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**A New Policy Direction
and
Four Guidelines
for
Valley of the Sun United Way's
Investment in the Community**

Prepared for Valley of the Sun United Way
Funded by Honeywell, Inc.

May 1998



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EXECUTIVE SUMMARY

After decades of charitable generosity in the Valley of the Sun, the 1990s have brought new challenges which require a re-assessment of priorities. Facing continued and rapid population growth, and continuing efforts to reform and restrain public spending on many levels, Valley of the Sun United Way initiated a strategic planning process in 1996 to identify guiding principles and key issues for the future.

In late 1997, Valley of the Sun United Way, with funding support from Honeywell, Inc., asked the Morrison Institute for Public Policy to identify the most critical public issues facing the community and to determine where United Way could have the greatest impact with its investments by targeting its funding and support. To do this, the Institute conducted 49 one-on-one interviews with opinion leaders from the business, government, and non-profit sectors in the Phoenix Metro area, held one focus group with a subset of the interviewees, and reviewed a large body of published research and surveys in Arizona and the U.S.

This report recommends **four principles** to guide the allocation of United Way dollars for the next few years:

- < **concentrate on children and families for investment;**
- < **stress prevention and early intervention;**
- < **favor projects which strengthen or expand the reach of existing proven, realistic programs while recognizing the need to also “seed” new, innovative strategies that show promise; and**
- < **focus on programs that serve children and families who have the greatest need.**

To assist United Way policymakers and practitioners put the principles into practice, this report also provides a rationale for emphasizing prevention and for targeting dollars for children under five, young adolescents, single parents, low-income households, individuals and families attempting to transition out of welfare, and all working families for some issues (child care, parenting skills, and non-school hour programs).

In addition to guiding fund allocation, the four principles—invest in children and families, invest in prevention, invest in proven programs, and invest in the under served—can provide a simple message to communicate United Way’s purpose and results to current and future contributors. Specifically, this report suggests Valley of the Sun United Way design its reports to answer three basic questions.

1. *“Where did the money go?”*

by category (for example):

- < 26% youth
- < 25% families
- < 15% hunger and homeless
- < 12% disease and health
- < 10% disability
- < 5% community support
- < 4% neighborhoods
- < 3% elderly

by program (for example):

- < 50% for childhood development and family support services for those with children under 5
- < 25% for youth (age 6-18) activities and opportunities during non-school hours
- < 25% for health services for children, etc.

by organization (for example):

- < American Red Cross
- < Boys and Girls Club
- < Catholic Social Services, etc.

2. *"What was achieved with your dollars?" (for example):*

- < upgraded or expanded the capacity of x child care facilities to serve an additional x children
- < opened x new after school programs within/near low-income neighborhoods to serve x children and teens
- < expanded the capacity of x proven-effective infant in-home visitation programs to serve an additional x mothers and their newborns
- < published a directory of child care facilities and non-school hour programs

3. *"How much did it change?" (for example):*

- < increased the day care capacity (number of day care slots) by x%
- < increased capacity of non-school hour programs in 10 low-income areas by x%
- < improved school readiness of x infants and toddlers
- < improved access to x families and individuals to health screening and referrals in schools and day care facilities

This report proposes a specific policy direction for Valley of the Sun United Way investments, a comprehensive rationale for this direction, and a coherent set of guidelines to implement it. Briefly, the recommendation is that the new United Way allocation model prioritize children- and family-focused programs and center on several cornerstones considered essential for assuring funds are concentrated and spent on initiatives that can lead to powerful results for the community.

Essentially, this report recommends **four principles** to guide the allocation of United Way dollars for the next few years:

- < concentrate on children and families for investment;
- < stress prevention and early intervention;
- < favor projects which strengthen or expand the reach of existing proven, realistic programs while recognizing the need to also “seed” new, innovative strategies that show promise; and
- < focus on programs that serve children and families who have the greatest need.

Valley of the Sun United Way already spends half its money on youth and families. The question is: can United Way do more than it is doing now? Clearly, the organization can and probably should if it wants to be highly identified with this policy area. Even if United Way stays with a 50% allocation to youth and families, it can use the four principles to be more strategic in where, who, and what it invests in.

Another central question is: what would be the implications of United Way focusing on prevention, as is recommended? Communities should have a balanced continuum of social enrichment, problem prevention, crisis intervention, remediation, treatment and rehabilitation services for children and families. Since United Way and other local charitable groups are often counted on to respond to crisis situations (domestic violence shelters, food, etc.) and to “fix” problems, it is not possible to move totally away from that role. However, in light of the more than sufficient testimony to prevention’s potential to curb the need for the other services, it seems prudent to invest a considerable portion of the community’s resources in the enrichment and prevention end of this continuum.

I. Why Modify United Way’s Policy Direction and Allocations Process?

For many decades, the Valley of the Sun United Way has benefitted from the volunteerism and charitable generosity of individuals, civic groups, and the private sector in addressing the social and human service needs of the region’s citizens.

Several factors in the 1990s have placed new challenges on health and human social service delivery in Greater Phoenix: rapid population growth and continuing efforts to reform, restrain, and cut public spending at all levels of government.

As a result of these forces—and despite a general prosperity in the region—Valley of the Sun United Way and a number of the community’s opinion leaders set out to explore the best way to cope with the widening array of service needs given the limited resources available now and expected in the future.

With inevitable strategic choices on the horizon regarding service priorities, cost-effective strategies, and increased demand for accountability by donors, Valley of the Sun United Way initiated a strategic planning process in 1996 to identify guiding principles and key issues for the future.

As a part of that process and as a result of broad-based community input, the Valley of the Sun United Way Board of Directors agreed upon a number of key initiatives for the organization in late 1996, including advocating a shift from funding “members” to funding “programs”; a need to better coordinate and collaborate with other human services funders; and a need to continue to increase fundraising as public sources of funding are anticipated to be dramatically changing.

In late 1997, Valley of the Sun United Way, with funding support from Honeywell, Inc., asked the Morrison Institute for Public Policy to identify the most critical public issues facing the community and to determine where United Way could have the greatest impact with its investment by targeting its funding and support. To do this, the Institute conducted 49 one-on-one interviews with opinion leaders from the business, government and non-profit sectors in the Phoenix Metro area, held one focus group with a subset of the interviewees, and reviewed a large body of published research and surveys in Arizona and the U.S. This report is the culmination of that process (see box below for specific steps). It concentrates on providing Valley of the Sun United Way with a set of issues and basic policies to guide policy makers and funders who must decide where and how—among a myriad of possibilities—to invest United Way’s resources to make the greatest long-term difference for the community.

Methodology of Assessment Process

In December 1997 and January 1998, 49 interviews were conducted with business, civic, government, and non-profit leaders in the Valley of the Sun (see Appendix A). Each of the interviewees was asked to name—without prompting—what they believed were the top "crisis," "long-term," and "emerging" social or human service issues facing the region.

Several themes quickly emerged from the interviews: children and family issues (including health care, child care, at-risk children) and concerns related to welfare reform (including service discontinuation, mobility/transportation, and child care).

The top issues from the interviews were then brought to a focus group of a smaller subset of the interviewees. The themes which had emerged in the interviews came into clearer focus when the group sought to organize the top ten issues under two overarching themes: families and children (including child care, health care, affordable housing) and welfare reform (including mobility/transportation, child care as it relates to welfare reform, and job training/retraining as it relates to welfare reform).

The focus group also prioritized 18 potential "allocation principles" which had emerged in the interviews. There was agreement that the key allocation principles were:

- < investments should be made in programs or initiatives that emphasize prevention and asset building rather than intervention;*
- < allocations should be focused on a limited number of key investment areas and move toward multiple-year funding for those priorities;*
- < allocations should be weighted toward underserved populations/geographic areas; and*
- < allocations should be made for "incubator" funding for innovative projects and ideas.*

The issues and principles identified through this process became the foundations for this paper.

II. Why Target Children and Families?

There is little disagreement about the importance and urgency of investing in youth. In the long run, the vitality of any society and its prospects for the future depend on the quality of its youth—on their knowledge and skill, their health and vigor, and the decency of their human relations.

Most observers also agree that the social and economic forces confronting youth today are far more challenging than they were 20 years ago, putting them at much greater risk for troubled futures. What, many ask, could be more important than helping young people navigate the passage from childhood to adulthood without falling prey to drugs, early pregnancy, poverty, crime, family breakup, abuse, violence and school dropout? While many young people are able to avoid educational failure,

A 1997 Morrison Institute/Arizona Republic survey revealed that 70 percent of Greater Phoenix residents believe the status of families and children in the region is "very important" to our regional quality of life, and 19 percent say it is the most important factor in our quality of life.

(What Matters: 1997 Indicators of Our Quality of Life, Morrison Institute for Public Policy)

serious injury, disease, and economic incompetence, far too many of our future workers, parents and citizens are at high or moderate risk for such outcomes.

Some statistics underscore the issue:

Key Facts about American Children

- 1 in 2 preschoolers has a mother in the labor force.*
- 1 in 2 will live in a single-parent family at some point in childhood.*
- 1 in 2 never completes a single year of college.*
- 1 in 3 is born to unmarried parents.*
- 1 in 3 will be poor at some point in childhood.*
- 1 in 3 is a year or more behind in school.*
- 1 in 4 is born poor.*
- 1 in 4 is born to a mother who did not graduate from high school.*
- 1 in 4 lives with only one parent.*
- 1 in 5 is poor now.*
- 1 in 5 lives in a family receiving food stamps.*
- 1 in 5 is born to a mother who received no prenatal care in the first three months of pregnancy.*
- 1 in 6 has a foreign-born mother.*
- 1 in 7 has no health insurance.*
- 1 in 7 lives with a working relative but is poor nonetheless.*
- 1 in 8 never graduates from high school.*
- 1 in 8 is born to a teenage mother.*
- 1 in 11 lives at less than half the poverty level.*
- 1 in 12 has a disability.*
- 1 in 13 is born at low birthweight.*
- 1 in 24 is born to a mother who received late or no prenatal care.*
- 1 in 25 lives with neither parent.*
- 1 in 132 dies before age 1.*
- 1 in 680 is killed by gunfire before age 20.*

Source: Children's Defense Fund, 1998

The reason for targeting families, along with children, for support and attention is simple: families have a major influence on shaping the young. In fact, families are the problem and the solution to many of the grim statistics noted above. For example, myriads of research show that “crime-prone youth are more likely to come from families where parents are abusive or neglectful, provide harsh or erratic discipline, or exhibit martial discord” (Mendel, 1997). A leading scholar on adolescence, Joy G. Dryfoos reports that parental neglect is almost as strong a predictor of subsequent violence as physical abuse, and parental rejection is the most powerful predictor of all. In one study, 50% of children rejected by their parents went on to commit serious crimes, versus only 20% of abused and neglected children (Wright & Wright, 1994). Conversely, children in healthy families who feel loved, valued and supervised have a greater chance to become productive members of society and are, therefore, less likely to commit acts of violence and other antisocial behaviors. As one veteran criminologist puts it, “the closer the child’s relationship with his parents, the more he is

attracted to and identified with them, the lower his chances of delinquency” (Wright & Wright, 1994). The finding holds in one- and two-parent families alike.

Families would benefit from assistance in raising children, and evidence suggests that many elements of the community can play pivotal supportive roles (Mendel, 1995). In fact, within the scientific and professional communities, an important consensus has emerged on ways that parents and others can cooperate in coping with the development needs of children and young adolescents. Evidence is accumulating that a range of preventive interventions involving frontline institutions such as schools, community organizations (including faith-based), health care institutions, and the media can set a young person onto the paths toward healthy, constructive adulthood and citizenship (Carnegie Foundation, 1994; American Youth Policy Forum, 1997). These measures, which will be discussed in later sections of this report, include early and comprehensive prenatal care, quality child care, parent training and parent support networks, mentor programs, and structured youth activities.

Most parents do not need much assistance. At the same time, certain families with children—including young families, those headed by poorly educated parents, and those with lower-income—need a great deal.

Facts about Maricopa County’s Children
(1996 data)

- < 705,427 children
- < 61,329 children in families receiving AFDC
- < 113,696 children in families receiving food stamps
- < 166,234 children approved for free/reduced lunch ('96-'97)
- < 2,716 births to teens
- < 3,466 children in foster care
- < 21,265 reports of child abuse and neglect

Source: *The State of Arizona’s Children 1997*, Children’s Action Alliance

III. The Case for Prevention

Valley of the Sun United Way can guide the community’s long term planning for youth development and ultimately produce real change in the lives of young people and families by adopting a grant-making strategy aimed at preventing—not just reacting to—the causes and conditions that put large numbers of children and families at risk of poor outcomes. Letting our young people grow up under stressful conditions that we know will push many into angry and poor choices, and saving our civic response for the moment when the only thing to do is build prisons, is the most expensive of our many options (see figure 1 on page 7).

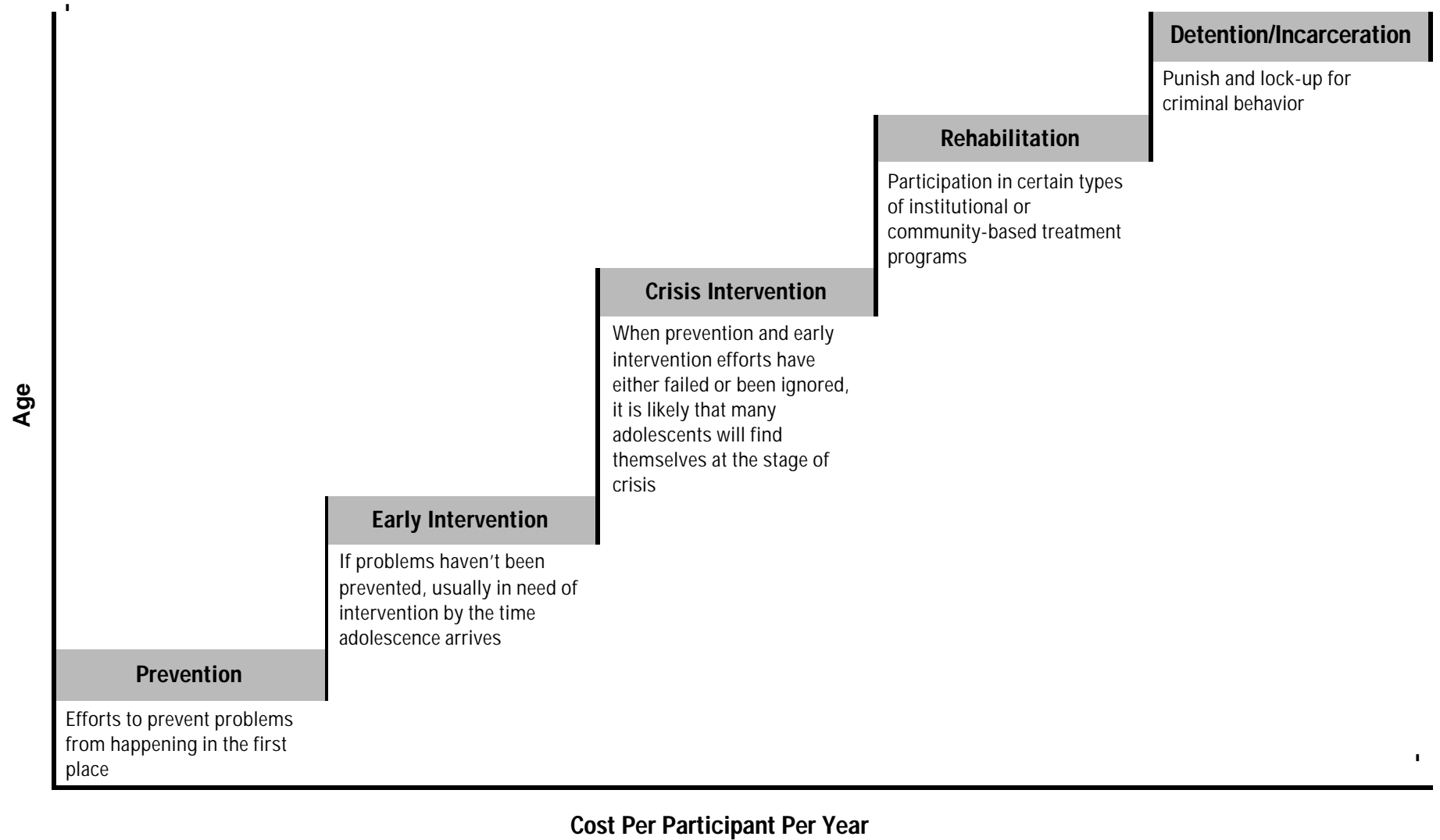
The economic advantages of prevention are both persuasive and encouraging. Although most prevention programs in the U.S. and Arizona have not been

evaluated, several of those which have been evaluated show measurably better outcomes for those served and for communities. Research shows, for example:

- < For every \$3 spent on child abuse prevention, we save at least \$6 that will otherwise be spent on child welfare services, special education, medical care, foster care, counseling, and juvenile justice (Bryant & Daro, 1994);
- < For every low birth weight baby prevented through earlier and more frequent prenatal care, between \$14,000-\$30,000 is saved in health care costs (Carnegie Foundation, 1994);
- < Young people in well-conducted mentor programs (i.e., programs connecting young people with adults who care about them and help them develop and grow) are 45% less likely to begin to use drugs, 27% less likely to begin to use alcohol, 32% less likely to initiate physical violence, 37% less likely to skip class, and 52% less likely to skip days of school (Big Brothers/Big Sisters' national evaluation);
- < A mentor costs about \$1,000 per match whereas one incarcerated person costs taxpayers an estimated \$21,000 per year (according to RAND) plus police and court costs, prison construction costs, insurance costs, and incalculable costs to victims (Greenwood et al., 1996).
- < Each new juvenile correction facility typically costs \$102,000 per bed to build. The average after-school program, by contrast, costs approximately \$3,000 per child (National Conference of State Legislators, 1997).
- < In Arizona a voluntary home visiting program providing high risk families with newborns with counseling, assistance with parenting skills and links to health care services cost \$3,000 per participant per year. While incarcerated in Maricopa County Juvenile Detention Facility costs roughly \$36,865 per year per child.

The case for prevention is made yet again when one considers what is known about what makes prevention work. We know what kinds of children and families are at risk of poor outcomes. We understand what factors can place them at risk or disadvantage. And we know a good deal about the protective factors—the skills, attitudes, supports and opportunities—that can lead them to successful futures. There is also overwhelming evidence that we can intervene effectively in the lives of young people and families to reduce or prevent their involvement in violence and other detrimental pathologies.

Figure 1. Continuum of Costs
(For illustrative purposes)



Prevention/early intervention costs range from \$1,000* to \$14,000**

Maricopa County detention costs up to \$37,000 per year

*mentor = \$1,000

**Perry pre-school = \$14,000

See Table 1 for program description

Source: Morrison Institute for Public Policy

What would be a preventive approach?

Preventive efforts can take many forms. Public discussions of prevention programs usually emphasize those targeting high-risk youth in the ages where juvenile delinquency is most prevalent, around 15 to 20 years of age. Many of these programs focus on dispute-resolution skills, mentoring, after-school activities and anti-truancy.

On the other hand, a diverse group of experts—including scholars, pediatricians, police officers, and others—are beginning to strongly advocate targeting younger children and their family or home situations. The key to prevention, say members of this group, is to “alter the way in which at-risk children experience the first few years of life.” UCLA Professor James Q. Wilson explains, “during these years, some children are put gravely at risk by some combination of heritable traits, prenatal insults (maternal drug and alcohol abuse or poor diet), weak parent-child attachment, poor supervision, and disorderly family environment” (Wilson, 1994). Promising strategies to counter attack such negative life circumstances include good prenatal care, home visitation programs for newborns at risk of abuse and neglect, steps to strengthen parents’ skills for dealing with crises, and initiatives to prepare children for school.

Table 1 on page 9 briefly describes a sample of prevention programs and any evidence from published research reports of their success. While some of these programs are operating in Arizona, most are operating elsewhere in the United States. Many of them are experimental programs that test a particular approach; a few evaluations focus on system-wide applications.

Hirokazu Yoshikawa of New York University has summarized what has been learned about the success of four comprehensive early childhood development and family support approaches: the Perry Preschool Project in Michigan; the Parent Child Development Center in Texas; the Family Development Research Project in New York; and the Yale Child Welfare Project in Connecticut. These well-known programs had certain features in common that help explain their success:

“They dealt with low-income, often minority, families; they intervened during the first five years of a child’s life and continued for between two and five years; they combined parent training with preschool education for the child; and they involved extensive home visits. All were evaluated fairly carefully, with follow-ups for at least five years, in two cases for at least ten, and in one case for fourteen. The programs produced (depending on the project) less fighting, impulsivity, disobedience, restlessness, cheating, and delinquency” (Summary of Yoshikawa’s work in Wilson, 1994).

Table 1
Examples of Evaluated Prevention and Early Intervention Programs

Early Childhood Programs

Perry Pre-School (Michigan): A two-year pre-school educational program in the early 1960s for children in poverty, with weekly home visits by teacher. Benefits include crime reduction, increased earnings, welfare reductions, and school cost savings.

Syracuse Family Development (New York): A five-year early 1970s program for low income, mostly single parent, families with pre-natal care, weekly home visits, parent training, child care, and nutrition. At follow-up, ten years later, children showed reduced rates of delinquent or criminal acts.

Avance Family Support and Education (Texas): A multi-strategy program in the 1970s for birth to two year olds and their families providing adult-focused, parent-focused, and child-focused services via home visits, in centers and linkages to key services (parent job training and education). These “two-generation” programs are designed to serve children and their parents simultaneously, giving parents the tools to improve their own lives. Showed positive effects on parenting and large increases in mothers obtaining GED.

Healthy Families (Arizona): After an in-hospital assessment, at-risk families with newborns receive tutoring in parenting, child development, family health, and stress management through home visits and links to variety of services. Auditor General report found reductions in child abuse, improved child health, and less dependence on welfare.

Cash Incentives (Oregon): Cash incentives as low as \$50 per month given to young, low income pregnant women and their family or friends to quit smoking. Study shows women four to five times more likely to quit smoking than their counterparts who receive the same counseling and education, but no money.

Middle Childhood Programs

Seattle Social Development Project (Washington): A classroom management and instructional program for grades 1 to 6 with components designed to prevent delinquency and substance abuse. Evaluation shows program is effective in reducing felonies and is cost-effective.

Families and School Together (FAST Start) (14 States): An initial eight-week school-based training program, with 2 year follow-up, for at-risk students, their parents, educators, and service agencies to deal with drugs, alcohol, abuse and abandonment family situations. Shows impressive results improving behavior problems, family cohesion, and parent involvement in schools; long-term, many parents got jobs or sought treatment and counseling.

Adolescent Programs

Big Brothers/Big Sisters Mentoring (National): An intervention that matches youth with a positive, caring adult volunteer for at least a year. Shows significant delays in the onset of drugs and alcohol usage, plus boosts in school retainment and performance.

Quantum Opportunities (5 communities in 5 states): The intervention was a four-year program for disadvantaged high-school youth that included mentoring, tutoring, life skills, and financial incentives to graduate. Shows strong positive effects on graduation and college attendance rates.

Safe Alternatives and Violence Education (SAVE) (California): 1-day class on violence education and awareness started in 1993 for students age 10-18 at risk of expulsion (weapons violations) and their parents. 78% of students remained violence-free for two years.

As experimental programs, it's hard to be confident that trying the same thing in many places or on a larger scale will produce the same effects. Nevertheless, drawing on research, exemplary programs, and common sense, more and more experts, including police officers and other get-tough-on-crime folks, are now advocating a course correction toward prevention. Several of the latest examples of this shift in support for prevention include the following:

- < A recent survey of 780 police chiefs by Northeastern University found that 9 out of 10 police chiefs support prevention programs as an effective way to fight crime and reduce welfare and other costs later.
- < A bi-partisan group of police chiefs, prosecutors, crime victims' advocates and scholars from throughout the United States have joined together in supporting quality early childhood programs, quality after-school programs, and early intervention programs for families at risk. Specifically, this diverse group recommends the adoption of three policies as the cornerstones for crime prevention:
 - Ø provide for all infants, toddlers, and preschool children access to quality child care at a price their parents can afford;
 - Ù strengthen families and reduce child abuse, neglect and delinquency by offering all parents "parenting coaches" through proven home visiting programs, as well as access to community-based family resource programs; and
 - Ú provide for all of America's school-age children and teens access to after-school, weekend and summer programs that offer recreation, academic support and community service experience. (*Fight Crime, Invest in Kids*, 1998)

IV. Invest to Strengthen the Quality and Expand the Reach of Existing, Proven Projects

The track record for investments in youth development and family support programs and services is a “mixed picture.” A highly charged and impatient political environment has resulted in public financial support being alternately offered and withdrawn. Mostly, prevention programs have been pilot or experimental projects, operating on meager budgets and implemented on a small scale. Typically, it has been a scramble for resources to help a few dozen or a hundred out of a community’s thousands of at-risk kids and families.

Many program developers and implementers have nevertheless stayed the course. As a result, there is now 20-years of experience from which to learn. One strong, early lesson to emerge from a 1982 evaluation of Jobs Corps, for example, is that “most youth will not emerge from a short-term, three-to-six-month education or employment training program well-equipped to find stable, long term places in the labor market. On the contrary, the network of supports and handholds that young people need to make their way needs to be rich and multi-pathed, not quick and cheap” (American Youth Policy Forum, 1997). Another lesson from 20-years of experience is “recognition that the science of human behavior is far more complex and diverse than are the physical sciences, and that the support and nurture of adolescents development is an experimental process requiring constant modification and repeated returns to the drawing board” (American Youth Policy Forum, 1997).

These lessons, and others like them, have implications for United Way investment in prevention. For one thing, it would be prudent for United Way to use its funds to extend and expand the “reach” of successful (pilot/experimental) projects whenever possible. Arizona has its share of pilot projects that serve only a small percentage of their targeted population. In searching for impact, a good place to start is to increase the scale of proven programs, satisfying as much identified need as possible, provided the very things that probably account for the success are kept in tack with the expansion.

Another wise move would be to use United Way funds to leverage changes in existing programs to make them more effective and to make them develop linkages before creating new, separate programs.

Finally, United Way should continually monitor and evaluate programs it funds, placing greater emphasis on program effectiveness and less emphasis on program inputs or numbers served. This information would provide a firm base from which to require the tailoring and re-tailoring of funded programs to make them better investments for United Way and for the community.

V. Focus on Children and Families Who Have the Greatest Need

Arizona ranks poorly on many measures and benchmarks for effort and performance as it relates to the well-being of children and families:

How Arizona Ranks Among the 51 States*

- 37th in percent of children in poverty
- 36th in rate of teen death by accident, homicide and suicide (deaths per 100,000 teens aged 15-19)
- 31st in percent of families with children headed by a single parent
- 26th in infant mortality rate (deaths per 1,000 live births)
- 20th in percent low birth weight babies

* a ranking of 1 is best, a ranking of 51 is worst.

Source: *Kids Count Data Book 1997*, The Annie E. Casey Foundation, 1994 data.

However, limited resources, research, and common sense tell us to target or at least favor a subset of the children and family universe, rather than allowing broad categories of beneficiaries to take advantage of services they can afford or access without much assistance. The same sources—research, common sense, limited resources—tell us what those targets might be in Arizona and the Phoenix metro area. They include:

- < **children under five.** There is mounting evidence showing that experiences in the first three years of life help shape the way children think, learn and behave throughout their lives. The new insights into child development are more than just interesting science; they have profound implications for parents and policy makers. For instance, we know that poor parenting and low-quality child care can harm the development of any child, and there may be good reasons for assisting all parents with their parenting skills and their day care options. As a general rule, however, disadvantaged families have fewer resources to spend on quality early childhood care and education than do middle- or upper-income families.
- < **children of young, single, poor mothers.** Research shows that this group of children are at greater risk of engaging in criminal activity than are others (Greenwood et al., 1996). Experts appear to disagree about which of the three factors is more important. UCLA Professor James Q. Wilson (1994) maintains: “the evidence from a variety of studies is quite clear even if we hold income and ethnicity constant, children (and especially boys) raised by a single mother are more likely than those raised by two parents to have difficulty in school, get in trouble with the law, and experience emotional and physical problems.” New York University’s Yoshikawa (1995), on the other hand, says the evidence indicates that single parenthood’s relationship to negative outcomes is probably explained by low socioeconomic status or poor supervision, rather than by single parenthood itself. Both agree, however, that as risk factors accumulate, the risk for delinquency and other poor outcomes increases substantially. Both agree that any women in one or more of these situations is at significantly higher risk of being an ineffective or abusive parent than one not in these situations.

- < **adolescent and teenage girls at risk of having babies out of wedlock.** Professor James Q. Wilson prescribes three rules for avoiding poverty: finish high school...have no children out of wedlock...have no babies before age 20 (Wilson, 1997). Arizona's teen births and teen drop-out rates are among the highest in the nation, which argues for this population receiving special/focused attention.
 - < In 1994, Arizona had the eighth highest rate of births to teens in the nation; the rate is only slightly improved in 1997 (Children's Action Alliance, 1997).
 - < Census data shows that Arizona has the highest rate of teenagers who are school drop-outs in the nation.

- < **low-income families.** The deck is stacked against young adolescents from low-income families. They are the most likely to suffer prematurity, the most likely to receive inadequate medical and dental care, the most likely to attend inadequate schools, the most likely to face physical danger in their daily lives, the most likely to spend large amounts of time without adult supervision, and—most significantly for United Way's purposes—the least likely to have access to the supports that are critical for their development (Carnegie, 1992; Brooks-Gunn & Duncan, 1996)). Consider these examples:
 - < The rate of abuse and neglect is 20% higher among families with incomes below \$15,000 than among families with incomes above \$30,000 (Carnegie, 1994);
 - < A study of children up to age 4 whose mothers received home visits (offering practical help with issues like child care, emotional support, coping skills, training, and employment) showed cost savings of \$1,722 per child for the entire sample and \$3,488 per low-income child. Benefits were most pronounced to families in communities with high rates of poverty and large numbers of single mothers (U.S. Department of Health and Human Services, 1995).

- < **working families.** Family life has changed significantly from just a few decades ago. There is a growing need for two wage-earners per household, alarming disparities between classes and races, deteriorating neighborhoods, increasing numbers of female-headed households, and the decline of the close-knit, extended family. In other words, too many working families are struggling, and it is getting harder and harder to segment families into those that need help and those that do not. In particular, more and more families are struggling to be good parents and to find reliable, available infant and toddler care and after school activities while they are at work. For example, 75% of women with school-age children and 60% of women with children under six years of age are working; a full-time minimum wage job pays less than \$11,000 per year, while the annual median cost of full-time child care can range from \$3,700 to \$5,550 per child (Arizona Child Care Forum, 1997).

- < **individuals and families discontinued from welfare benefits.** The true impacts of welfare-reform are only now beginning to emerge. Many states' time limitations on welfare benefits have begun to remove the first large blocks of recipients off the welfare rolls during the last six months. However, what has happened and is

happening to the more than 14,000 families who dropped off Arizona's welfare rolls since November 1996 is less than clear because of the cost and difficulty of tracking those people. Nonetheless, there is some evidence as to the populations affected and issues which will remain and/or become more prominent. The populations most affected are briefly described here.

- < populations affected by welfare reform. In Arizona, studies released in 1997 by the Department of Economic Security and the Governor's Advisory Council on Aging paint a picture of who will be most affected by the reforms. According to DES, the majority of Arizonans who will be moved off the welfare rolls will be minority women: 98 percent of the 6,664 people scheduled to lose their AFDC benefits in November 1997 were women. By race/ethnicity: 41% were Hispanic, 27% were Native Americans, and 9% were African Americans, 23% were Caucasian. DES noted that the disproportionate share of women being cut off is a function of the fact that they are primary care givers to children. Even if every family is successful in "transitioning" from welfare to some form of work the dangerous issue of poverty will still be looming over most. A mother of two who works at a full-time minimum wage job and receives food stamps earns about \$1,034 in monthly income, still below the poverty level of \$1,073, and well below Arizona's median monthly income of \$2,682 (Children's Action Alliance, 1997).
- < transportation. For the estimated 19,000 welfare recipients statewide who lack either an automobile or access to public transportation, the issues of getting off welfare to a job—or getting the kids to day care to even look for a job—is even more complicated.
- < child care. A major issue for parents or care givers moving from welfare to employment is finding child care for those hours they will be at work and unable to supervise their children. There are a number of issues associated with child care: cost, supply, and quality.
- < job training and placement. As they were designed to do, time limits on welfare benefits and strict sanctions for non-compliance with certain requirements have increased the importance of finding and maintaining employment among former AFDC recipients. However, welfare recipients, like many non-welfare individuals, have a broad range of family and personal issues that can make employment difficult.
- < hunger and homelessness. Because the single largest cut in the federal welfare programs affects the Food Stamp program, the issue of a final "safety net" for assisting low-income families deal with the basic needs of food and shelter should also be considered when examining those being transitioned off of welfare.

VI. How Could These Four Principles be Applied by United Way?

Table 2 on pages 16-18 shows a typology for applying the four recommended principles to United Way grant decision-making. The principles are imbedded in the table or are included as column headers. Specifically, the principles indicate:

WHO Valley of the Sun United Way would be affecting or impacting: children and families, including **WHICH** children and families it would be targeting—prenatal to age 5; young adolescents; single parents; low-income households; welfare reform impacted; and for some issues (child care, parenting skills, and non-school hour programs), all working families (far left column);

WHAT strategies it would invest in—prevention and early intervention (third column from left), and **WHY**, the causes and conditions to address through prevention strategies (second column from left); and,

HOW Valley of the Sun United Way could measure strategy and program success (far right column).

Table 2: Typology Using Principles to Guide Fund Allocation

<u>who to target</u>	<u>key concerns</u>	<u>prevention strategies</u>	<u>characteristics of successful programs</u>	<u>desired outcomes</u>
Early Childhood (prenatal - 5)	<ul style="list-style-type: none"> < prenatal difficulties < healthy childhood development < child abuse and neglect < poor child-rearing practices < family conflict < no or poor child care < little or no social support 	<ul style="list-style-type: none"> < prenatal care < early childhood education < adult literacy, basic skills instruction < parent education < health screening/treatment < access to and subsidies for quality child care 	<ul style="list-style-type: none"> < address multiple risk factors < blend aspects of both family support and early childhood education < intensive service: weekly to monthly home visits; full day, 4-5 day pre-school < long-term—services from prenatal through pre-school < high quality—research-based curricula < small ratios of staff to child and family < strong case management 	<ul style="list-style-type: none"> < children: improved school readiness; improved literacy skills; improved birth weight/health < parents: enhanced parenting and personal skills < improved parent/child interaction < improved home learning environment < increased involvement with school < improved functional literacy < attainment of GED < better job/income < reduced pregnancy < reduced delinquency < reduced welfare dependence
Youth (age 6 - 18)	<ul style="list-style-type: none"> < unstructured/unsupervised non-school hours < poor job skills < negative peer influences < limited experiences < poor parental supervision < early anti-social behavior < poor school/life achievement < high-risk environment < problem behaviors (drugs, delinquency, pregnancy) 	<ul style="list-style-type: none"> < well-conducted mentoring < supervised sports, recreation, educational, and cultural activities during non-school hours < work-based learning and occupational skills training < citizenship skills < tutoring < health care services/education < parent training and involvement with school < financial incentives for graduation and recognition of achievement < school or center-based case management, counselors, and continued high-level of support 	<ul style="list-style-type: none"> < The American Youth Policy Forum identified basic principles that undergird effective programs for youth: <ul style="list-style-type: none"> < adult support, structure, and expectation < creative forums of learning (experience, work-based, etc.) < a combination of guidance and rich connections to work place < support and follow-up < youth as resources < implementation quality 	<ul style="list-style-type: none"> < knowledge (academic achievement, enrolled in college, improved grades, improved test scores) < positive attitudes (improved self-esteem and respect for others) < enhanced skills (demonstrate conflict resolution skills, musical talent, greater inter-personal skills) < positive behaviors (reduced absences/ suspensions, reduced fights, less likely to initiate drug or alcohol use, reduced arrests/delinquency, reduced teen pregnancy) < stronger relationships (greater family involvement in school, etc.)

Table 2: Typology Using Principles to Guide Fund Allocation (continued)

<u>who to target</u>	<u>key concerns</u>	<u>prevention strategies</u>	<u>characteristics of successful programs</u>	<u>desired outcomes</u>
Young Single Mothers and Mothers-to-be	<ul style="list-style-type: none"> < a healthy child < unfinished education < economic hardship < unemployment/ economic dependence < poor job skills and job prospects < poor parenting skills < unaffordable, poor quality child care < subsequent pregnancy < child abuse and neglect < parent mental health (low self-esteem, poor coping skills, stress) < self-sufficiency 	<ul style="list-style-type: none"> < center-based services or home visits by nurses, trained volunteers, or counselors to provide: <ul style="list-style-type: none"> < information and referral < parent training < early child care advice < stress management/coping skills < adult education (literacy, job skills) < child care 	<ul style="list-style-type: none"> < address multiple risk factors < blend aspects of both family support and early childhood education < intensive service: weekly to monthly home visits; full day, 4-5 day pre-school < long-term—services from prenatal through pre-school < high quality—research-based curricula < small ratios of staff to child and family < strong case management 	<ul style="list-style-type: none"> < children: improved school readiness; improved literacy skills; improved birth weight/health < parents: enhanced parenting and personal skills < improved parent/child interaction < improved home learning environment < increased involvement with school < improved functional literacy < attainment of GED < better job/income < reduced pregnancy < reduced delinquency < reduced welfare dependence
Low-Income Families	<ul style="list-style-type: none"> < unfinished education < limited training < dead-end jobs < economic stress < poor parenting skills < child abuse and neglect < high-risk environments < poor health care practices < inadequate housing < poor access to services (medical, dental, child care, transportation) 	<ul style="list-style-type: none"> < family support programs, typically life skills training for parents, parent information classes and support groups, parent-child groups and family activities, child care, information and referral services, crisis intervention, family counseling, and auxiliary support services (such as emergency food) < services are offered through drop-in home visits or at family resource centers < pre- and after-school care and activities, mentors for youth < full time pre-school 	<ul style="list-style-type: none"> < address multiple risk factors < blend aspects of both family support and early childhood education < intensive service: weekly to monthly interactions for several years < strong case management and follow up < extended, non-traditional hours of operation < pre- and after-school programs (see youth box for success factors) 	<ul style="list-style-type: none"> < children: improved school readiness; improved literacy skills; improved birth weight/health < parents: enhanced parenting and personal skills < improved parent/child interaction < improved home learning environment < increased involvement with school < improved functional literacy < attainment of GED < better job/income < reduced pregnancy < reduced delinquency < reduced welfare dependence

Table 2: Typology Using Principles to Guide Fund Allocation (continued)

<u>who to target</u>	<u>key concerns</u>	<u>prevention strategies</u>	<u>characteristics of successful programs</u>	<u>desired outcomes</u>
Working Families	<ul style="list-style-type: none"> < child rearing practices < access to quality, reliable child care < access to quality, reliable pre- and after-school activities 	<ul style="list-style-type: none"> < parenting "coaches" and training < child care facilities < pre- and after-school programs < scholarships for child care and after school programs 	<ul style="list-style-type: none"> < extended hours for day care and non school hour programs < programs appropriate to the age group served, co-located, or coordinated with schools and work places < parenting coaches/programs offered "universally" to anyone wanting help 	<ul style="list-style-type: none"> < improved access to reliable, quality child care < improved access to quality non-school hour programs < improved parenting skills, etc. (see other outcomes boxes)
Individuals and Families Discontinued from Welfare Benefits	<ul style="list-style-type: none"> < transportation < unfinished education < poor job skills and job prospects < unemployment < self-sufficiency < unaffordable, poor quality child care < potential hunger and homelessness 	<ul style="list-style-type: none"> < transportation to work < seek to build basic life skills, adult education (literacy, job skills), and career building < job placement support < access to and subsidies for quality child care < match potential employees with job openings, recruitment, screening 	<ul style="list-style-type: none"> < quality child care programs that voluntarily conform to accreditation standards, have good staff/child ratios, high staff wages, and have strong parental involvement < programs that build basic life skills and specific job skills for persons discontinued from welfare < food banks and other food programs to assist those discontinued from food stamp benefits 	<ul style="list-style-type: none"> < increased transportation options for former welfare recipients to work < attainment of GED, improved literacy and job skills of adults < reduced future welfare dependence < increased employment and productivity < no additional hunger or homelessness created

VII. What do the Principles Mean for United Way Contributors?

As indicated in the introduction of this report, Valley of the Sun United Way is facing a new bottom line. The line has less to do with the amount of dollars it raises than it has to do with results and accountability of dollars invested in the community. Contributors—both current and potential—want answers to new questions.

They want to know more than: *“where—or on what program—did you spend my dollars?”* **Today, they are interested in:** *“what did you achieve with my dollars? What did you change? How much did it change? What did you make work better—for me?”*

Implicit in all these questions is the substantial challenge to United Way to develop a simple, results-oriented message that will resonate with investors/contributors. The four principles recommended in this report can help with this message. For example, with the first two principles, United Way would be telling its investors that they are investing in something analogous to a money market sector fund: children and families. Further, they are in a long-term growth fund: prevention, which essentially means investing in zero to five year-olds today in order to realize the benefits 12 to 15 years down the road when potentially-troubled youth are healthy, productive, tax-paying members of society, rather than menaces and costs to the community.

The third principle tells investors that United Way is primarily investing in “blue chip” prevention programs, those that have proven track records and thus provide the greatest confidence in future returns to community well-being. This principle also says United Way will, for purposes of continuous improvement and future returns, “seed” some entrepreneurial ventures in the “sector.”

Finally, the fourth principle tells investors that United Way is looking to find or build programs that target markets that are under-served, target gaps in service, and look for unknown future opportunities for improving community well-being.

VIII. Conclusion

This report recommends that Valley of the Sun United Way make children and families its single, top priority for investment and focus on providing prevention and early intervention services to this population. United Way can guide the Phoenix Metro area’s long-term planning for and investing in youth and family services by adopting a grant-making strategy aimed at preventing—not just reacting to—the causes and conditions that put large numbers of the Valley’s children and families at risk of poor outcomes.

Finally, as a way for United Way to communicate a simple, results-oriented message about its investments, this report suggests United Way design its reports to answer three basic questions.

1. *“Where did the money go?”*

by category (for example):

- < 26% youth
- < 25% families

- < 15% hunger and homeless
- < 12% disease and health
- < 10% disability
- < 5% community support
- < 4% neighborhoods
- < 3% elderly

by program (for example):

- < 50% for childhood development and family support services for those with children under 5
- < 25% for youth (age 6-18) activities and opportunities during non-school hours
- < 25% for health services for children, etc.

by organization (for example):

- < American Red Cross
- < Boys and Girls Club
- < Catholic Social Services, etc.

2. *"What was achieved with your dollars?" (for example):*

- < upgraded or expanded the capacity of x child care facilities to serve an additional x children
- < opened x new after school programs within/near low-income neighborhoods to serve x children and teens
- < published a directory of child care facilities and non-school hour programs

3. *"How much did it change?" (for example):*

- < increased the day care capacity (number of day care slots) by x%
- < increased capacity of non-school hour programs in 10 low-income areas by x%
- < improved school readiness of x infants and toddlers
- < improved access to x families and individuals to health screening and referrals in schools and day care facilities

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Appendix A

Morrison Institute/Valley of the Sun United Way Needs Assessment Interviewees

Social Service Providers and Advocates

Cheryl Collier Becker, *Mental Health Association of Arizona*
George Dean, *Urban League*
Diana Yazzie Devine, *Indian Rehabilitation*
Kate Hanley, *Tempe Community Council*
Paul Harvey, *Salvation Army*
Luis Ibarra, *Friendly House*
Carol Kamin, *Children's Action Alliance*
Jamie Leopold, *Neighborhood Partners*
Rick Miller, *Boys and Girls Clubs*
Connie Phillips, *Sojourner Center*
Rachael Oesterle, *AASK*
Domingo Rodriguez, *Chicanos Por La Causa*
Marjorie Salinas, *Upward Foundation*
Amy Smith Gibbons, *YWCA*
Brian Spicker, *Phoenix Body Positive*
Chris Tompkins, *Foundation for the Blind*
Ginger Ward, *Southwest Human Development*
Susan Webb, *Arizona Bridge to Independent Living (ABIL)*
Tamara Woodbury, *Girl Scouts*

Public Sector/Government

Representative Mark Anderson
Jacques Avent, *City of Phoenix*
Jodi Beckley, *Governor's Office*
Mike Bielecki, *Governor's Office*
Linda Blessing, *ADES*
Gloria Hurtado, *City of Phoenix*
Carol Kratz, *Maricopa Association of Governments*
Esther Pineda, *City of Avondale*
Ed Portnoy, *City of Scottsdale*
Cherlyn Townsend, *Maricopa County Probation*
Warren Whitney, *Office of the Arizona Secretary of State*

Private Sector / Corporate

Jon Campbell, *Norwest Bank*
Armando Flores, *Arizona Public Service*
Alfredo Gutierrez, *Jamieson & Gutierrez*
Diane McCarthy, *Westmarc*
Kathy Munro, *Bank of America*
Mike Welborn, *BankOne*
Duane Yourko, *Honeywell*

Community (media, faith, education)

Gene D'Adamo, *Arizona Republic*
Rene Diaz, *Phoenix Union High School District*
Jennifer Dokes, *Arizona Republic*
Bob Donofrio, *Murphy School District*
Paul Eppinger, *Arizona Ecumenical Council*
Charlene Franz, *private consultant*
Rabbi Robert Kravitz, *American Jewish Committee*
Myra Millinger, *Flinn Foundation*
Pastor John Newson, *First Shiloh Baptist Church*
Mary Orton, *American Rivers*
Monsignor Edward Ryle, *Catholic Diocese of Phoenix*
Paula Wirth, *Chandler Regional Hospital*

Appendix B

Principles for the Valley of the Sun United Way Allocations Process (As prioritized in 2/20/98 focus group dialogue)

- < Allocation investments should be made in programs or initiatives that emphasize prevention and asset building rather than intervention.
- < Allocations should be focused on a limited number of key investment areas and move toward multiple-year funding for those priorities.
- < Allocations should be weighted toward underserved populations and geographic areas.
- < Allocations should be made for “incubator” funding for innovative projects/ideas.
- < The allocations process should be used to encourage integration and coordination of services and discourage duplication of services.
- < The allocation process should encourage funded agencies and providers to partner together to provide a continuum of services (multiple services) to targeted populations.
- < Applicants for funding should prepare a strategic plan or plans for proposed initiatives and should include formal mechanisms for evaluating the results of the initiatives.
- < Recipients of funds should be required to show exactly how well their funded initiatives are doing based on pre-determined outcome measures.
- < Allocations should be used to change patterns of behavior in normally-rigid institutions and to encourage creative programs and projects.
- < Allocations should not be made to address problems that might be addressed without United Way funding (i.e., by government).
- < Allocations should be made on a competitive basis, not a member basis.
- < Allocations should help expand or increase the scope of successful pilot projects.
- < Allocations should be driven by priorities which emerge from a formal community needs assessment process.
- < No agency or program should consider an allocation to be an “entitlement” which continues from one funding cycle to the next.
- < Allocations should not be spent on “bricks and mortar” (buildings, etc.).
- < Allocations should be used to integrate economic and social programs.
- < Allocation investments should be made in marketing (i.e., community information, referral and outreach initiatives) that will help clients be better shoppers for services.
- < Valley of the Sun United Way should only fund agencies and programs that have 501(c)3 (nonprofit) tax status.

Appendix C
Summary Table of Interviews with Civic,
Non-Profit, and Business Leaders in Maricopa County
(interviews conducted December 1997/January 1998)

<u>Top Crisis Issues</u>	<u>Top Long-Term Issues</u>
<ul style="list-style-type: none"> < Child and Family Health Care (17) < Service Discontinuation/Welfare Reform (17) < Mobility/Transportation (15) < At-Risk Children (14) < Homeless (14) < Mental Health Care (13) < Child Care (13) < Family/Domestic Violence (9) < Affordable Housing (9) < Job Training/Retraining (9) < Substance Abuse Treatment (9) < Hunger (8) 	<ul style="list-style-type: none"> < Service Discontinuation/Welfare Reform (10) < Social Service Fragmentation (9) < Elderly (8) < Neighborhood Social Services (7) < Mental Health Care (6) < Job Training/Retraining (6) < Affordable Housing (5) < Teen Pregnancy (5) < Child Care (5) < Homeless (4)
<u>Top Emerging/Future Issues</u>	<u>Top 10 Regardless of Time Horizon*</u>
<ul style="list-style-type: none"> < Service Discontinuation/Welfare Reform (9) < Child and Family Health Care (6) < Elderly (6) < Immigrant Issues (6) < Income Disparity (5) < Racial Disparity/Race Relations (5) < Mental Health Care (5) < Affordable Housing (4) < At-Risk Children (3) < Drugs (3) < Family/Domestic Violence (3) < Homeless (3) < Juvenile Crime (3) 	<ol style="list-style-type: none"> 1. Service Discontinuation/Welfare Reform (36) 2. Child and Family Health Care (26) 3. Mental Health Care (24) 4. Homeless (21) 5. Child Care (20) 6. At-Risk Children (19) 7. Elderly (19) 8. Affordable Housing (18) 9. Mobility/Transportation (18) 10. Job Training/Retraining (17)

*Other issues mentioned: family/domestic violence (14), service fragmentation (12), drugs (12), teen pregnancy (11), neighborhood services (11), hunger (11), immigrant issues (10), substance abuse treatment (10), youth activities (9), income disparity (9), gangs (8), economic opportunity (7), students' lack of preparedness for college or employment (6), racial disparity/race relations (6), school dropouts (5), HIV/AIDS treatment (5), prenatal care (5), child dental care (4), people with disabilities (4), juvenile crime (4), service inaccessibility (3), foster care (3), parent training (3), youth employment (2), youth substance abuse (2), drug babies, legal services for low-income, data collection, adolescent behavioral health, access to weapons, lack of hope in youth, morality