



# BUILDING STRONG CLIENT RELATIONSHIPS:

## THE GARRET COUNTY COMMUNITY ACTION COMMITTEE TWO-GENERATION APPROACH BEGINS WITH A STRONG, WHOLE-FAMILY INTAKE PROCESS

You never get a second chance to make a first impression.

For human services work, first impressions often begin with client intake. Intake processes give organizations an opportunity to start their interactions with families with a two-generation (2Gen) approach. 2Gen approaches build family well-being by intentionally and simultaneously working together with children and the adults in their lives. The approach recognizes that families come in all different structures, shapes, and sizes, and that families define themselves.

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Figure 1 - 2Gen Graphic

In the intake process, organizations capture the information needed to partner with families to support their move toward educational success, economic security, and health and well-being. Intake provides an opportunity for organizations to embed a 2Gen approach, informing staff about all aspects of the family's situation and allowing the organization to align services to achieve the family's goals and ensure staff are listening to the whole family. However, when organizations do not intentionally incorporate a 2Gen approach, some intake processes can create barriers to partnering with the whole family.

[Garret County Community Action Committee](#) (GCCAC), a leading 2Gen organization in rural western Maryland, has designed its intake process to ensure a 2Gen approach from the very beginning of its partnership with families. This brief outlines:

- The GCCAC intake process, including why and how it was developed, how it is working, and how it continues to evolve.
- How intake with a 2Gen approach is different from a typical intake process, including how it focuses on elevating

family voice, expanding access to different services for the whole family through presumptive eligibility and good data management, and facilitating cooperation across programs through data sharing.

This brief is based on Ascend's interviews with GCCAC staff, as well as materials from GCCAC and information shared publicly on its website. We spoke with Tracy Bowman, director of Child & Family Development, and Carrie DiSimone, director of Service Coordination. We also communicated with Gregan Crawford, vice president of Family Economic Security, and Duane Yoder, president, and we incorporated parent perspectives from prior GCCAC convenings and outreach.

### BACKGROUND ON GCCAC

Working with partners to build a stronger community, GCCAC provides services that improve the quality of life for residents in Garrett County, Maryland, a rural county in the western part of the state with a population of nearly 30,000, making it the third-least populous county in the state. Since 1965, its activities and projects have focused on

strategies that assist people with low incomes to be more resilient and self-sufficient, providing a variety of services for individuals, families, and older adults.

As an organization, GCCAC partners with families through a range of services, from early childhood development (child care, early childhood education, and after-school programs) to family development (adult education, financial education, and more) to aging support and nutrition programs. They provide rental and homeowner services, emergency services, and transit support, along with additional community and economic development efforts.

[GCCAC recognizes](#) that a 2Gen approach and [family voice are key](#) to breaking the cycle of intergenerational poverty. Thus, it “[works] with community partners to empower families to create their own pathway to achieve their goals.” Families establish goals and priorities. GCCAC has pioneered a holistic focus on both children and family, pairing access to high-quality early childhood education with opportunities that strengthen the family core. Critically, it tracks outcomes for the children and the adults in their lives simultaneously. This 2Gen approach braids funding streams and focuses on staff relationships with families and desired family outcomes. It takes the burden of alignment and coordination off parents and puts it on the programs, systems, and policies.

GCCAC’s explicit and intentional embrace of a 2Gen approach is relatively recent. After the financial

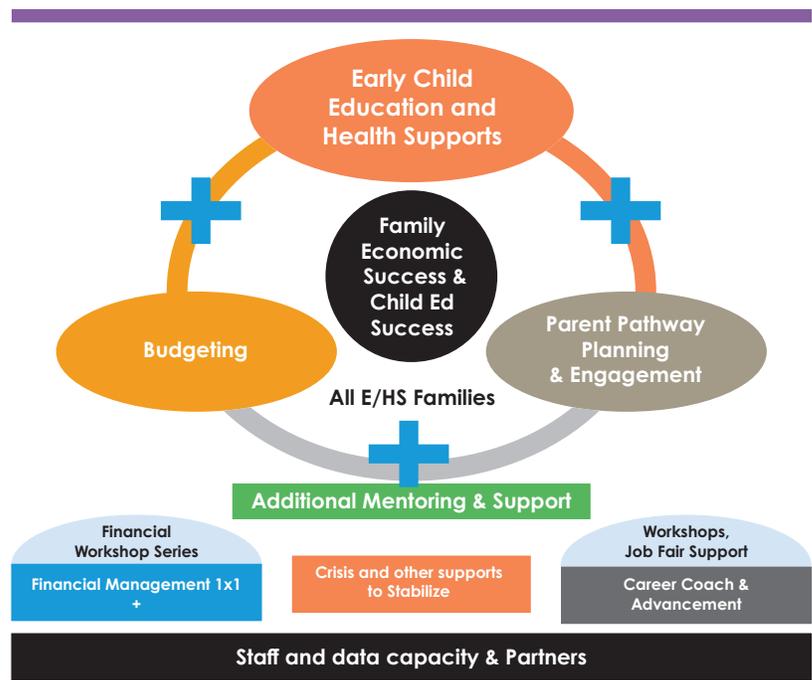


Figure 2 - GCCAC's 2Gen Approach

crisis of 2008, GCCAC received approximately \$200,000 in funding from the American Recovery and Reinvestment Act (ARRA) Community Services Block Grant (CSBG) program distributed through the U.S. Department of Health and Human Services’ Administration for Children and Families (ACF). This funding paid for an additional expert staff member to facilitate a new strategic plan, which focused on integrating operations and tracking household and individual outcomes. To track family-level outcomes, GCCAC needed a complete upgrade of its IT system, both hardware and software, which was also paid for with ARRA funds. This holistic approach to collecting data on family outcomes was the direct impetus for GCCAC’s involvement in the [Annie E. Casey Foundation’s Family Economic Success-Early Childhood Education Pilots](#) and embracing the 2Gen approach in its operations.

After GCCAC identified the 2Gen approach as an important strategy for supporting families, GCCAC recognized how much of the organization needed to transform to improve outcomes. Leadership realized that [programs within the organization were siloed](#) and data was diffused. GCCAC was not operating as one streamlined agency; programs were not in dialogue with one another to share data, which led to families having to repeatedly provide even their most basic information if they accessed services from a different program. Carrie DiSimone, director of Family Coordination at GCCAC, explained, “[staff at] one end of the hallway didn’t really understand or know what the other end of the hallway or building did.” This lack of shared communication was a real challenge for a large organization serving one-third of the county’s population every year across many different programs; it is a common challenge for organizations that address multiple [components of a 2Gen approach](#). The internal communication gap

also led families to miss out on programs for which they might be eligible and that might help improve their economic security and well-being. GCCAC needed a “no wrong door” approach, so that no matter which program a family used to access the organization, the entire family received the coordinated support they sought and needed.

Data was kept separately, too, the natural result of operating distinct programs with separate and distinct reporting requirements. Prior to implementing a 2Gen approach, GCCAC had more than 30 data management systems. GCCAC leadership recognized that no single agency could provide the whole range of social services and achieve the desired outcomes, which led GCCAC to develop partnerships and collaborations with other trusted organizations (such as local employers and workforce development organizations) to bridge gaps in services.

Programs needed to cooperate, and a coordinated intake provided a better opportunity to do so. Given these needs, GCCAC determined to update its intake process, designing and implementing a system that aligns with a 2Gen approach at its highest level and supports GCCAC's becoming a 2Gen organization (see Figure 4), working with children and the adults in their lives simultaneously.

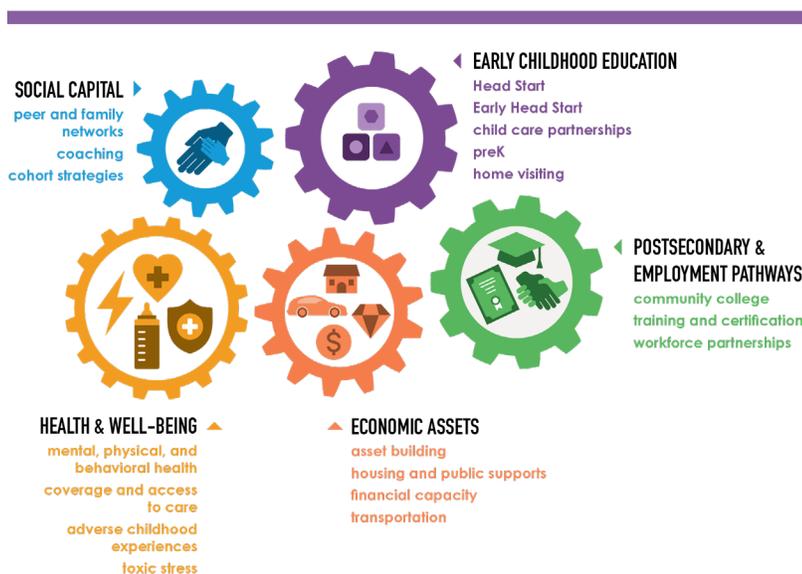


Figure 3 - 2Gen Approach Core Components

## GCCAC'S INTAKE PROCESS: FROM SILOED TO 2GEN

GCCAC developed the 2Gen approach to intake in 2013, based on lessons from the initial implementation of the 2Gen approach. It took time for the organization to embrace the framework, develop the theory of change, and thoughtfully design the modified intake process. GCCAC gathered information each program collected during intake and determined commonalities, which went into the new intake process. GCCAC started using a more targeted approach, so each client received an overview of specific benefit requirements only if that benefit applied to that client.

## INTAKE PROCESS: DEVELOPMENT

After a 12-month pilot with ongoing feedback from 12 families and staff from across the agency, GCCAC implemented a universal basic intake process, shared across departments. When a client first engages with any GCCAC program, regardless of program entry point, they answer the same few basic questions about themselves and their current situation. The intake questions capture basic demographics and questions about a family's food, housing, child care, transportation, and financial management skills. The initial questions are meant to start a conversation and spark a relationship. All clients are asked the same questions; for example, a client who comes to GCCAC for energy assistance is also asked about their food security: As one GCCAC colleague noted, "They might be in for one particular

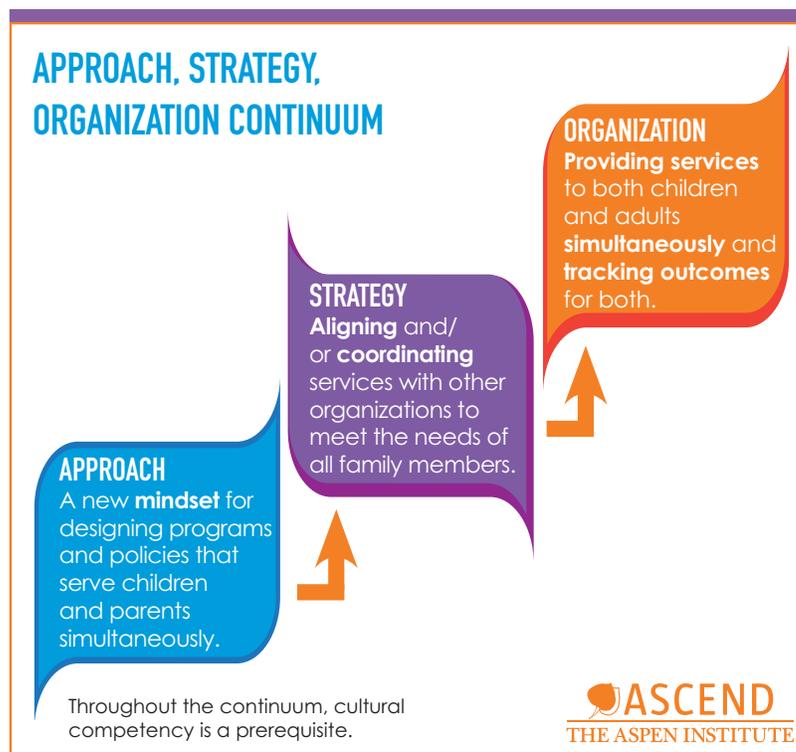


Figure 4 - 2Gen Organization Continuum

service, [but] we want to capture everything and anything they may need to thrive."

## INTAKE PROCESS: ENGAGING FAMILIES

Family and staff input were essential to the redesign and the success of the current model. [Family voice is a key principle](#) of a 2Gen approach. From principles to practice to policy, a commitment to listen to families and ensure their perspectives and experience are heard should inform program and policy design. Policies provide the scaffolding and structures that support parents; parents create their family's successful path toward economic security. While leadership commitment is crucial to advancing a 2Gen approach, so is staff buy-in. For new practices, an organization's culture and climate may affect how people accept and support change. Engaging staff in the

design process facilitates greater acceptance because their perspective has been heard and incorporated.

"I went to GCCAC looking for housing, but my coordinator knew I needed more, and I knew I need more too," said [Shannon Davis, parent ambassador, GCCAC](#). Through GCCAC, Davis has received substance abuse treatment services, housing, and mental health services, retained a part-time job, maintained personal transportation, received home visits for her baby, and is reestablishing weekly visits with her older children. Shannon is now doing well, pursuing photography classes at a local community college and maintaining the relationships that she re-established through GCCAC.

Family voice is central to the entire intake process. Everything is family driven. Families self-assess their needs using the Crisis to Thriving Scale. They set their own goals and build an action plan based on coaching from frontline staff. The centering of family voice is one aspect that distinguishes GCCAC's 2Gen approach to intake from traditional intake models.

GCCAC's Crisis to Thriving Scale covers multiple dimensions across GCCAC's service areas and programs. The Scale provides quantitative and qualitative measures of family progress over time through comprehensive indicators across disciplines to assess agency and participant outcomes. Then, with coaching from the staff, families develop their own goals and pathway

## CRISIS TO THRIVING SCALE: SHORT FORM – Primary Domains

CRISIS	VULNERABLE	SAFE	STABLE	THRIVING
<b>Food &amp; Nutrition</b>				
1. Has less than a day of food and limited ability/means to prepare or cook food	3. Consistently unable to meet basic food needs; often didn't have enough food to eat in the past 3 months	5. Eligible for partial food stamps or subsidies but not receiving them	7. Receives occasional food assistance (brown bag, commodities); not eligible for food stamps	9. Can choose to shop at store of choice, never reduces meal size or skips meals b/c of money, and sometimes has money to eat out.
2. Has less than a day of food available and no money to purchase more	4. Without food stamps or other food subsidies, would often not have enough food to eat	6. Receives partial food stamps or subsidies to meet basic food needs	8. Can meet all basic food needs (does not skip or reduce meals b/c of lack of money) without assistance; but no extras and very little/no eating out	10. Can shop at store of choice and purchase any food items desired
<b>Housing</b>				
1. Literally homeless	3. Legal threat of eviction (5-day notice, writ) or immediate foreclosure	5. Receiving temporary rent/ mortgage subsidy (or has received within the last 3 months)	7. In stable housing (rent or own) that is not affordable (> 40% on housing costs)	9. Household is in safe, affordable, unsubsidized rental housing of choice
2. In an emergency shelter or hotel	4. Transitional housing OR staying with others OR foreclosure notice	6. In stable subsidized housing	8. Household is in safe, affordable, unsubsidized housing	10. Household is in safe, affordable, home they own
<b>Childcare (all children in household—if childcare not available for one child or not affordable for even one of the children then answer accordingly)</b>				
1. Childcare not available for all children in the household	3. Childcare available in unlicensed facility	5. Subsidized, safe childcare is available but not satisfied with it	7. Safe, affordable, unsubsidized childcare available but not satisfied with it	9. Safe, reliable care from family or friends and satisfied with it
2. Childcare available but can not afford it	4. Childcare is unreliable (unreliable family or friends)	6. Subsidized, safe childcare (not including quality early childhood education like head start) available and satisfied	8. Safe, affordable, unsubsidized childcare available & satisfied with it	10. Safe quality care that includes early childhood education from licensed facility is available and affordable (including HeadStart, Early Headstart, Center based)
<b>Transportation (answer from perspective of household)</b>				
1. No means of transportation and public transport not available when needed	3. Relies exclusively on transportation from friends or family	5. Has a single unreliable vehicle or vehicle(s) that needs minor repairs to run	7. Vehicle is reliable but older or unaffordable and there is no alternative	9. Has at least one reliable and affordable vehicle and back up transportation
2. Own an inoperable vehicle and no funds to fix it	4. Has a vehicle but no insurance and/or no license	6. Has two (or more vehicles) but all vehicles are unreliable	8. No alternative transportation if primary source is unavailable.	10. Has sufficient number of reliable and affordable vehicles for family
<b>Financial \$ Management</b>				
1. Not able to pay bills or past due debts	3. Paying all current bills, not paying past due debts	5. Paying current bills; paying minimum on debt	7. Paying all current bills, paying off debts most months and not saving regularly	9. Always paying all current bills and debts, NOT saving regularly
2. Paying some bills but late/not paying others		6. Paying all current bills, following plan to pay off debts	8. Paying all current bills, paying off debts most months, saving regularly	10. Always paying all current bills and debts, and saving regularly

Figure 5 - Five Primary Domains of GCCAC's Crisis to Thrive Scale. It is modified slightly in a version for families.

plan. GCCAC staff have moved away from a case management framework and toward a coaching mindset model. This model is how staff are trained and evaluated. Pathway plans include action steps and resources for families, tailored to each family's unique situation, goals, and needs.

Families typically assess their progress on this Scale every six months, though some GCCAC programs, such as Head Start, have more frequent assessments. If a coordinator notices that a family has not had an opportunity to assess their goals recently, the coordinator will update the evaluation the next time they see the family.

This information, captured in a central database, is used to determine eligibility for many programs with a presumptive eligibility report. Each family chooses their bundle of services, rather than relying on what GCCAC thinks might be right. The original frontline coordinator will collect any additional information their specific program requires and facilitate a connection to other programs the family may want to explore. There is always just one file per family, so the information each program sees is complete. As the new coordinator will receive the intake information, they will need to capture only new information, if needed, for the specific program. They can also use the existing data as a starting point for partnering with the family on their area of focus. Then, any time the family receives a service or a coordinator makes contact with the family,



progress on the assessment and pathway plan is updated in the database and reviewed by the family.

As much as possible, initial coordinators stay with families throughout their partnership to build relationships, which is vital to human services organizations partnering successfully with families. Families typically have a lead coordinator through the department they interact with most regularly, who will help coordinate all the frontline staff partnering with the family.<sup>1</sup> All coordinators work together to support a family in times of crisis.

For example, if a family comes to GCCAC to enroll their child in Head Start, the Head Start staff will collect the general intake information, as well as specific Head Start requirements (e.g., vaccine information) and facilitate the family self-assessment and action plan. The data system and original coordinator might also mention that the family is likely

<sup>1</sup> If a family is enrolled in Head Start, the lead coordinator is often from Head Start, as the program has a lot of built-in family engagement. The family will work with a family services coordinator and others as needed.

eligible for energy assistance, even though a different department coordinates that. If the family is interested, the Head Start coordinator will organize a warm handoff across coordinators. (Before the 2Gen strategy, their title was “family service provider,” but as part of the effort to shift organizational culture away from programs and departments, all frontline staff have the title of coordinator. Each coordinator completes an annual work plan that is specific to her or his work, and GCCAC uses a generic title and job description regardless of program). The new family services coordinator will work with the family as they apply for energy support, collecting additional information only where necessary, like utility account information. Otherwise, they use the previously collected data in the database.

### HOW GCCAC INTAKE SUPPORTS A 2GEN APPROACH AND BETTER OUTCOMES FOR FAMILIES

Three key components of this intake model distinguish it from traditional intake and align it with a 2Gen approach to human services: 1) elevates family voice; 2) expands access to different services for the whole family through presumptive eligibility; and 3) facilitates cooperation across programs through strong data

management and sharing. Each of these distinguishing characteristics supports improved outcomes for families by ensuring they are active partners in mapping their success, and aligning all services for their goals and needs.

The GCCAC intake process meets parents where they dream. Angela, featured in [this success story](#), initially came looking for energy assistance. After her intake with Trudy, her Head Start Coordinator, she was introduced to Pathway Planning, which encouraged her to develop a plan to return to school and obtain her Certified Nursing Assistant/Geriatric Nursing Assistant (CNA/GNA) certificate, a job at Hopemont Hospital, and Head Start services for her children. Angela and her husband have further dreams, including owning their own home. Angela says, “I didn’t think I would be able to do it, but with the support and encouragement from Trudy and others at Community Action, we’re getting there.”

Alysia Whitacre [shares her experience with GCCAC](#), which began nine years ago when she came in for housing assistance. She shares that she “learned that struggling every day, you can come out of [it] to stand on your own two feet.” Whitacre adds, “In the nine years we went from housing to moving on our own and having our own home, to being able to provide for our children in a way that we didn’t think we could.”

Unlike traditional intake, GCCAC uses presumptive eligibility, a policy option that provides temporary Medicaid coverage to individuals

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– Garrett County Community Action Committee staff

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likely to qualify for Medicaid. In practice at GCCAC, it assumes eligibility for multiple services at once, which expands a family's access to different services in a way that strengthens a whole-family approach. GCCAC's data system produces a presumptive eligibility report for every client during intake based on the information entered. Its universal use during intake allows GCCAC to easily identify additional programs for which a family might be eligible, rather than relying on the family or staff to directly identify all their potential needs. Staff share the results with families and connect them to the services they are interested in pursuing. These services can be vital to advancing family educational success, economic security, and health and well-being, and a family might not have accessed them if not for presumptive eligibility.

Presumptive eligibility during intake supports a 2Gen approach. GCCAC identifies all programs that may most directly support all family members, rather than determining eligibility only for the original program, ultimately expanding support for the entire family. In the example above, Head Start is a child-focused approach and energy assistance is adult-focused, even though both programs have elements that support the whole family. Families might not be eligible for all of the referrals the report suggests, but it greatly increases service bundling for many families.

Beyond facilitating access to additional services, unified data management facilitates better



partnership between families and the services they access. Though the system requires staff to know enough about all areas of work to suggest a referral, it allows them to focus on being an expert in their own area and not know everything about everything. Warm handoffs between departments help families feel comfortable with new staff members they interact with. Each frontline coordinator does not need to repeat the basic intake process, as they have access to all the information the entire organization has collected on the family. This gives these coordinators a better understanding of the family's overall situation before meeting them about a particular program. Staff can focus on building rapport with the clients during their time together. Overall, staff and families' limited time is spent more efficiently.

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Data sharing across the organization facilitates cooperation across programs, leading to better outcomes for families than a traditional intake system. With access to more complete data, frontline coordinators can collaborate as they partner with families. Access to fuller information also allows staff to together work to more efficiently and effectively support a family in times of crisis. During crises, the entire team of frontline coordinators will work together to meet and partner with the family. Including all coordinators enables GCCAC to address the crisis from all angles, and the established rapport of working with familiar coordinators improves response, as well.

The unified data system is central to this successful 2Gen approach to intake. GCCAC's centralized database management system, [EmpowOR](#), is a cloud-based data management system that has evolved over the past few years, tweaking an older software platform for GCCAC's needs. EmpowOR captures nearly all the agency's data and manages it in one centralized database.<sup>2</sup> It can capture and speak to different funders' and oversight agencies' criteria and reporting requirements, making it easier for the organization and families to track outcomes. The

general intake information is like the hub of each family's profile, and each program can add its own data, as one would with a plug-in.

## ASSESSING AND IMPROVING ON THE 2GEN APPROACH TO INTAKE

*What worked well internally?*

- Lessons for strategic planning processes: Making the change to a 2Gen approach, including adapting to the new intake process, required strategic planning and a purposeful effort, as well as an organizational culture shift. Initially, staff were wary of change, worried it might cause extra work, and afraid changes might prevent them from easily responding to funder needs. There was resistance to using a universal form. The universal database was the biggest barrier, though it was needed for the approach to be effective. Staff and clients were uncomfortable with asking and answering questions that might seem unrelated to the requested support, such as asking someone looking for energy assistance about food security. Ultimately, though, the new system proved its value to families, staff, and funders. GCCAC now performs as a single, unified agency.

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<sup>2</sup> A few programs have additional data needs that do not currently align with EmpowOR, so they use a secondary source in addition. But all use EmpowOR, and it meets nearly all of the current data needs of the organization. Some of the secondary databases are automatically connected with EmpowOR, minimizing the need for double entry.

- Families are more autonomous: As discussed above, families benefit from improved access to and quality of services, with one basic application and less paperwork. Staff now know the basics of other programs, while still specializing in their area, and GCCAC bundles more services for families by removing siloes within the organization. Data suggest the 2Gen approach has reduced the number of Garrett County families being in crisis. Stress has decreased; resilience has increased.



- Greater efficiencies for staff: Staff appreciate not having to gather basic demographic information again when time is of the essence. Instead, they have the chance to build rapport with families, especially because it helps them meet their individual program needs while better partnering with families. Staff like knowing they do not need to support a family all on their own, but also have the support of other frontline coordinators. Beyond seeing the clear effectiveness of the new system, initial training and continued training help bring staff along for the change.<sup>3</sup>

#### *Unanticipated challenges and lessons*

- Building new skills and capacities: The shift to a unified intake and the importance of coaching skills of frontline staff meant staff needed different skills and knowledge from the prior role of taking program

applications. To support this shift, GCCAC created a manager position whose sole responsibility is to support coordinators across the entire organization. This person facilitates small and large peer group sharing, conducts one-on-one counseling, arranges content and process training, conducts interdepartmental family crisis meetings, and monitors family outcome data. It is not a supervisory role, but a supportive function for staff who are confronted daily with complex and often intense issues.

- The organization listens to staff's experiences with the intake process and adjusts the model accordingly. For example, intake was initially done on paper and then entered into the shared database. However, this approach was cumbersome for staff and distracted from the conversation with the client. GCCAC changed its process, and staff now enter the information directly, a

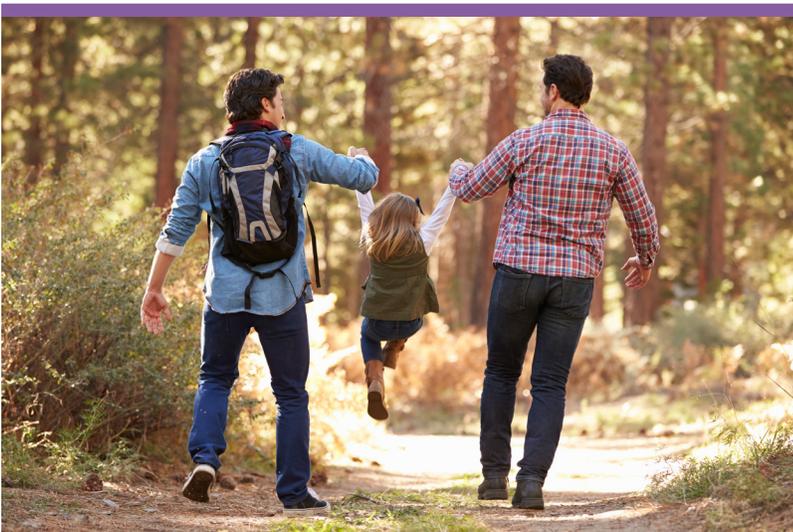
<sup>3</sup> Some staff at the organization had trouble making the adjustment to the new approach and left the agency during this time. Current staff though have largely bought into the philosophy. Interestingly, programs that took a more 2Gen approach internally, such as Head Start, saw less turnover than some other programs, perhaps because staff already generally agreed with the methodology.

more efficient method. Despite initial hesitation, with training and practice, staff became comfortable with this method of data collection. The entire process is now second nature to staff.

- Educating funders and contributing to a field: Not only are this intake model and the 2Gen approach more generally a good fit with GCCAC's goal of reducing poverty and improving the quality of life, they align with many funders' priorities. Through careful planning and iterating, GCCAC has been able to ensure its data system works for funders, too. As long as they had access to the data they wanted, funders were satisfied with the unified, holistic approach. Further, many increasingly see the benefits of how this intake process leads to more bundling of services, strengthens partnerships with families, and better combats poverty. Indeed, as [Duane Yoder notes](#), many of

GCCAC's funder partners, in both philanthropy and government, have made commitments to support 2Gen approaches.

- Continuous leader engagement: Notably, GCCAC found that leadership investment is key to undertaking this type of change. An organization's leadership commitments impact the culture and climate and may affect whether and how people accept and support change. Leadership has a role in helping shape and realize an organization's vision; their commitment to a new practice or program and the way they communicate intended change to stakeholders matters. How organization leaders encourage and prioritize an innovation, align it with ongoing initiatives, and dedicate resources to support it also reflect leadership vision and commitment. GCCAC has found that leadership commitment leads to positive energy and greater momentum among frontline staff. When all are invested in the system, it is easier to overcome the inevitable hiccups.
- Continuous examination of effective systems: GCCAC assessed and adjusted the process in its creation and continues to assess how it works, such as through data quality checks that evaluate how well the system is capturing data on families.



Data quality begins at intake. Assessing the effectiveness of processes is essential to ensuring they work for organizations and the families they partner with.

### NEXT STEPS FOR GCCAC'S INTAKE PROCESS

GCCAC recognizes that 2Gen is a philosophy and an approach, not a program. Integral to having a philosophy is constantly reassessing how it can be better implemented in practice. A 2Gen approach must involve doing, assessing, learning, iterating, and improving. Then repeat. GCCAC is doing just that.

The intake process has been and will continue to be adjusted and iterated as needed. For example, in the height of the novel coronavirus pandemic, GCCAC has had to grapple with how to provide services remotely, as have countless other organizations. GCCAC adjusted its intake to take place over the phone as much as possible. The organization provided staff with cell phones and laptops to enable them to continue to keep pace with the need. Additionally, GCCAC is revising its Crisis to Thriving Assessment Scale based on coordinator input, including what they see on the front lines, as well as family reaction to the tools; it is being renamed the "Life Scale," and the organization hopes the new assessment scale will be more efficient and clear. Moreover, GCCAC is continually improving the data system to better meet program needs and improve data analytics. Finally, GCCAC is exploring how it can better work with external community partners with its data system and universal intake

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process. It hopes to share the data in some way, so the information can be used throughout the community. Continued improvement of data analysis can document the quantifiable impacts these changes have had on family outcomes in Garrett County.

### CONCLUSION

Though it is certainly a leading 2Gen organization and model, GCCAC's system is just one example of a 2Gen approach to intake. It is a potential model for organizations interested in strengthening their intake process to support 2Gen work. The focus should be on elevated family voice, expanded access to different services for the whole family through presumptive eligibility, strong data management, and facilitated cooperation across programs through data sharing. The model also highlights effective tools for this work, including universal intake forms, shared assessment scales, presumptive eligibility, and a universal data system with referrals.

GCCAC's intake process shows how a 2Gen approach to intake strengthens human services programs and better serves families. It demonstrates that a 2Gen approach to intake is a best practice for those hoping to partner with families on their path to success.

## ORGANIZATIONS

### **Garrett County Community Action**

**Committee, Inc.:** GCCAC's mission is to improve the quality of life for people in need by empowering them to become more self-sufficient and by providing essential services in collaboration and cooperation with partners. Its activities and projects focus on strategies that assist low-income persons to be more self-sufficient. The agency provides a variety of services for individuals, families and older adults. It also owns a number of housing developments and community facilities located in different communities throughout Garrett County.

**Ascend at the Aspen Institute:** Ascend is the national hub for breakthrough ideas and collaborations that move children and the adults in their lives toward educational success and economic security. We take a two-generation (2Gen) approach to our work and embrace a commitment to gender and racial equity.

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