



A Community of Solutions



A Community of Solutions

Responding to Critical Community Needs



1905 – Annie Grogran organizes the community to help the poor and founds “Associated Charities”

1907 – Care for TB victims

1918 – Care for flu-victims

1923 – Formation of the “Community Chest,” forerunner of the United Way

1932 – Administers Federal “Relief” funds

1943 – Adoption and Foster Care Programs

1950s – Day Care Association

1951 – United Way founded by Family Services, YWCA, YMCA, Salvation Army

1960s – Family, Marital and Individual Counseling

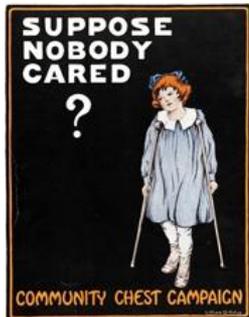
1965 – Head Start (War on Poverty)

1985 – Battered Women’s Shelter and Rape Response Services

2000 – Child Advocacy Center

2005 – Safe on Seven (Multi-Agency Domestic Violence Program)

2015 – Early Head Start



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Programs, Collaboratives, Initiatives - 2018



Behavioral Health

Trauma-focused Therapy, Pediatric Holistic Health Initiative
School-based Counseling, Strengthening Families



Family Safety

Family Services Shelter, Safe on Seven, Child Advocacy Center,
Domestic Violence and Sexual Assault Victim Advocacy,
Family Violence Prevention Initiative

Early Childhood Development

Head Start, Early Head Start, Teacher Training/Coaching Project

Multi-Agency Collaborative

STRONG@HOME



Community Change

Universal Pre-K Initiative, Family Justice Center Task Force



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Vision: A Healthy and Equitable Society



Alliance for Strong Families and Communities

is a strategic action network of thousands of committed social sector leaders driving to achieve our vision of a healthy and equitable society through the excellence, distinction, and influence of our network.



A National Imperative: Joining Forces to Strengthen Human Services in America



funded by



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MUTUAL OF AMERICA

A national advisory council of leaders from across the human services ecosystem serves as the initiative's expert panel



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President & CEO



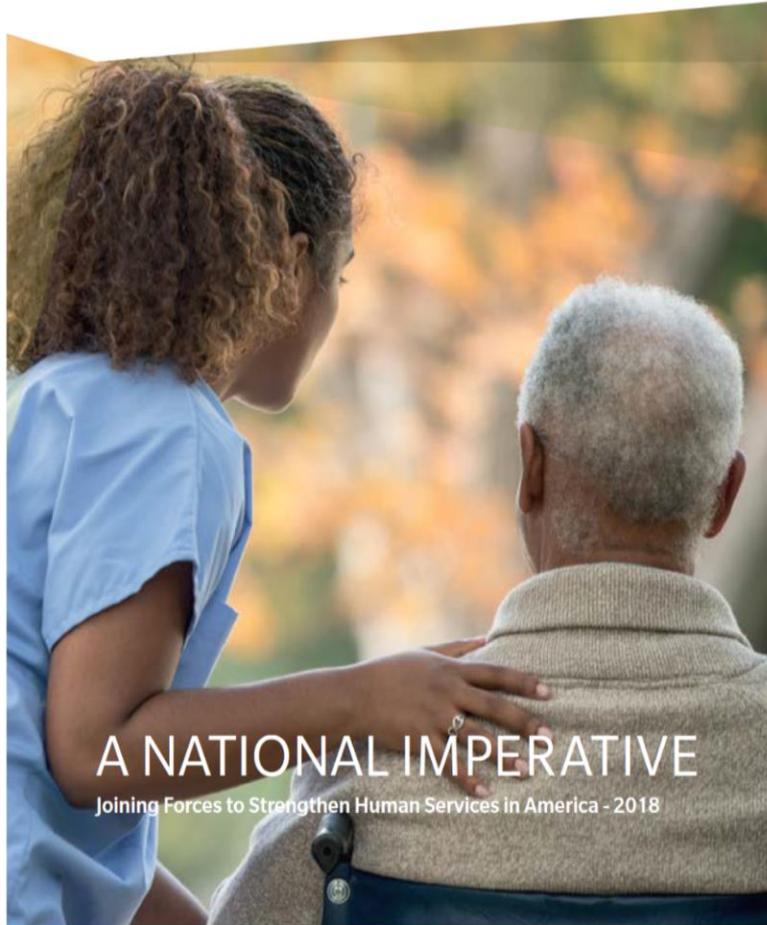
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A NATIONAL IMPERATIVE

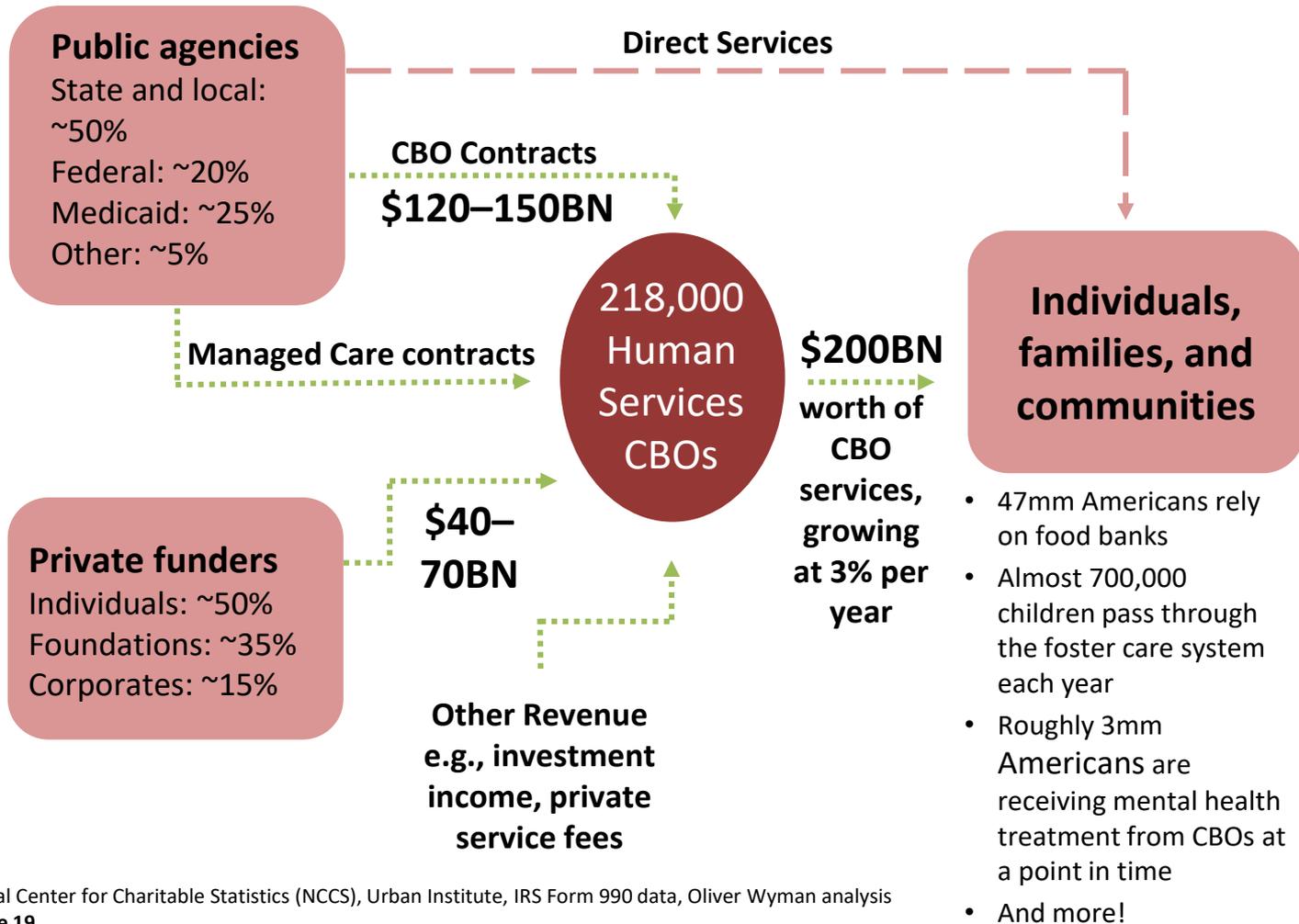
Joining Forces to Strengthen Human Services in America - 2018



History of Medicine and Human Services in U.S.

- 250 Years of Divergence
- **Medicine becomes a valuable commodity**
Science, Education/Credentials, Insurance, Pharmaceuticals,
Professional Consolidation and Control
\$3,400 Billion Industry
- **Human Services have low societal status**
Serve the (deserving) Poor, Charity, Voluntary,
Underorganized, Limited Public Funding
\$200 Billion Industry

Human Services CBOs are critical to our society *and* to our economy



Source: National Center for Charitable Statistics (NCCS), Urban Institute, IRS Form 990 data, Oliver Wyman analysis
 See report page 19

The Human Services Ecosystem

Exhibit 1: Examples of services provided by the human services ecosystem



HEALTH AND WELL-BEING

- Child welfare
- Food and nutritional support
- Mental and behavioral health services
- Healthcare and medical services
- Substance abuse prevention and treatment
- Violence and abuse prevention and support
- Disability services



ECONOMIC AND EDUCATIONAL OPPORTUNITY

- Employment services
- Job training
- Family and community development
- Transition-to-Adulthood services
- Transportation services
- Early childhood education
- Special education programs
- Early childhood and youth development

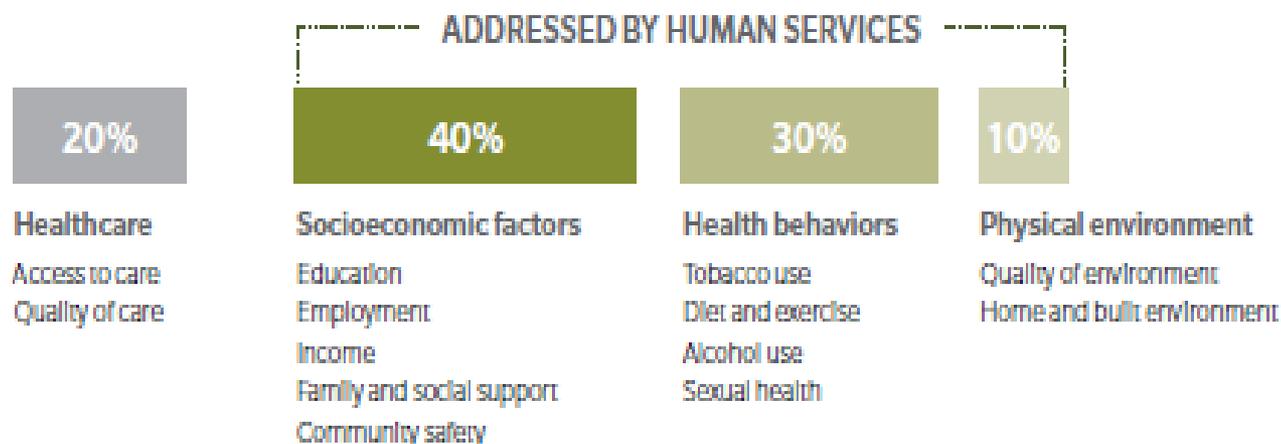


SAFETY AND SECURITY

- Foster care and adoption services
- Criminal justice
- Legal services
- Housing and homelessness services
- Public safety and disaster preparedness
- Environmental programs

A Social Determinants Lens

Exhibit 5: Social determinants of population health¹³



Only 20% of health outcomes are attributable to actual healthcare. 80% is attributable to environment, behavior, and socioeconomic factors – all of which are addressed by human services

Source: Data from the Bassett Healthcare Network and University of Wisconsin Population Health Institute, <http://www.bassett.org/education/research-institute/population-health/>

There is opportunity for CBOs to have even greater, more transformational impacts

Sustainable, high-impact CBOs...

- Potential to reinvest portion of savings in “upstream” interventions to continue to drive improvements in future outcomes

... serving growing demands...

- 533% increase in heroin overdoses, 2002-2016
- 40+ years of steady decline in share of income earned by poorest 20%
- Severe depression in youth increased from 5.9% to 8.2%, 2012 – 2015 (just three years!)

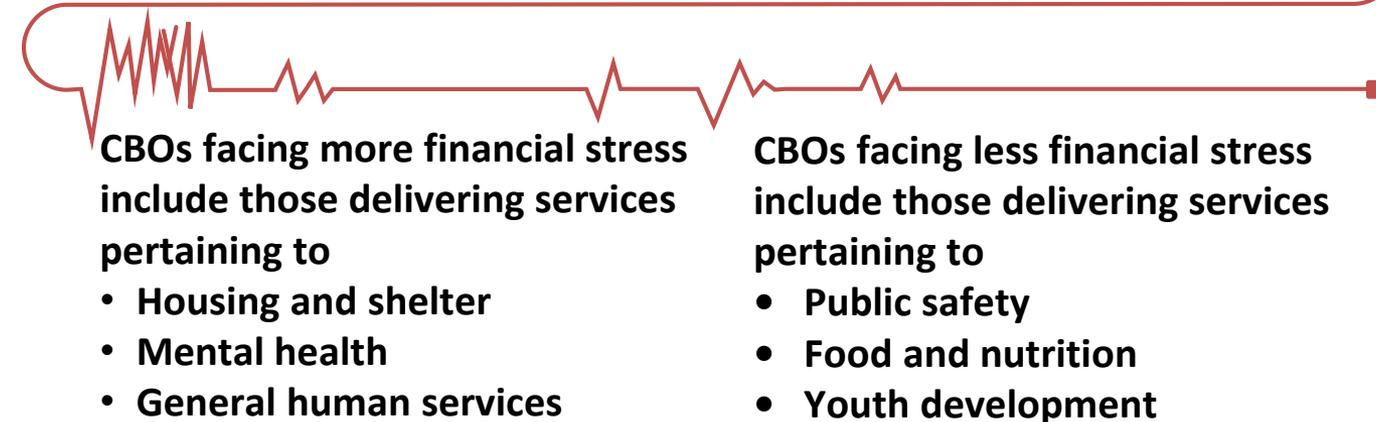
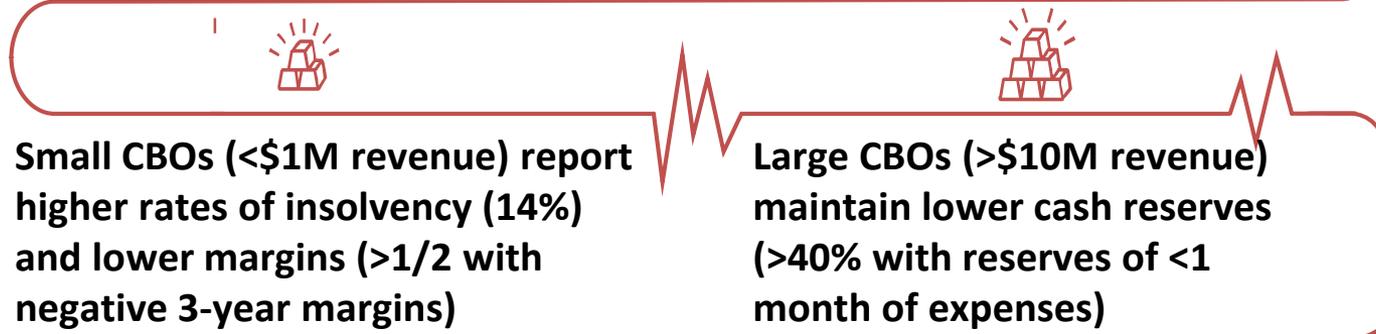
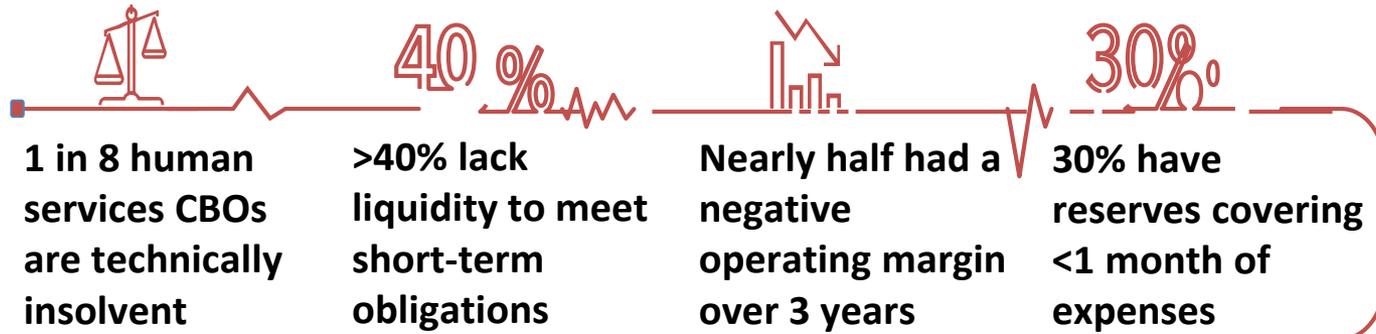
... reducing future health care costs

- 20% of health outcomes are determined by health care access and quality
- 80% of health outcomes are driven by social determinants—housing, nutrition, education, health behaviors, etc.
- OECD countries spend 40% less on healthcare than on human services; the US spends 44% less on human services than on health care

... positioning communities to meet their full potential...

- Higher levels of health and well-being
- Higher productivity and employment rates
- Over time, reduced need for high cost emergency interventions

But CBOs are also severely stressed—and unlikely to realize their full potential without significant changes



CBOs are currently prevented from realizing their full potential by a series of roadblocks and challenges

Roadblocks to realizing the transformative potential of human services

Mistaken beliefs

about human services CBOs

- Building trust in the transformative potential of the human services ecosystem
- Building trust and deeper partnerships among human services stakeholders

Ecosystem

shortcomings of the human services ecosystem

- Organizational silos
- Transitioning from providing services to delivering outcomes

Financial stress

among human services CBOs

- Constraints imposed by government contracts
- Constraints imposed by private philanthropy
- Challenging regulatory and legal environment
- Underdeveloped financial risk management

Capacity

Limitations

- Human capital
- Technology and data
- Capacity for innovation, adaptation, and agility

Five imperative “North Star” initiatives to be embraced by CBOs and their partners in the human services ecosystem

1 Commitment to outcomes

- Invest in data, IT, analytics to track outcomes over time
- Share information across geographies, programs, CBO/government siloes
- Allocate funding based on outcomes evidence

2 Capacity for innovation

- Invest in experimentation
- Invest in ability to measure success (and failure)
- “Fail forward”

3 Operating Model 2.0— A Strategic Partnership Approach

- Pilot joint planning and population needs assessments across both CBOs and public agencies
- Create partnership-based rather than transactional procurement processes within public agencies
- Create shared service “utilities” for CBOs

4 Financial management policies & practices

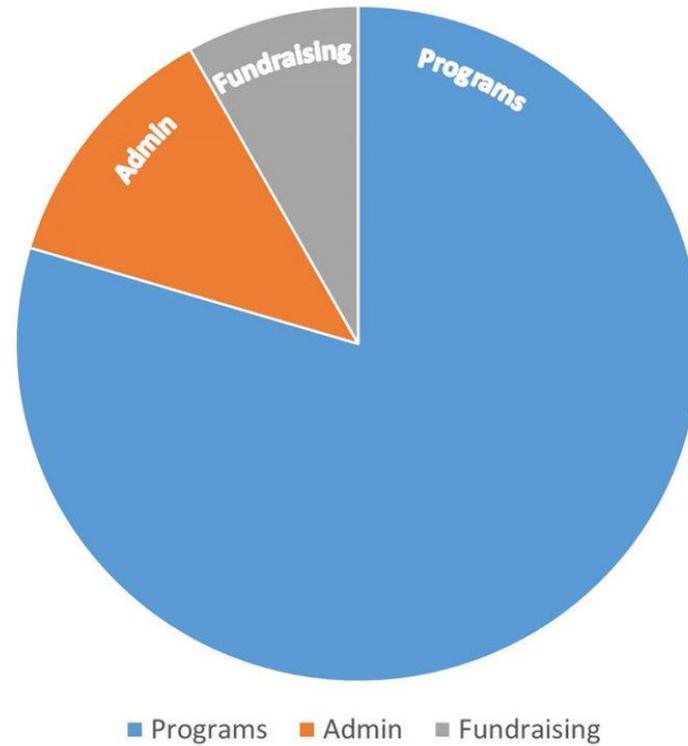
- Invest in finance and financial risk management capabilities—make hard choices re security vs programs
- Reform public agency contracting processes to provide full, timely payment

5 Regulatory modernization

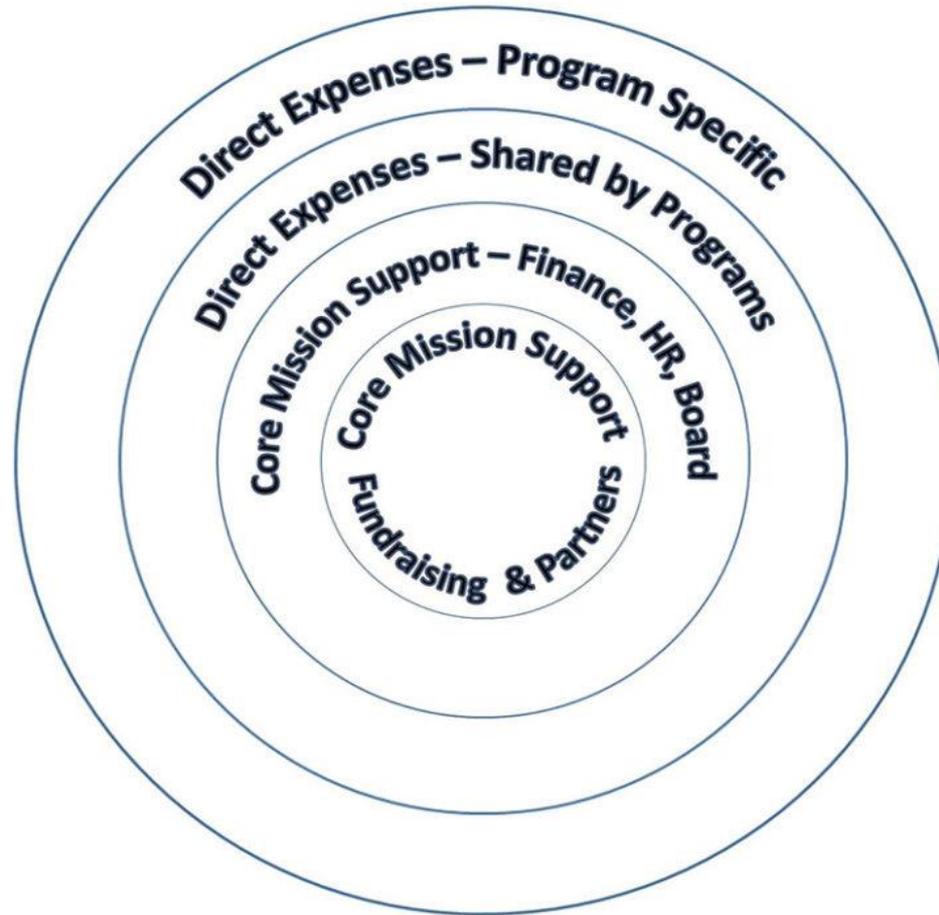
- Eliminate or simplify outdated, duplicative, overlapping regulations
- Standardize interpretation, enforcement

Lack of Investment in Organizational Capacity

A Tired Old View of Our Organization



Building Organizational Capacity



Capacity for Integration

- Technology/Data/Measurement Gap
- Agency Financial Crises
- Domestic Violence Funding
- Family Justice Centers
- Pre-K Funding and Universal Pre-K
- Human Services Healthcare Collective



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Family Services Head Start – Child Development - Family Advocates, Teachers

Family Services – Individual, Family & Child Counseling

Goodwill – Job Readiness, Vocational Coaching, Adult High School

Financial Pathways – Financial Coaching/Education, Financial Action Plan

Imprints Cares – Parents as Teachers (in-home), Parenting Workshops

Habitat – Homeownership, Home Maintenance/Repair

Wake Forest School of Law – Housing and Consumer Law Clinic

All – Activities, Events, Workshops



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Recommendations

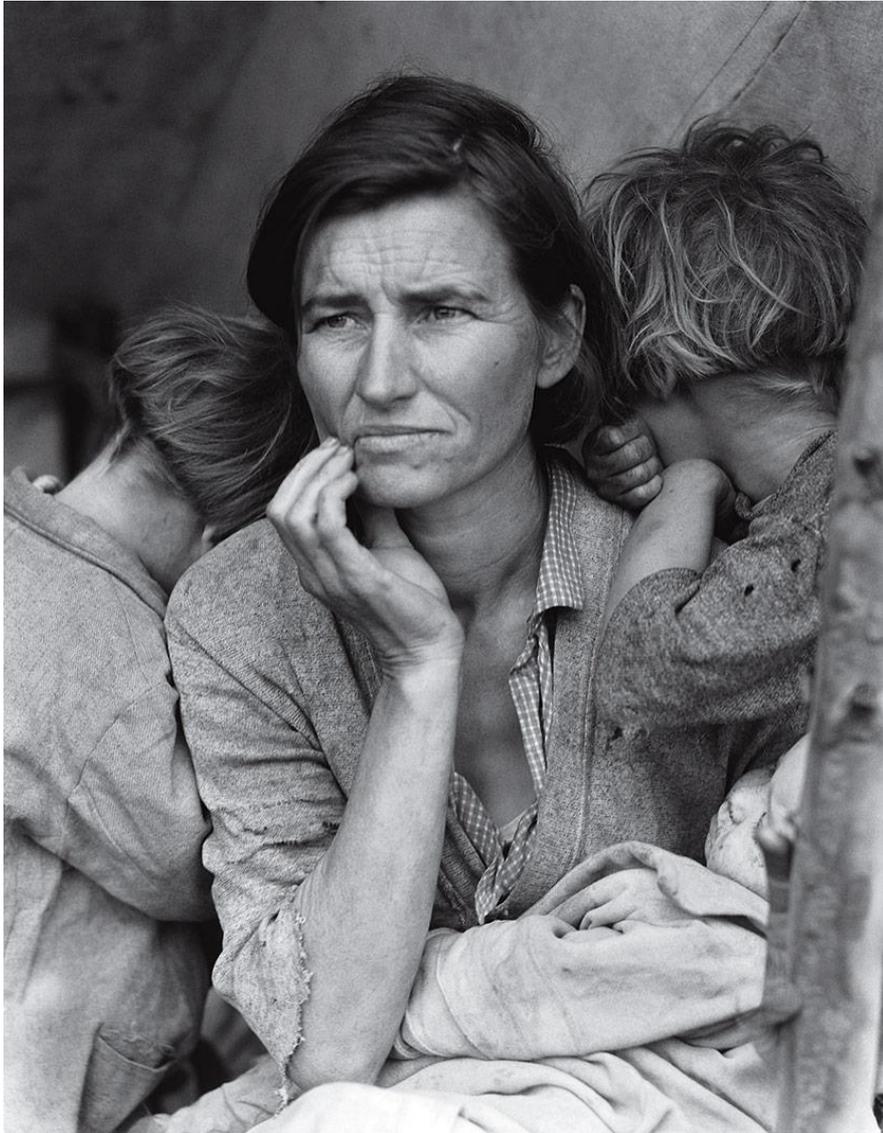
Convene an intersectoral work group, including leaders from state and local government, healthcare, philanthropy, and human services organizations, to:

1. Increase the capacity of HSOs to track outcomes; share information across geographies, programs, organizations, and government silos, and receive funding based on outcomes evidence.
2. Enable HSOs to invest in experimentation and innovation that foster cost effective models of service delivery in the context of an integrated healthcare system.
3. Create partnership-based rather than transactional procurement processes that integrate healthcare and human service organizations within a systemic framework.
4. Pilot joint planning and population needs assessments across HSOs, healthcare providers, and public agencies.

Recommendations

Convene an intersectoral work group, including leaders from state and local government, healthcare, philanthropy, and human services organizations, to:

5. Explore ways in which the provision of medical services can be incorporated into existing community-based projects, initiatives, and institutions that address social determinants at a population health level.
6. Reform public agency contracting processes and philanthropic grantmaking to a) provide full, timely payment and b) adequately fund “core mission support” functions (i.e., administrative overhead).
7. Eliminate outdated, duplicative, conflicting, or overlapping regulations that impede efficient and effective service delivery.
8. Provide consultation to enable HSOs to improve financial management, contracting processes, and coordination/collaboration within the human services sector.



**Social Injustices
become embodied
in the individual
as disease.**