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## THE FAMILY POLICY COUNCIL – COMMUNITY NETWORK PARTNERSHIP EXPLAINED

The Family Policy Council and 42 local affiliates, Community Public Health and Safety Networks, help communities learn the costs and causes of child and family problems<sup>1</sup> and establish systematic ways to reduce those problems. Through the partnership people come together, share responsibility for alleviating crisis, improve services, and build healthy environments for families and children. Collaborative Councils at the state and community levels structure the Family Policy Council partnership. Together this partnership:

- Improves** the wellbeing of children, families and communities through collaboration and efficient use and diversification of resources,
- Responds** to emerging conditions while generating feedback to inform policy, and
- Reduces** the most powerful risks for mental, physical and behavioral health disorders and associated costs.

The Family Policy Council employs expertise from many disciplines and affects a broad range of actions including promotion, prevention, intervention, treatment, sanctions, recovery and resilience. Guided locally by Community Networks, community capacity is increased to:

- Design programs – and win grants to fund them** – that fit with local needs, have a track record of success, and shift the norms of community and family life to help children thrive,
- Provide world-class education and leadership development**, asking uncommon partners to use their circles of influence to dramatically improve health,
- Raise money, time, and other donations** while making sure that help gets to where it's needed most,
- Co-direct scarce resources and manage pooled funds<sup>[1]</sup>** in order to achieve goals that matter most, given local values and vulnerabilities,
- Improve state policy** and monitor results for vital information that drives better methods and strategies each year.

The Stone Soup parable reminds us that in times of scarcity the container invites participation. In crisis, you never throw out the soup pot – you retain a container where shared resources simmer into delicious and nutritious soup for the collective wellbeing. In Washington State, Family Policy Council Community Networks are the ones that 'bring the pot' – we make sure state and federal resources get to where they are needed most, solicit donations of time, money, food, space and other resources, and make sure that the programs offered in the community are highest quality, best fit and deliver promised results.

The Family Policy Council's work improves each community's general community capacity to decrease the need for formal services while improve service effectiveness. The Family Policy Council developed measures and began formal statistical analysis of the link between community capacity and reduced problem rates in 2008. Findings are stunning – the higher the community capacity scores the greater the number of different problems with declining rates. What is most exciting is that there is a tipping point – a new community norm where people and organizations are interacting more functionally with one another. This tipping point is highly correlated with five or more problem rates coming down at once. Improvements to community capacity and norms reduce risk for the next generation, thus making the communities' health sustainable.

<sup>1</sup> The Family Policy Council uses a public health approach to reducing child abuse and neglect, youth violence, youth substance abuse, domestic violence, teen suicide, teen pregnancy/male parentage, child out-of-home placement and dropping out of school.

<sup>[1]</sup> Each Network and the Family Policy Council are directed by law to: evaluate whether certain funds now allocated in strict program categories would be more effective if they could be used wherever local needs are greatest—a process referred to as “deategorization” of funds. (RCW 70.190.110)

**FAMILY POLICY COUNCIL REDUCES RATES AND PUBLIC COSTS OF CHILD & FAMILY PROBLEMS**  
**\$8.1M BUDGET PROJECTED TO SAVE \$55.87M IN 2009-11 CASELOADS**  
**LONG-TERM SAVINGS TOP \$296M**

Established in 1994, Family Policy Council Community Networks work to reduce the rates of child abuse and neglect, domestic violence, youth violence, youth substance abuse, dropping out of school, teen pregnancy and male parentage, and youth suicide. Tens of thousands of community residents work together with professionals to ensure success and their efforts are paying off.

New studies credit Community Networks with rate reductions that reduce caseloads in child welfare, juvenile justice and other high cost systems. Analysis with a comparison group of 10 counties with no Community Network shows the rate reductions are more highly correlated to Network focus and effort than to race, poverty or other factors typically examined. The partnership is proven to reduce the severity of child and family problems – the cumulative impact of high rates of many problems affecting children and families. Reductions in the rates of six separate problems – child out-of-home placement, youth substance abuse, youth violent crime, youth suicide related hospitalizations, births to teen mothers, and dropping out of school – showed greater improvements in Family Policy Council (FPC) funded counties than in unfunded ones between 2001 and 2008<sup>2</sup>.

Cost savings analysis, conducted by the Department of Social and Health Services Planning, Performance and Accountability experts, verifies that rate reductions generate short-and long-term savings for taxpayers through: reduced demand for direct services and increased tax revenues resulting from higher earning power. Based on actual caseloads prevented in 2002-2006, and assuming a funding level at least equal to funding during those years, the conservative projection for taxpayer savings during the 2009-2011 biennium is \$55.878m; with a projected long term savings of \$240.536m<sup>3</sup>.

**HISTORY OF TAXPAYER SAVINGS FROM COMMUNITY NETWORK-GENERATED RATE REDUCTIONS**

Rate reductions generate short- and long-term savings for taxpayers through: *reduced demand for direct services*, including incarceration, publicly-funded health care and mental health care, and *Increased tax revenues* resulting from higher earning power.

PREVENTED CASES 2002-06	IMMEDIATE SAVINGS PER CASE	LONG-TERM SAVINGS	TOTAL SAVINGS
610 Out of Home Placements <sup>d</sup>	\$27,887 <sup>ii</sup>	\$580,110 (610 x \$951) <sup>iii</sup>	17,591,180
1044 Birth to Mothers 10 - 17 <sup>v</sup>	\$4080 <sup>v</sup>	\$72,411,840 (1044 x 17 yr x \$4080) <sup>vi</sup>	76,671,360
2287 Dropping Out of School <sup>iii</sup>	\$0	\$505,427,000 <sup>vii, ix</sup> (2287 x \$221,000)	505,427,000
3869 Juvenile Felonies <sup>x</sup>	\$30,600 <sup>xi</sup>	\$22,734,244 <sup>xii, xiii</sup> (26% of 3869 x \$22,600)	141,125,644
<b>TOTALS</b>		<b>601,153,194</b>	<b>740,815,184</b>

**PROJECTED CASELOAD SAVINGS 2009-11**

PROJECTED CASE REDUCTION 2009-11	PROJECTED SAVINGS IN 2009-11	PROJECTED LONG- TERM SAVINGS	PROJECTED TOTAL SAVINGS
244 Out of Home Placements	6,804,428	232,044	7,036,472
418 Birth to Mothers 10 - 17	1,705,440	28,992,480	30,697,920
915 Dropping Out of School	0	202,215,000	202,215,000
1548 Juvenile Felonies	47,368,800	9,096,048	56,464,848
<b>TOTALS</b>	<b>55,878,668</b>	<b>240,535,572</b>	<b>296,414,240</b>

<sup>2</sup> Improvements for five of six children and family problem behaviors were statistically significant (< .05): violence, dropping out of school, abuse/neglect (out-of-home placements), teen pregnancy and teen suicide. Statistical significance levels were close to .05 for alcohol and drug arrests (.09 and .14). Teen pregnancy and suicide had significant changes in rates in larger counties with more stable rates. Changes in infant mortality and 'No 3<sup>rd</sup> Trimester Maternity Care' showed significant trends (.09 & .10).

<sup>3</sup> Projected Cost Savings Due to Caseloads avoided; Technical Notes; March 2009; Vince Schueler, Krista Goldstine-Cole, Dario Longhi

## WHY DOES PROBLEM RATE REDUCTION MATTER?

Think of filling a bathtub. If the water is on and the drain is closed, the tub will overflow. The relationship between how fast the water is coming into the tub and how fast the water is draining out of the tub determines whether or not the bathroom floods. Both the flow of water into the tub, and the capacity of the drain to remove water from the tub must be attended to. The bathtub analogy can be applied to children and families needing help (the flow in) and services that help them (the flow out). When the number of people at risk or in crisis is greater than the number who can be served with crisis-solving programs, even services that deliver great client outcomes can't keep up – they improve the lives of some people but can't resolve the problems of enough people to reduce the proportion of the population that needs help.

Our most expensive social problems tend to stick together in multi-need families, rough neighborhoods, and intergenerational cycles. Families flow into evidence-based programs that are designed to solve one or two problems at a time. Even when these programs work perfectly, the families they serve still queue up for other services to address other needs. Especially in communities with many families that have multiple needs – communities that have many major social and health problems occurring at very high rates – the system of direct services is easily flooded.

When the rates of multiple problems keep going up the public costs associated with the problems also keep going up, and the risk of harm is increased for the next generation. The Family Policy Council was designed to resolve this dilemma. The Council's work improves program quality while concurrently generating the exact kind of community capacity that is proven to drive multiple problem rates down at the same time. As a result, the population as a whole becomes healthier and safer.

## IMPROVEMENTS/SAVINGS ARE ATTRIBUTABLE TO FAMILY POLICY COUNCIL & COMMUNITY NETWORKS

There are two important reasons that confirm that rate reductions and associated caseload cost savings reported on page two of this document are attributable to the work of the Family Policy Council:

- 1) Research findings about Family Policy Council-Community Network rate reductions fulfill the main criteria of scientific evidence for causality established by Sir Bradford Hill – criteria used as the gold-standard for establishing causality in the field of epidemiology.
- 2) Nobel prize winning economic analysis, Institute of Medicine and National Research Council publications conclude that – the Family Policy Council-Community Network types of partnerships produce better outcomes than other approaches.

### Research Findings about Family Policy Council (FPC) Rate Reductions Meet the Gold-Standard for Causality

Results from three separate studies about the Family Policy Council's effectiveness fulfill the main criteria of scientific evidence for causality: time-order, strength, dose-response, coherence, consistency, specificity, predictive performance (Sir Bradford Hill -Tests for Causality in Epidemiological Research).

- **Time order** - The FPC work preceded observed decreases in rates in the last ten years (1998-2008) in funded FPC counties.
- **Strength** - Outcomes are highly correlated with better FPC work: level of **community capacity** was correlated at 0.82 with a higher number of better-than-state improvements in rates across counties.
- **Dose-response** - Improvements in rates grew exponentially as community capacity reached a certain threshold: a statistically significant curvilinear relation (NOT a linear one) was found between community capacity/resilience and the number of improvements in rates.
- **Coherence** - FPC work was aimed at increasing community capacity which was theorized to affect general '**community resilience**' to many problems: statistical factor analysis reveals only one common underlying factor to improvements in rates, highly correlated with community capacity. Severity of problems got significantly worse in FPC unfunded counties, with similar socio-economic characteristics.
- **Consistency** - Rate changes were not explained by initial levels or changes in social, economic and demographic factors: they occurred in large and small counties, on the East and West side of the state, in poorer and richer localities with different racial-ethnic composition.
- **Specificity** – FPC communities with high community capacity choosing to work on youth substance use and smoking, showed significantly higher decreases in these rates compared to neighboring lower capacity communities. These decreases occurred in high risk, poorer and sometime multiethnic rural counties.
- **Predictive performance** – Decreases in rates of substance use occurred in counties with high capacity and resilience by changing community rules and norms, neighbors and school support and peer relations.

## Nobel Prize for Economics Affirms Family Policy Council Structure and Approach

On December 8, 2009 Dr. Elinor Ostrom won the Nobel Prize in Economics for demonstrating the conditions where local communities, when faced with scarce resources, come together and cooperatively generate right solutions for the common good. She finds that "local organization can be remarkably efficient"<sup>4</sup> when compared with centralized government or private management, and concludes that "the outcomes are, more often than not, better than predicted by standard theories."<sup>5</sup> The Family Policy Council provides a legal framework for one of the key conditions for success: authority for citizens to participate directly in decisions about how to use scarce resources for helping the most vulnerable families to thrive. Additionally, the structure of the Family Policy Council – a network of collaborative networks with a strong emphasis on amassing cooperation from the grassroots level – is the structure that Dr. Ostrom has found to be most beneficial for optimizing results. She finds that "large-scale cooperation can be amassed gradually from below. Appropriation, provision, monitoring, enforcement, conflict resolution and governance activities can all be organized in multiple layers of nested enterprises" (like community networks and their local partner groups). "Formation of a large group at the outset, without forming smaller groups first, is more difficult."<sup>6</sup>

## Institute of Medicine & National Research Council Recommend State-Community Partnerships Like the Family Policy Council-Community Networks

The Institute of Medicine & National Research Council published a seminal report in September of 2009 about preventing mental, emotional, and behavioral (MEB) disorders in youth. This report asserts that all sectors have an interest in, and should exercise collaborative authority to reduce MEB disorders in youth and calls on states to develop effective community partnerships that engage multiple sectors, address the interrelated causes and effects of MEB disorders, and enable community-based participatory research to occur.

*"States and communities should develop networked systems to apply resources to the promotion of mental health and prevention of MEB disorders among their young people. These systems should involve individuals, families, schools, justice systems, health care systems, and relevant community-based programs. Such approaches should build on available evidence-based programs and involve local evaluators to assess the implementation process of individual programs or policies and to measure community-wide outcomes."* (Preventing Mental, Emotional and Behavioral Disorders Among Young People - Progress and Possibilities; Institute of Medicine & National Research Council; 2009)

<sup>1</sup> Indicated by filings for dependency as reported by the Administrative Office of the Courts, Caseload Studies.

<sup>2</sup> Washington State Institute for Public Policy (July, 2008). Evidence-based programs to prevent children from entering and remaining in the child welfare system: benefits and costs for Washington. p. 32. The expected present value of each out of home placement in Washington is \$27,887. Expected present value of an accepted CPS referral is \$5,183 per case.

<sup>3</sup> Washington State Institute for Public Policy (July, 2008). The lifetime cost for health and mental health care is \$1902 per victim of child abuse when averaged across types of maltreatment; 50% of the cost, or \$951, is borne by the public.

<sup>4</sup> As reported by Department of Health; indicator of teen pregnancy.

<sup>5</sup> The National Campaign to Prevent Teen and Unplanned Pregnancy (2008). The Public Costs of Teen Childbearing: Key Data. [www.teenpregnancy.org/costs](http://www.teenpregnancy.org/costs). The annual cost of health care, child welfare, incarceration and lost tax revenue is \$4080 for each birth of a child to a mother 17 or younger. Annual cost for 18-19 year old mothers is \$1430.

<sup>6</sup> The National Campaign to Prevent Teen and Unplanned Pregnancy (2008).

<sup>7</sup> As reported by Office of Superintendent of Public Instruction.

<sup>8</sup> Alliance for Excellent Education (November, 2006). Healthier and wealthier: decreasing health care costs by increasing educational attainment. *Issue Brief*. The strong relationship between health and educational attainment affects insurance, resulting in \$15,632 in public costs per drop out for Medicaid and uninsured costs.

<sup>9</sup> Sadovi, C. (September 24, 2008). Study: drop out cost is \$221,000 each. *Chicago Tribune, Breaking News*. Based on costs reported in the state of Illinois, the lifetime cost of each drop out to the public coffers is \$221,000 for reduced tax revenue, unemployment, income support, and other entitlements/benefits.

<sup>10</sup> Indicated by juvenile felony filings as reported by the Administrative Office of the Courts, Caseload Studies.

<sup>11</sup> Washington State Institute for Public Policy (September 17, 2004). Benefits and costs of prevention and early intervention programs for youth: Technical Appendix. p. 74. The per unit taxpayer cost of a juvenile felony is \$30,600 if the juvenile is detained at the local level and \$36,000 if the juvenile is sentenced to a JRA/state institution. WSIPP made this calculation using average daily populations.

<sup>12</sup> Scanlon, JR, Webb, L. (1981). Juvenile offenders who become adult criminals. *Criminal Justice Review* (6:1). 26% of juvenile offenders go on to commit an adult crime.

<sup>13</sup> Stephen, J. (2004). State prison expenditures, 2001. *Bureau of Justice Statistics Special Report*. Washington DC: US Department of Justice. The average cost of an adult incarceration is \$22,600 per case.

<sup>4</sup> [http://nobelprize.org/nobel\\_prizes/economics/laureates/2009/speedread.html](http://nobelprize.org/nobel_prizes/economics/laureates/2009/speedread.html)

<sup>5</sup> *ibid*

<sup>6</sup> Scientific Background on the Sveriges Riksbank Prize in Economic Sciences in Memory of Alfred Nobel; 2009