



## California Essentials for Childhood Initiative Framework

### **Vision:**

**All California children, youth, and their families thrive in safe, stable, nurturing relationships and environments**

### **Mission/Purpose:**

To develop a common agenda across multiple agencies and stakeholders and align activities, programs, policies and funding so that all California children, youth and their families have safe, stable, nurturing relationships and environments.

### **Governance Structure:**

#### **1. Steering Committee:**

##### **A. Selection/Creation:**

- Co-chaired by Co-backbone agencies
- 15 - 20 members - Members may be nominated by Co-Backbone organizations and Leadership Action Team (Informed by the Steering Committee, CDC requirements, public health approach and existing child welfare structure); Appointments by Co-backbone organizations
- Alternates: Steering Committee members may assign an alternate to serve when they are absent. Alternates must have decision making authority for their agency on the Steering Committee in order to maintain the Initiative's momentum.

##### **B. Membership:**

- Steve Wirtz, Co-chair, Safe and Active Communities Branch, California Department of Public Health (CDPH)
- Angela Ponivas Co-chair, Office of Child Abuse Prevention, California Department of Social Services (CDSS)
- Karen Ben-Moshe – Strategic Planning Council, Health in All Policies
- Sheila Boxley – Child Abuse Prevention Center and Strategies 2.0
- Kris Calvin - American Academy of Pediatrics-California
- Rachel Davis – Prevention Institute
- David Dodds – First 5 California
- Lisa Fraser – Center for Family Strengthening, San Luis Obispo
- Tom Herman – California Department of Education
- Gail Kennedy – ACEs Connection Network
- Moira Kenny – First 5 County Commission Association
- Camille Maben - First 5 California
- Jahmal Miller - Office of Health Equity, California Department of Public Health
- Lisa Pion-Berlin – Parents Anonymous
- Christina Riehl – California Department of Justice, Bureau of Children's Justice
- Lucy Roberts – Lead for Tomorrow
- Sarah Rock – Advokids
- Joyce Roys-Aguilera– The California Endowment
- Hector Sanchez-Flores – National Compadres Network
- Afomeia Tesfai – Center for Youth Wellness, Campaign to Counter Childhood Adversity
- Lori Turk-Bicakci – Lucille Packard Foundation, Kidsdata.org

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### C. Role/responsibility: Executive planning and policy body

- Develop vision, common agenda and strategic direction
- Actively participate in Leadership Action Team and Work Groups
- Oversee and guide implementation efforts
- Monitor progress and outcomes
- Promote mutually reinforcing activities among participating and related agencies, organizations, communities and individuals
- Mobilize community and activities
- Build public will
- Advance policy

### D. Decision-making process:

- Consensus where possible; Majority vote if necessary
- Awareness of Co-backbone agency's governmental roles and responsibilities (e.g., no legislative lobbying)

### E. Meeting Schedule: Quarterly or as needed (in-person or by phone)

## 2. Leadership Action Team:

### A. Selection/creation:

- 75-80 members (including Steering Committee members)
  - Members appointed by Co-Backbone organizations (informed by CDC requirements, public health approach and existing child welfare structure)
  - New members nominated by Steering Committee, recruited through partners
- Membership to be dynamic based on the needs of the Initiative strategic priorities and reflective of California's diverse population and groups

### B. Membership: Based on member organization partnerships and list as of January 2017

### C. Role/responsibility:

- Review, refine and ratify vision, common agenda and strategic plan
- Set strategic priority area outcomes, form Work Groups, and develop work plans
- Participate in Work Groups and implementation activities
- Promote mutually reinforcing activities among participating and related agencies, organizations, communities and individuals
- Build public will
- Advance policy

### D. Decision-making process:

- Consensus where possible; Majority vote if necessary
- Awareness of Co-backbone agency's governmental roles and responsibilities (e.g., no legislative lobbying)

### E. Meeting Schedule: In person – annually or as needed

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### 3. Co- Backbone Support Organizations: CDPH and CDSS

#### A. Roles/Responsibilities:

- CDPH has primary staffing role for the Essentials Initiative (i.e., Backbone, Committees, Work groups) and responsibility for grant deliverables and reports
- CDSS has co-leadership role in planning, implementing and evaluating the Essentials Initiative
- Convene and coordinate activities
- Ensure alignment with broader state Agency policies and procedures
- Guide vision and strategy
- Provide a forum for open communication, dialogue and productive joint thinking and work; build trust
- Support aligned activities
- Establish shared measurement practices
- Build public will
- Advance policy
- Mobilize funding

### 4. Workgroups (ongoing and as-needed)

- A. Programs and Systems Integration
- B. Community Engagement and Public Awareness
- C. Shared Data and Outcomes
- D. Policy Network (Coordinated through Health In All Policies)

## Guiding Principles

1. Ensuring all children and families have Safe, Stable, Nurturing Relationships and Environments will strengthen families, prevent and reduce child maltreatment, promote healthy child growth and well-being, and allow children to reach their full potential as happy, self-sufficient, socially engaged and productive citizens.
2. Solving large scale, complex social problems requires a highly effective level of sustained collaboration across multiple sectors aligned to a broad common agenda and conducting strategic and mutually reinforcing activities (e.g., “collective impact” approach).
3. Accomplishing Safe, Stable, Nurturing Relationships and Environments requires changes in multiple systems with a focus on broad social and economic determinants, social norms, and governmental and institutional policies, as well as individual and family level change.
4. Service systems and programs should be based on the best available evidence (i.e., research, experiential and contextual).
5. Service systems and programs should be culturally and linguistically appropriate for their audiences.
6. Efforts to make improvements in overall child health and well-being should include specific actions to address and reduce inequalities/disparities which are avoidable, unjust and preventable.