Improve education for community members regarding resources
- Lessen risk factors by making sure we notify individuals of resources / access to services
- Recognize the earlier we engage with families the more normal asking for help becomes
- Improve use of 211 Virginia as a resource
- Increase utilization of Unite Virginia; make sure people are trained to use this and connected to it

**Strategy 2.2: Establish and implement an evidence-based / evidence-informed “whole family” approach across the prevention system (primary, secondary, tertiary)**

**Preliminary Activities**

*Education/Awareness of resources:*

- Create a resource portal for families to access prevention resources
  - Add a drop-down menu that allows families to check what applies to them and then be redirected to resources that can help with their specific needs
  - Have an option for families to add in resource information to the portal
  - The portal/database needs to be updated regularly with changes in resource information
- Ensure professionals/paraprofessionals/others in helping roles (ex: volunteers) understand what resources are available
- Increase access to resources for well-being and economic stability (housing needs, food insecurity, etc.)
- Education and awareness of resources is needed across prevention spectrum for entire community

*Whole Family approaches:*

- Start with understanding family history and root of concerns
- Examine past behavior patterns with families to predict future behaviors; draw on strengths of past experiences to help make changes
- Involve the family's support systems and help families utilize those support systems (ex: using ecomaps can help identify people, tools, skills that can support them)
- Family Partnership Meetings bring people to the table; risk factors can be discussed in this format
- Make resources available to reduce risk factors in siblings of children/youth involved in systems
- Teach families how to be more aware of what trauma-informed means and aware of trauma-informed programs and services
  - Existing longer-term (secondary prevention) parent education programs can possibly do this
- Longer-term parent/family-based education programs help families learn more about themselves and their parenting styles (similar to secondary prevention); with tertiary, we want to prevent the reoccurrence (not just address the impact)
- Safety (physical and psychological) is critical for children for healthy growth and development
- Make sure when families are seeking help as a family that the services offered to members are not siloed services but services that offer a whole family approach. Members should be receiving services together when appropriate not segmented

*Infrastructure needs:*

- Provide a platform for families to hear what they need and share their feedback with professionals/paraprofessionals/others in helping role
- Be mindful of translation and interpretation services
- Need adequate access to transportation to resources, childcare, etc.; think about this in advance to mitigate barriers
- Consider broadband internet needs across the Commonwealth to access virtual services and ensure communication

*Funding:*

- Grant makers and funders allow programs to budget within contracts to become evidence-based
- Allow collaborations with evidence-based programs to be valued as an evidence-based approach
- Ask state to advocate for evidence-based funding opportunities and offer TA support to become evidence-based
- Recognize that funders are looking to fund family systems approaches
- Need dedicated funding

*Community Relationship Building:*

- Expand coalitions that exist and help families access these coalitions more easily
- Build relationships with colleges and universities to recruit and attract men into the field

*Data and research:*

- Unify reporting, tracking systems that support and follow the family
- Expand the home visiting models research on how to support the whole family and not just the mother and baby

*Expand existing programs:*

- Expand the use of Community Navigators and Community Health Nurses
- Expand the Peer to Peer programs that are evidence-based

*Screening:*

- When child abuse is suspected, formalize the process of automatically screening the caretaker for domestic violence, ACES, etc.
- Implement and formalize the Safe Environment for Every Kid (SEEK) questionnaire at well child visits

*Miscellaneous:*

- Agencies actively recruit and target men to work in the field to address the shortage and equity of representation, especially in on the ground work
- Start earlier and educate middle and high schoolers about child development, brain development and attachment and bonding

## Social Norms

**Objective:** Transform social norms to support parents and positive parenting

**Strategy 3.1: Establish public engagement and education campaigns to grow awareness of prevention and positive parenting and emphasize the community's role in embracing all families**

### **Preliminary Activities**

*Research best practice:*

- Research best practice / models that work (National Children's Trust Alliance, Peer support model)

*Identify Audiences:*

- Broaden the family definition; embrace all families
- Teen parents
- Fathers
- Public schools
- Home school families

*Message development:*

- Improve consistency in what stakeholders say; ensure messages are strengths based and parent-centered. There is often a disconnect here; change the culture within our organizations first to change the message
- Adapt our programs to create universal messaging, especially the medical community and during pregnancy
- Embrace all families and ensure messages / images /materials speak to and show diversity (LGBTQ, Fathers, Grandmothers)
- Connect messages to interpersonal interaction; create linkages for person-to-person touch points and reinforcing accountability
- Include messages to funders as well
- Talk to teen parents to determine how best to message effectively to them (use vehicle such as focus groups to get their input)
- Make sure messages come in small, digestible bites; visuals / info graphics should be brief, to the point, inclusive for all families, based on community look and feel

*Messengers / Vehicles:*

- Engage with business communities to promote NFP and public spaces; link efforts to Corporate responsibility
- Engage with childcare providers to craft messages and disseminate messages/information to parents
- Parents in education... parent university
- Monthly webinars
- Prevention, milestone tracker; monthly touchpoints per topic and age appropriate
- Social media
- Guidance counselors; partnership with school
- Parent support implementation vehicle
- Medical Community
- Leverage parent leadership and establish relationships to bridge to other parents

- Engage localities but then have same messaging across the state
- Put messaging where people go (gas stations, grocery store, etc). Incentivize places to include messaging
- Billboards
- Murals in the communities as another route to destigmatize; the more we see the more it normalizes the message

*Other:*

- Develop strategies to bridge the gap of resources- to- parent-to community
- Create incentives such as VSPEC for parent educators or parents can get 529 funds to start college education
- Access funding to hire group who specializes in how to develop a message around asking for help.

**Strategy 3.2 Recognize and reconcile the impact of negative interactions between families and the system when accessing safety net services; work collaboratively to de-stigmatize this access**

**Preliminary Activities**

*Parent Informed:*

- Develop satisfaction surveys or other mechanisms to gather feedback from families to inform training needs, etc.

*Training (ongoing) for staff:*

- Curriculum exists already (CAST)
- Role play / simulation using case scenarios
- First impressions are important; sales training can be helpful to help workers lean to “sell” services. Think out of the box on types of training needed to include soft skills
- Make sure trainings meet core needs; innovate and make sure structure meets the goals
- Ask staff what type of training they need and design training to meet those needs
- Provide standardized support for workers to promote consistency for families
- Trauma-informed training / create trauma-informed systems
- Acknowledge and develop strategies to address training “fatigue”

*Environment:*

- Focus on the environment as well, child friendly and family-focused is ideal
  - Make sure there are things for the kids so families feel comfortable bringing their kids
- Build family friendly practices into services
- Be sensitive to and address issues such as the limited hours services are available; think about the real world perspective of those accessing services

*Employee Focus:*

- Recognize we are overworking staff and providing marginal wages to do very difficult work; promote self-care and respectable compensation for staff commiserate with their function.
- Validate those who work in the field and help them put in any work needed to overcome their own past trauma and truly engage with families
- Balance competing priorities of paperwork, etc. and true / positive engagement with families
- Add trauma-focus (coach) to help staff work through their own trauma

- Consider how hiring process could include (prioritize) factors such as empathy so we attract employees that have the skills that allow them to better engage with families

*Collaboration:*

- Develop strategies to promote collaboration and communication across systems; multi-disciplinary approach embedded into the culture so worker's better understand the importance of understanding all the touch points of families with the "system" and how to connect families to needed resources. This would help de-stigmatize and would help get families answers more quickly. This also helps reduce the number of times families have to share their situation over and over. This includes improved collaboration at the highest level e.g. need for a vehicle like the Children's Cabinet to ensure communication / collaboration across secretariats. This is fundamental to the problems families and localities face. When we don't know who is doing what we can't help connect families to resources
- Create a multi-disciplinary program / approach that could be a model for other states
- Develop strategies to eliminate friction between agencies trying to support same families

*Other:*

- Develop tool to address safety issue for parents – train workers not to call CPS if parents simply ask for help with mental health issues
- Address issues of trust / mistrust
- Think about and leverage some of the positive impacts from shifting to virtual world due to COVID (e.g. families aren't profiled the same way if they are interacting virtually)

**Strategy: 3.3 Develop and ensure policies that support healthy children and families**

**Preliminary Activities**

*Advocate for paid maternity/paternity leave:*

- Connection between safe sleep and child well-being is paid maternity leave
- Push for paid maternity and paternity leave
  - 6 weeks is too short; some countries have up to a year of paid leave
  - Work with private sector and healthcare sector collaboratively to advocate for leave and paid time off policies across the board (including sick and well-child doctor visits)

*Provide resources for breastfeeding while ensuring all forms of feeding are accepted:*

- Ensure breastfeeding mothers have resources needed to continue breastfeeding when they return to work
- Normalize formula feeding for babies alongside encouraging breastfeeding; both are good options for mothers ("fed is best")

*Increase awareness of resources and information for families:*

- Create and share a comprehensive resource directory/portal/database with parents at births (and update it regularly); include online parenting classes, videos by topics, as well as information on agencies and other resources (ex: 2-1-1 & VA Parenting Line)
- Use social media to communicate these resources

*Advocate for universal childcare policies:*

- Create policies for universal childcare and provide more support through funding and other resources

- There is more money for childcare now due to pandemic than ever before
  - Is this being communicated to the general public?
  - There are still childcare deserts in VA (need for more childcare providers)
  - Cost of childcare is still a barrier (wages for workers are low + cost for families is high)

*Increase parenting education resources across the parenting continuum:*

- Advocate in the medical world for more parenting education (ex: Ask a Nurse programs, call lines to talk with nurses, parenting educators, etc.)
- Need a bridge between birth and parenting down the road to provide a better continuum of care (prenatal education, education at birth or in hospital and then after discharge/at home)
- Give information to parents in the way they want to receive it (available in various mediums, including 24/7 options)
- Need to check-in with parents on their needs after birth and on-going at various milestones (ex: in-home visits to check on parents)
- Help connect parents to other support systems if they don't have any
- Normalize that everyone needs help with a newborn
- Parenting classes are needed at every stage of life birth – young adults
- Parents of teenagers need support as well; how do we provide support parents need during those years – particularly around technology

*Data Collection:*

- Make data collection and forms as simple as possible
- Create one entry point for all family services to streamline

*Miscellaneous:*

- Address lack of mental health services for children
- Collaborate across systems, providers, sectors

**Strategy 3.4 Establish legislative approaches that support parents and positive parenting and promote budget inclusion of primary prevention funding**

**Preliminary Activities**

*Engage and support parents:*

- Sharing lived experience to make a stronger impression; prioritize f2f
- Parent ambassador example (advocacy training); role playing and training to prep parents for engaging at a legislative level
- Using virtual opportunities to help families engage, feel safer to engage in the legislative space (breakouts, etc.)
- Expand parent support programs and FUND them; peer recovery program example

*Educate early:*

- Child development curriculum in middle/hs
- Healthy relationships
- Developmental milestones

*Enhance and expand Advocacy Days:*

- Understanding the process and appropriate channels for getting message across
- Learning around effective communication/advocacy skills to make it easier for message to get across
- Pace out engagement throughout the year, so you're not just meeting them when they're busy; advocacy calendar (monthly engagement to make contact intentional all year and prioritizing legislative relationship building) – field/partner approach to implementing this type of calendar

*Strengthen communications:*

- Capitalize on the social leveling brought about by COVID – and the learning WE ALL got i.e. that parenting is difficult, especially during isolation/stress/fear/all the risk factors presented by COVID (this includes legislators).
- Work with other partners so you are asking for the same things; ask for things that don't cost \$
- Education around the role and value of the parent resource/education programs as strength-based supports and not designed to come in and take over the role of parent or to dictate

*Mapping and access:*

- Understand the full supports/programs available to prevent duplication and enhance programs already operating
- Accessing programs is a challenge; educating professionals about existing programs, how they're accessed, the requirements, etc.

*Collaboration:*

- Annual meeting of major stakeholders to discuss child welfare goals/challenges and a taskforce
- Connecting the dots between programs so leaders understand the investment in A impacts the inc/dec in the investment in B
- Funding “battle” is destructive culture that can tear down collaboration

*Miscellaneous:*

- Funding for Family Resource Centers
- Leveraging the science, elevating the conversation, connecting the financial impact to the poor outcomes for children/families
- Considerations around advocacy – professionals working for agencies where they're not allowed to advocate; taking away agency/voice for that experience
- Lack of accountability at the leadership level for understanding programming
- Value of Children's Cabinet
- Interconnected supports needed to address issues (employment agency example – no one is working, childcare as a root cause.

## Collaboration

**Objective:** Foster collaboration among those with lived experience, prevention partners and state agencies to better understand needs and work together towards the achievement of common goals

**Strategy 4.1: Identify common goals and measures among prevention partners, state and local agencies to expand and integrate existing services and programs**

### **Preliminary Activities**

*Engage prevention partners, including people with lived experience:*

- Identify and map prevention partners and state and local agencies
- Once partners and agencies are identified, ask them what they are already measuring / focusing on in order to determine common ground
- Determine goals for all agencies / partners around prevention and what those partners can and cannot do related to prevention
- Develop strategies to help identify common goals with local level e.g. promoting participation in MDT to see where their goals, measures align and how they can better collaborate
- Develop strategies specific to people with lived experience to gain their understanding on common goals and measures:
  - Make sure we create safe spaces for PWLE to express what prevention means for them
  - Make sure PWLE are clear about the process and expectations before being asked to participate
  - Make sure PWLE are meaningfully included on advisory boards, networking meetings, high-level meetings etc.; this may require us to change the way we do things to make sure it is meaningful and valuable to them (accessibility of meetings; compensation for their time, etc.)
  - Use models already in existence for how to meaningfully engage PWLE
  - Define level of interaction desired; authentic engagement with 2-way communication
  - Completely involve people with lived experience/expertise when building services, practices and policy make sure diversity, equity and inclusion is at the forefront.

*Common terms & definitions:*

- Define what level of prevention we are talking about / trying to reach common ground with? Partners will need to be asked this question as well. What does prevention mean to each organization?
- Develop common definitions of terms

*Funders & Funding:*

- Make sure funders are also included in the conversation so their expectations can align to the goals on all levels
- Develop funding practices that reduces competition within agencies and the community
- Understand that funders are looking for agencies to come together and do system change work in communities
- Educate funders on work that is happening in communities and ask for support where system change is needed. Communities may need TA around how to do system change.
- Fund and encourage agencies to participate in Unite Us

*Other:*

- Create a vehicle/mechanism/body/position that addresses and supports how well collaboration are working. Offer TA when needed.
- Create a *No Wrong Door* approach- Create universal systems and services
- Look at other models for collaboration and meaningful engagement

*Resources:*

<https://www.risemagazine.org/2021/05/someone-to-turn-to-insights3/>

<http://upendmovement.org/wp-content/uploads/2021/06/How-We-endUP-6.18.21.pdf>

**Strategy 4.2: Establish collaboration protocols with cross-agency and with non-traditional partners**

**Preliminary Activities**

*Relationship Building:*

- Increased understanding of roles when collaborating with traditional and non-traditional partners
  - Create a best practice or expectations template on how to engage traditional and non-traditional partners
- Agency directors structure intentional meetings, workshops, in-services, networks to learn more in-depth about each other
- Include nontraditional partners on multi-disciplinary teams and Trauma Informed Care Networks
- Develop a systems map that identifies key local partners and builds best practices that can be replicated

*Communication:*

- Make sure that employees have a clear understanding of their own policies, procedures and practices
- Address disconnect between policy/decision makers and workers on the ground when policies are changed. Most times the field is not aware of the change or has context about why the change happened.

*Skills Building & Professional Development:*

- How can agencies give their staff the ability to make decisions that are best for the family vs getting bottlenecked with processes and reporting demands
- Support motivational listening training that helps workers understand and decipher the family's voice when families may have trouble articulating their needs
- Suggested use of the VA Heals referral response protocol
- Look at how agencies measure who they collaborate with, and how they measure their effectiveness in collaborations
- Invest in QATA position that can support community with collaboration needs
- Formalize walking and warm referrals as a standard practice with families
- Formalize cross training of partner agencies so they can see the similarities and differences in roles and responsibilities

*Funding:*

- Ask funders to craft criteria in RFP/RFA that require collaborations with nontraditional partners and people with lived experience

## **Strategy 4.3: Promote collaborative funding streams and infrastructure for delivery of programs**

### **Preliminary Activities**

#### *Holistic & strategic viewpoint needed:*

- Ensure we take a holistic approach with prevention (ex: meeting basic needs first); agencies are often “chasing money”
- How can TANF funds be used more strategically?
- Home Visiting Models are numerous in some parts of the Commonwealth; think strategically about spending these federal dollars at the state level (this can make it hard for providers to connect)
  - Directors are meeting now to discuss needs and programs in areas
  - How do these rate in evidence-based practice? Use this to help gauge where funds go

#### *Increase collaborative & marketing efforts:*

- Offer statewide regional service coordinators to coordinate service provision for kids who are touching many systems/agencies/departments (based on assessments)
- Currently agencies and programs don’t know what the others are doing; need a hierarchy of expectation and coordination with services – could this come from DSS?
- Train parents with lived experience to become mentors to new parents entering the system (ex: foster care); parent mentor programs are very successful in supporting family reunification
- Bring universities and colleges to the collaboration table to help with student expectations/transition from school to fieldwork/job
  - Incorporate value of lived experience in supporting students in this transition
- How are we marketing prevention to families? We want to ensure communities know that help is available before the crisis happens; marketing to families and to funders regarding prevention services and the need for dollars towards prevention efforts
  - Breaking stigmas and barriers; make reaching out for help with parenting the norm – make this available for all parents – not just parents in crisis

#### *Funding streams:*

- Identify funders who have prevention in guidelines currently; are the ways these funders define prevention the same? What are definitions of prevention across the system? Without these definitions being clarified/confirmed, it will be difficult to identify funders and we all come from a different lens
- Create funding maps to capture landscape, goals and objectives of initiatives and see where they are similar
- Identify federal or state funding that is available that requires a match; this may help tell the story of why prevention needs private funding
- Combine grant applications and reporting across agencies to help reduce administrative burden on programs
- Leverage public and private dollars as much as possible in a thoughtful way

#### *Utilize metrics and outcomes whenever possible:*

- Prevention money is hard to come by because it’s difficult to measure outcomes and you don’t know “who was prevented from a crisis”
- Funding in any way will require indicators and metrics (ex: entry into foster care, teen pregnancy, etc.); how can we measure change and make this clear on the front end to funders

- Utilize a program logic model to help funders with understanding prevention

*Resources:*

- The Partner Tool – University of Colorado – Visible Network Labs; great resource to map strengths of collaborations and partnerships across a city or state

## Infrastructure

**Objective:** Establish infrastructure that targets funding and resources for prevention and promotes data sharing and workforce development

**Strategies:**

**5.2: Utilize a data driven approach to planning, development and implementation and evaluation of prevention programs and services to assess, benchmark and ultimately improve equity outcomes**

### **Preliminary Activities**

*Foundational elements:*

- Clearly articulate measures of success and how we qualify those; articulate that data is collected to show outcomes in service of our clients
  - Realize prevention involves many systems so realistic definitions of success are needed. It can be problematic to hone in on data for one particular intervention without taking into consideration all other wrap around supports.
- Clearly define elements so there is consistency in how it is collected, interpreted, and analyzed
  - Develop consensus of language around demographics... ie. Income, how to measure FPL, what are the core indicators from referral, assessment, goal planning to exit out of the system
- Identify what data is needed (universally); define data set at outset; make sure data required is useful (and not harmful)
- Benchmark other states (and communities or programs in VA)
- Evaluate what screenings / questionnaires / clinical interviews are used; this type of data helps us better determine what interventions are needed; standardize the tools to achieve consistency
- Level-set / educate partners, including private sector, about the nuance of prevention evaluation

*Equity:*

- Provide more explicit language around the data practice of data sharing to protect the individuals as well as allow for access and equity, along with a clear disclosure and transparency of such disclosure.
- Consider whom data works for who it does NOT work for? Who was not included?
- Remain open to all demographics when looking for families and deconstructing biases and looking at demographics via intersectional lens
- Ensure data collected is reflective of the multiple identities youth and families hold including LGBTQ+ identities, primary language spoken, faith / religious practices, etc.

*Participant Involvement:*

- Provide education and support for data consent for participants and link participants to outcomes of the data once it is published
- Success is subjective; make sure family partners are included in the conversation

*Data Interpretation:*

- Ensure data is interpreted in a way that is culturally appropriate and without reporter bias; consider use of independent contractors to collect data and report to reduce bias
- Provide standardized cultural competence training for all professionals for data collection and interpretation

- Make sure we have the right evaluators to understand the complexities and make sure data is interpreted correctly
- Establish a data lead position (and team) to oversee the outcomes and reports for the primary prevention plan

*Data Sharing & Systems:*

- Secure data sharing agreements among partners
- Create data sharing so clients don't have to repeat their stories over and over
- Prioritize contributions to and use of the Virginia Longitudinal Database for more programs
- Develop a data clearing house

*Partnership & Collaboration:*

- Develop strategies to build trust among providers so data sharing is encouraged and partners are comfortable to be transparent
- Promote ways for private sector to be integrated into the process; build structures to encourage and possibly incentivize private sector partners / providers to share data and insights

*Long-Term Support & Capacity:*

- Consider partnership with an entity such as the Center for Evidence Partnership and/or with State universities for to support the planning, interpretation and implementation as well as evaluation to ensure model fidelity

*Other:*

- How do you measure natural support?
- Consider timeliness of data; make sure we can get it quickly enough to do something about it
- Consider the importance of storytelling and qualitative data in addition to quantitative

## **5.3: Recruit and a retain diverse, highly-qualified workforce**

### **Preliminary Activities**

*Career Paths:*

- Question who is doing the recruiting? Who decides what qualifies the role? How often is this examined?
- Develop a career path for staff
- Create a pipeline from high school (via CDA) to working in child care facility; and more globally as well beyond child care
- Increase partnerships with universities with relevant fields of study to offer internships (with stipends) to promote connections between students and organizations / develops a pathway / pipeline
- Give stipends to interns and fellows to increase the pipeline and partnership with universities. This way potential worker will already have an idea about the role, and agencies know what type of worker they are getting. Stipends should be allowed within grant contracts as well if not already allowable
- Identify existing Internships/fellowships + connections with higher education institutions + fund from these entities/corp/funding to support these programs
- Develop a recruitment platform/clearinghouse for prevention workforce
- Exploring offering "Day on the Job" before offering positions

*Diversity:*

- Understand that representation matters and people need to see themselves in the services and programs. Targeted hiring of black and brown, LGBTQ+, and men in the field.
- Address racism, sexism and ageism in the recruiting process. How is this being address and who is holding whom accountable?

*Compensation:*

- Increase pay and benefits for the field.
- Pay should align with workload
- Ask current staff what are the right incentives for longevity in the field
- Ensure job descriptions and pay levels support competitive pay for all (not just those with higher education)

*Tools & Training:*

- Increase professional training
- Make sure supervisors are qualified
- Invest in resources to provide the needed tools for workforce to do their jobs so they can be more efficient and focus more time on engagement
- Explore opportunities to provide training for delivery of primary prevention programs
- Create regional training consortiums / collaboratives; more coordinated training efforts so individual agencies don't have to pay for trainings on their own
- Expand the CAST training for social workers
- Intentional onboarding practices
- Find ways to increase ability of workforce to engage meaningfully and develop trust; this has to be balanced against need for data and focus on data entry / paperwork

*Promote Self-Care:*

- For retention, address self-care and embed opportunities for staff to access and utilize resources on work time, as a standard (not in crisis)
- Ensure organizational culture supports healthy functioning
- Make self-care a foundational theme within the field through family friendly policies and practices
- Stop asking workers to be martyrs and sacrifice themselves to care for others

*Other:*

- Increase understanding of poverty and how the economy works / and how systems historically developed and the impact of those issues on families today
- Recognition of youth service prevention organization types as critical infrastructure; Pre-emptive availability of workforce funding grants or continuation of subsidies for future health emergencies; Leading to decrease of employment volatility during current and future pandemic
- Expand the network by better utilizing family navigators and peer support
- Improve use of reflective practices among leadership

## **5.4: Improve operational efficiency and effectiveness by optimizing technology and processes**

### **Preliminary Activities**

#### *Technology, Equipment, Software, Data:*

- Implement usage of DocuSign (electronic forms) with families when possible to reduce cumbersome task of getting consents and confidentiality signed.
- On a state level across agencies (VDSS, VDH, DBHDS, etc.) develop ability for data systems to share data. It better supports families, workers and data collection.
- Explore existing case management systems and see how they can be expanded to support statewide need
- Consider the continued use of virtual platforms as a way to enroll families into services vs. having them come to physical buildings.
- Universal broadband for families
- Make sure both electronic and paper options are available for families. Consider the needs of skill and preference
- Honor privacy and confidentiality; ensure data is secured data (i.e., PII - Personally Identifiable Information); Address the loss of confidentiality with the increased use of technology
- Improve knowledge and information exchange e.g. listserves of resources
  - Encourage utilization of Unite Us
  - Develop “wiki’s” and other on-line tools to make it easier
- Acknowledge that optimizing technology means many things to many people; make sure everyone / every jurisdiction has access – be mindful of resources in different communities as well as different learning styles and styles of working
- Use technology in a family-facing way so families can engage
- Offer resources on parenting and use technology to offer video classes; connect non-profits and others doing great things to those in need and to referral sources

#### *Training and Institutional Knowledge:*

- Provide incentives (to employees) to drive effectiveness and efficiency
- Improve training on systems and processes
- Develop strategies to preserve institutional knowledge to address issues with turnover that cause inconsistency, inefficiency and ineffectiveness
- Standardize language used in trainings; encourage strengths-based language to break down barriers in working with families to create the best atmosphere for children

#### *Local level process changes:*

- Exploring how local programs can help complete enrollment requirements for services. E.g. WIC nutritional requirement accomplished by home visiting programs. Which reduces travel for families
- Increased connectivity to interpreters through VITA and community

#### *State level process changes:*

- Develop common language, definitions, goals and high-level performance measures to address issues of inconsistency and “lost in translation” caused by cross-jurisdictional transactions and/or multiple agency touchpoints
- Define and articulate (and possibly align) regions in the state; this would positively impact data collection and many other important issues

- Link systems “No Wrong Door” that families can access services through any door (community agency) and not have to go to multiple agencies. Enter information once and automatically qualify for all eligible services. Not repeat information and story over and over again to gain access to services.
- Allow other forms of documentation when families don’t have original copies of needed forms.
- On the local DSS level hire and retain more CPS workers and reduce the need to pull Prevention Workers into CPS work because of shortage leaving prevention work stalled.
- State agencies working together when making funding decisions to support capacity and impact building. Seek what’s best for community and get involvement before funding decisions are made.
- Restructure funding contracts and increase the amount that awardees can request for technology and equipment that supports the program and families
- Leverage state and local dollars to support need for increase technology and equipment
- Create a universal feedback loop between community partners and the funders, and community partners and families
- Develop universal triage system for families; meet people where they are and have system where we have ready access to proven solutions

*Other:*

- Balance the tension between efficiency and effectiveness and focus on what’s best for the child and family
- Ensure adequate allocation of resources to make sure technology and processes can be efficient and effective; leverage public / private partnerships and make sure all areas / regions receive resources and access to technology. Also engage locally with funding sources
- Benchmark other states to find best practice / lessons learned / partnership ideas, etc.