



PRACTICE DRILL

UPLIFTING THE FAMILY: A TWO GENERATION APPROACH

Featuring:
CAP Tulsa, Inc.
and
Garrett County
Community Action
Committee, Inc.



UPLIFTING THE FAMILY: A TWO-GENERATIONAL APPROACH. April 2016

This document is intended for use by Community Action Agencies and other CSBG Eligible Entities within the Community Services Block Grant (CSBG) Network.

Publication Contributors

A special thanks to the following contributors to this publication: Monica Barczak, Director of Innovation, CAP Tulsa; Kaylene Keener, Manager of Programs - Family Advancement, CAP Tulsa, Duane Yoder, President, Garrett County Community Action Committee, Inc.; Paige H. Teegarden, Vice President Strategic Initiatives, Garrett County Community Action Committee, Inc.

Community Action Partnership

The Community Action Partnership is the nonprofit, national membership organization representing the interests of the 1,000+ Community Action Agencies (CAAs) across the country that annually helps 17 million low-income Americans achieve economic security. Whether it's a Head Start program, weatherization, job training, housing, food bank, energy assistance, financial education, or any of the other 40 distinct programs, CAAs work to make America a better place to live.

Learning Community Resources Center (LCRC)

The purpose of the CSBG Learning Community is to analyze Community Action outcomes and identify effective, promising, and innovative practice models that alleviate the causes and conditions of poverty.

The Learning Community, a project of the LCRC, is an opportunity for Community Action Agencies to build capacity to increase impact by:

- Capitalizing on Peer Knowledge and Expertise;
- Creating Effective Strategies; and
- Promoting Promising Practices

The Learning Community is comprised of topical Learning Community Groups (LCGs) which consist of a cadre of agencies that are currently working on a program or service delivery strategy related to each of the LCG focus areas. Learning Community members meet bi-monthly, either virtually or in-person and assist each other by discussing “what works”, sharing data findings, solving problems, and offering support for implementing new ideas.

The **CSBG TTA Resource Center** is also a project of the LCRC and serves as a wonderful compliment to ***The Learning Community*** as it is the “clearinghouse” for a broad array of resources to assist Community Action with its important anti-poverty work. The Resource Center allows for electronic submission of requests for T/TA, ensures the coordination of resources, and allows experts to meet the T/TA needs of the CSBG Network. It hosts a consultant bank; a resource bank which provides a broad array of evidence-based, evidence-informed and exemplary program practice models; a shared calendar; and a discussion forum. A valuable tool, the Resource Bank includes information, toolkits, webinars, articles and other information focused on a full range of services to alleviate the causes and conditions of poverty in communities served by the CSBG Network.

This publication was created by the National Association of Community Action Agencies – Community Action Partnership, in the performance of the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Community Services Grant Numbers 90ET0436 and 90ET052. Any opinion, findings, and conclusions, or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of the U.S. Department of Health and Human Services, Administration for Children and Families.

Table of Contents

Introduction	4
Why Two-Gen Approaches	6
What is Two-Gen?—Contemporary Considerations	7
CAA Feature: CAP Tulsa	9
CAA Feature: Garrett County Community Action Committee	16
Conclusion	28
Resources	29
Works Cited	30



Introduction

The Community Action Network is particularly well positioned to make significant contributions to the latest emergence of Two-Gen strategies. The network has

- a history in serving both children and adults,
- a focus on helping people move out of poverty,
- access to broad range of services in communities through their own programs and
- extensive community partnerships.

The notion of effective integration of services for children and adults dates as far back to the “settlement period” in New York in the 1800’s. In many cases when the approach was engaged it was not called by Two-Gen. Other terms used were dual-generation, multi-generation, holistic/family centered, and more. The most prominent early engagement for the Community Action Network was the birth of the Head Start Program in 1965 which was predominately facilitated by Community Action Agencies (CAAs) at that time. Conceptually, Head Start focuses on outcomes for both children and their parents, while the history of implementation has traditionally focused on child outcomes and the relationship of parents to those outcomes. In addition to a long history with Head Start, CAAs have used CSBG dollars to offer comprehensive services for families which hold the overall needs of parents and children in tandem as the family progresses positively on the self-sufficiency scale. The more recent focus of the network on ‘bundling services’ in ways that break down silos with agencies and focus on outcomes for participants also highlights the competence of CAAs to engage in Two-Gen strategies which are a form of services bundling.

Nationally, CAAs have partnered with workforce agencies, community colleges/university, employers, hospitals, banks, faith-based organizations, foundations, hospitals, state agencies, etc. to create a Two-Gen framework for family self-sufficiency. This practice brief provides an overview of two-generation strategies and highlights promising practices implemented by Garrett County Community Action Committee (GCCAC) and CAP Tulsa. The information shared in this Brief aims to build on the Community Action Network's legacy of meeting the needs of the entire family to promote stability and vitality.



WHY TWO-GEN APPROACHES

Nearly half of young children, 17 million are growing up in low-income families and the numbers are growing. In the US, there are 10 million low-income families with children age 8 and under with parents with limited skills, low wages and inflexible work schedules. Additionally, 45% of low-income families are single parent led. Additionally, 17% of low-income parents reported child care significantly affected their ability to get and maintain employment. Also, “31% of children in low-income families have parents with concerns about their development”.¹

Two-Gen suggests that children succeed when parents succeed and vice versa; not only are their needs interwoven but their motivations create a virtuous cycle of success. Unfortunately, many public programs and government funded, nonprofit operated programs address the needs of parents and children separately and in isolation. Furthermore, many adult workforce programs treat children as barriers to employment and some child focus programs seek parental engagement without an understanding of the chaotic work demands of those parents. Childcare programs often do not help parents who are struggling with day-to-day stress of providing for their family. Ultimately, there is a great need for systems/programs to make a more effective connection to the needs or challenges faced by families.²

Heightened national awareness has resulted in increased, funding, policy, and research related to Two-Gen approaches. CAAs and especially CAAs which facilitate Head Start programs have long appreciated the efficacy of the whole child and the whole family framework. Children’s outcomes are interrelated with their family condition and conversely, parental outcomes (education, income, etc.) impact parent stress, the home setting and overall family stability.

Research has explored how interventions both in the quality and quantity of low-income children’s early learning experiences and their parents’ increases in education, employment, and income can contribute to strengthening children’s outcomes, particularly when those interventions are integrated.³

Additionally, research on Head Start specifically also justifies the importance of working with children and parents together. A recent analysis of data from the Head

¹ Waters-Boots, Shelley, Creating Opportunity for Families: A 101 on Two-Generation. Presentation. 2015

² Waters-Boots, Shelley, Creating Opportunity for Families: A 101 on Two-Generation. Presentation. 2015

³ Chase-Lansdale, P.L. & Brooks-Gunn, J. (2014). Two-Generation Programs in the Twenty-First Century. *The Future of Children*, 24(1), 13-39.

Start Impact Study found greater success in all content areas for children with more engaged parents and suggested that enhancing parent engagement for less engaged parents may play a key role in Head Start's impacts.⁴ Of course, engagement has to recognize the stresses and roles of parents as providers for their families.

WHAT IS TWO-GEN?—CONTEMPORARY CONSIDERATIONS

The Two-Gen definition is built on the assumption that poverty can have negative consequences, threatening the entire family's stability and potentially taking a negative toll on a child's future. The Two-Gen approach is defined as bringing together parent and child resources that have demonstrated results—thus addressing the needs of both vulnerable children AND parents TOGETHER. Both children and parents are served with a variety of services—all focused on empowering families to achieve collective success. The approaches include effective job training, asset-building and income supports for parents and high quality early care and elementary education for children. Additionally, parental involvement in their child's development is a key aspect of this approach. Ultimately the Two-Gen approach combines what is showing promise for young children and parents at the same time to help whole families build better futures.



⁴ 16 Miller, E. B., Farkas, G., Vandell, D. L., & Duncan, G. J. (2014). Do the Effects of Head Start Vary by Parental Preacademic Stimulation? *Child development*.

“Two-Generation approaches put the WHOLE family on the path to economic security.”⁵

Core components of the intergenerational opportunity cycle include economic supports, education, social capital, health and well-being. Children’s access to quality education and parent’s access to post-secondary education are essential to economic stability for the entire family. Furthermore, the return on investment (ROI) in education for children and their parents is high, yielding up to two times the parent’s income once they obtain a post-secondary degree.



⁵ Two-Generation Playbook. Ascend at the Aspen Institute. Two-Generation Approach—ascend.aspeninstitute.org

CAA Feature—CAP TULSA

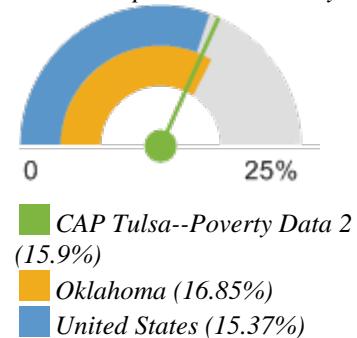
Demographics

CAP Tulsa is one of the largest anti-poverty agencies in Oklahoma. With a population of 609,610, the poverty rate in Tulsa County is 15.9%. CAP Tulsa specifically focuses on a two generation approach that aims not only to prepare young children for future success in school, but also their parents through programs designed to increase parenting skills, employability and earning potential. Their goal is for children to enter school prepared for success, for families to create a nurturing and secure environment for their children and for families to be connected to one another.

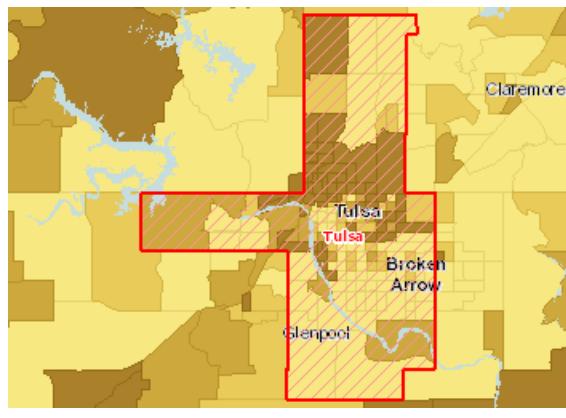
Object 3⁶

Report Area	Total Population	Population in Poverty	Percent Population in Poverty
CAP Tulsa--Poverty Data 2	599,603	95,328	15.9%
Oklahoma	3,671,393	618,683	16.85%
United States	303,692,064	46,663,432	15.37%

Percent Population in Poverty



Object 4⁷



Population Below the Poverty Level, Percent by Tract, ACS 2009-13



⁶ Data Source: US Census Bureau, American Community Survey. 2009-13. Source geography: Tract

⁷ Data Source: US Census Bureau, American Community Survey. 2009-13. Source geography: Tract

Program Profile: CAP Tulsa - CareerAdvance®⁸ Implementation and Program Operation

In 2006, CAP Tulsa embarked on a process of reaching out to various experts in the field of workforce development to find a solution for helping families with children enrolled in its high-quality early childhood program increase their economic security. CAP Tulsa hypothesized that gains children achieved in its program could be made greater and longer-lasting if families were able to provide a more nurturing and secure environment at home. This exploration led to the creation of a career pathway program (now called *CareerAdvance®*) for parents interested in pursuing nursing occupations in the growing healthcare sector. When *CareerAdvance®* was awarded a 5-year expansion grant through the Health Profession Opportunities Grant Program (HPOG) from the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services, it enabled the agency to serve more parents by expanding its training options to various healthcare career pathways including, health information systems and allied health professions.

Highlights of the *CareerAdvance®* program model are as follows:

- A credentialed sector-focused career pathways training, facilitated by Tulsa Community College (TCC) and Tulsa Technology Center (Tulsa Tech);
- Educational assistance for participants who need to achieve certain proficiencies in basic reading, math and English language in order to access enrollment in college level courses;
- Career Coaches who advocate for participants and help them navigate secondary education and career preparation. Also, Coaches facilitate cohort-based partner meetings, which provide a forum for participants to share experiences, provided peer-to-peer support and receive soft skills training;
- Emphasis on peer support networks through weekly partner meetings (early in the program) and cohort-based instruction;
- Performance incentives to provide participants with positive reinforcements for regular attendance at program activities and the achievement of certain academic milestones, for example maintaining at least a B average in all classes attempted per semester; and
- A mutual expectations participation agreement that outlines the commitments and responsibilities of both the participants and the program.

The combination of *CareerAdvance®* for parents and high quality early childhood education for children up to age 5 forms the core of CAP Tulsa's two-generation strategy. *CareerAdvance®* builds on CAP Tulsa's strong system of Early Head Start and Head Start Centers by adding high quality career oriented training for parents in occupations that offer family-supporting income, benefits and opportunities for career advancement in the health-care sector. CAP Tulsa understands that both strategies have to work in concert in order to meet the needs of the whole

⁸ For more information about *CareerAdvance®* see: <http://captulsa.org/our-programs/family-advancement/careeradvance/>

family. The remainder of this case study will focus on the educational and occupational training for parents.

Pilot Phase

The first cohort of *CareerAdvance®* participants began in fall 2009. While CAP Tulsa operated 15 early childhood education centers, program staff decided to restrict recruitment to two centers – Disney and Skelly. Both had supportive center directors, were located relatively near to the training providers, and served a fairly large number of families (at least 150) from whom staff would recruit.

CareerAdvance® staff – at the time one program coordinator and one career coach – visited with early childhood staff and family support specialists to explain the program and enlist their support. Parents received marketing materials in their child’s weekly take-home folder and in-person orientation sessions were held at various times at the centers to let parents know about the program. There were minimal eligibility criteria in the pilot. Participants only had to be at least 18 years old, be legally qualified to work in the U.S., and have a strong interest in building a career in healthcare. There were no minimum test scores required at that time, nor did applicants have to have a high school diploma or GED.

While the pilot program had private funding, program staff had committed to using public funds when available. Thus, members of the first cohort were required to go to the local workforce One Stop center to apply for Workforce Investment Act (WIA) funding. Moreover, since applicants would be taking college classes, they also had to complete the community college application and assessment test. This was all on top of the *CareerAdvance®* application that had to be completed. 31 parents attended orientation sessions, 21 interviewed with program staff, and 15 were selected to enroll in the program.

Of the 15, 14 enrolled in the CNA pathway and 1 enrolled in ESL only. Seven of the 14 in the CNA path also enrolled in the contextualized adult education class because they needed a GED. All 14 completed CNA 1. Seven made it through all 3 levels of CNA to each Geriatric Technician certifications. Those who persisted expressed a desire to continue along the nursing path, although barriers would emerge over time that prevented all but a few from achieving that goal. Of the 7 who needed a GED, 4 successfully earned it in that first year. After 6 months of study, the ESL student decided not to pursue a healthcare career and exited the program.

As the pilot phase unfolded, program staff learned about the requirements for clinical experiences (and how those extended hours affect each participant’s child care needs); the immunizations required to progress in a nursing pathway (which the State Board of Nursing added to repeatedly); criminal background checks; and the drug screens that each training institution conducted on students. These factors, along with family issues related to health and

mental health, immigration, transportation, and the inability to afford choosing school over work despite the cash incentives, stood and stand as obstacles to many program participants. The more program staff has been able to anticipate these barriers in advance, and work with participants to plan to address them, the more success participants have had.



Early Challenges and Adjustments

During the pilot phase, participants applied to *CareerAdvance®*, WIA, and college all at one time. WIA and the community college made some exceptions to their normal requirements to alleviate the burden on applicants, but these exceptions were not always consistently and evenly communicated to front-line staff who worked with our participants. Once the program received the Health Profession Opportunities Grant (HPOG), those funds covered all costs and participants no longer had to work through WIA. In later cohorts, applicants were required to take the TABE test only, and if that score indicated they might be ready for college then, and only then, were they required to take the COMPASS.

Another challenge CAP staff confronted was that working with several educational organizations meant that the schedules were not always continuous. A participant might finish a credential at one institution, but the next level of coursework might not be starting for several months. This led to lulls in activity, which negatively affected motivation. As the program grew, the staff

filled lulls with developmental education and sometimes tutoring. Staff also encouraged those who had earned a credential to gain work experience when class was out of session.

The addition of developmental education and tutoring helped staff address the fact that not all participants were academically prepared to advance past the Certified Nursing Assistant level. Future cohorts built in as much basic education support as possible, but eventually the program decided to offer a stand-alone GED only class. After that, participants are free to apply to the healthcare training program.

Despite the fact that CAP Tulsa offers full-day Head Start for the children of *CareerAdvance®* parents, providing childcare turned out to be very complicated. While the program does its best to schedule everything during the Head Start operating hours, the training institutions cannot always accommodate this. Clinical experiences, which are required in a number of the nursing pathways, definitely do not fit into the early childhood site operating hours, which required site staff to agree to work special hours for the children of *CareerAdvance®* participants. Another factor is that participants have older children as well, and they also need care outside of normal school hours.

Scheduling challenges continued to affect *CareerAdvance®* as classes, timelines, and procedures that were in place at the technical school and community college when *CareerAdvance®* began changed over time. Sometimes these changes are communicated to *CareerAdvance®* in a timely manner, and sometimes they are not. Some changes, whether communicated well or not, simply shift the ground beneath the participants' feet, causing added anxiety and stress.

CareerAdvance® staff also needed to work closely with partners to collect data, including attendance, grades, and test scores to support provision of the performance-based incentives. This is not always easy, and has required a lot of staff time and attention. In addition, a team of researchers from several universities is conducting a study of *CareerAdvance®*, which requires additional data sharing, data sharing agreements, and approval by various Institutional Review Boards (IRBs). Keeping track of these, plus all the relevant Memoranda of Understanding governing the provision of services, requires a considerable amount of staff time.

Finally, reorganization at the local Workforce Investment Board resulted in the lay-off of the Healthcare Intermediary, who had been responsible for building relationship with employers and helping to address issues between healthcare employers and training providers. CAP Tulsa temporarily hired the intermediary, still in a full-time position. Later, however, the program was able only to purchase a limited number of consulting hours. This has resulted in fewer contact hours with employers, and an increased pressure for CAP program staff to take over that important function and those relationships.

Program Implementation and Outcomes Studies

CareerAdvance® has benefitted from the participation of an external team of researchers studying the program, including The Ray Marshall Center for the Study of Human Resources and at the University of Texas at Austin, the Institute for Policy Research at Northwestern University, New York University, and Columbia University, with assistance from Oklahoma State University – Tulsa and the University of Oklahoma, Tulsa. The research receives funding support from the Health Professions Opportunities Grant, the Health Professions Opportunities Grant – University Partnership, the Head Start – University Partnership Grant, and the Kellogg Foundation. A full list of reports on the CAP Family Life Study can be found on the CAP Tulsa website: <http://captulsa.org/innovation-lab/research-initiatives/family-life-study/> Future reports will document program outcomes and impacts.⁹



Lessons Learned

The CareerAdvance® research team has been able to lift up a number of lessons learned over the years the program has been operating. CareerAdvance® is a highly varied experience for participants that differs by year and training pathway: out of the first 10 cohorts, no cohort experienced exactly the same program over the years.

Going forward, the CareerAdvance® program will continue to build on its strengths which include:

⁹ For more information about CareerAdvance® see: <http://captulsa.org/our-programs/family-advancement/careeradvance/>

- **Flexibility for students to decide how much training they want:** Students can stop when they like and still have skills and credentials that will help them obtain employment in the stable, growing field of healthcare. Given this approach still 93% of participants in the nursing track earned at least one credential and an average of 55% in the other tracks earned at least one credential¹⁰. Additionally, most of the participants continue to pursue additional training.
- Consumer/participant input: *CareerAdvance* will continue to make program modifications based on participant needs. This customer-focused approach empowers participants to play a role in their own success in the program.
- **Coaching and Peer support:** *CareerAdvance®* supports participants as a team through cohort-based activities and individually, which helps them advance toward their education and employment goals. The support structure facilitates individual self-confidence and is life-changing for participants.
- **Commitment to student success:** *CareerAdvance®* engages in several strategies to ensure that students are successful by developing remedial education programs, tutoring, summer skill enhancement activities, and bridge programs to help individuals prepare for the rigors of college-level coursework. Additionally, the program is more selective with its enrollment to ensure that those who are accepted have adequate skills to succeed in the classroom and to respond to changes in employers' hiring practices.

CareerAdvance® also has opportunities to improve. For example:

- Each cohort has essentially been its own pilot project given the nature of change within the program.
- *CareerAdvance®* has struggled to establish the strong relationships with employers and the Tulsa healthcare industry that would help to guide program development and refinement and lead to even stronger employment outcomes for participants.
- Participants do not always translate successful course completion into credential attainment. disconnect appears to be driven by two factors: (1) too few participants attempt the licensing/certification exam in a reasonable time period after completing coursework, and (2) too few participants pass an exam on the first attempt. There appears to be an opportunity for *CareerAdvance®* career coaches to work more closely with training providers to identify preparation barriers and perhaps develop review materials and courses.

CAP Tulsa's *CareerAdvance* is one of the first of what are now being referred to as "2-generation 2.0" programs. It offers the parents of children in high-quality early childhood education the opportunity for stackable training in a sectoral, career pathway approach with substantial supports in the form of career coaches, peer groups, financial incentives, and child care.¹¹

¹⁰ Christensen, K., Juniper, C., and King, C (2015). The Ray Marshall Center for the Study of Human Resources and at the University of Texas at Austin. *CareerAdvance® Implementation Study Findings through July 2015*, 33, Table 9.

¹¹ IBED, 33-34; 44-45.

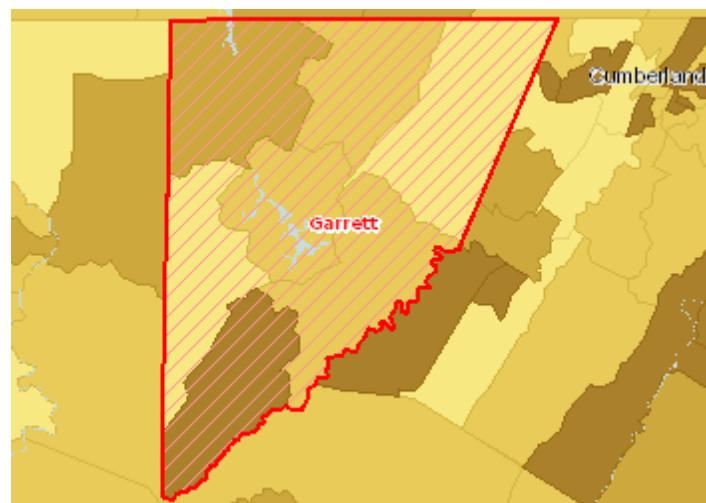
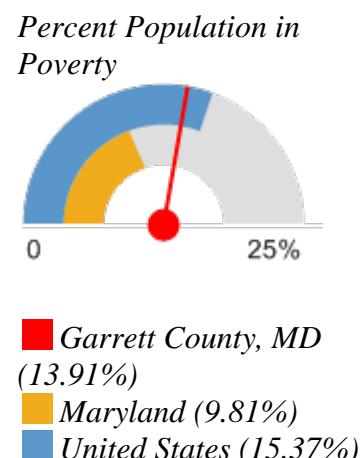
GARRETT COUNTY COMMUNITY ACTION COMMITTEE (GCCAC)

Demographics

GCCAC serves Garrett County, Maryland which has a population of 29,227 and a poverty rate of 13.9%. GCCAC is a multi-service agency which includes head start, early head start, child care, Section 8, energy assistance, homeless programs, IDA, home buyer and home repair programs, financial literacy and budgeting, senior centers and services, community and economic development, and transportation.

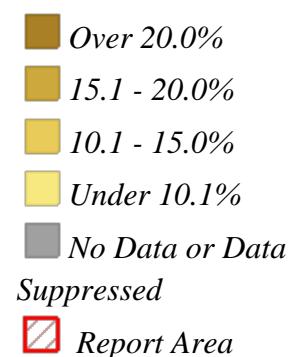
Report Area	Total Population	Population in Poverty	Percent Population in Poverty
<i>Garrett County, MD</i>	29,227	4,066	13.91%
<i>Maryland</i>	5,693,236	558,329	9.81%
<i>United States</i>	303,692,064	46,663,432	15.37%

Data Source: US Census Bureau, American Community Survey. 2009-13. Source geography: Tract



Data Source: US Census Bureau, American Community Survey. 2009-13. Source geography: Tract

Population Below the Poverty Level, Percent by Tract, ACS 2009-13



Program Profile

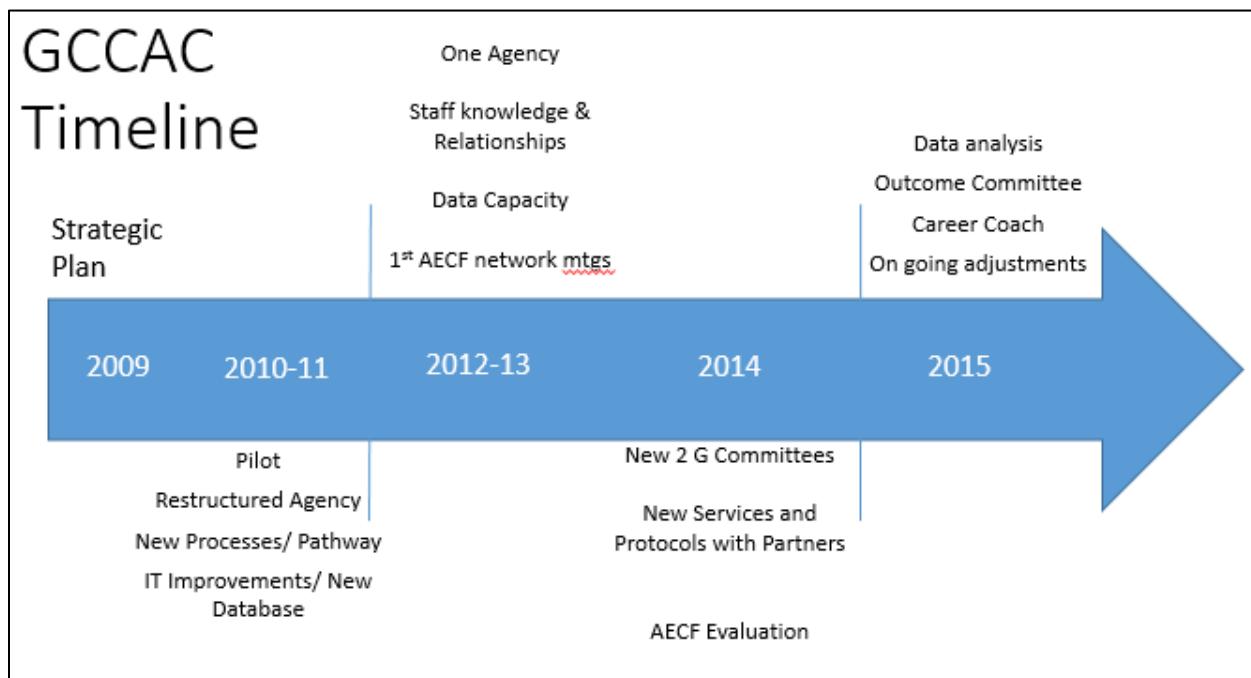
GCCAC's implementation of 2G can be defined in the following 3 phases:

Phase 1: Strategic Plan, Pilot and "Infrastructure Improvements"

Phase 2: Reorganization & Program Development

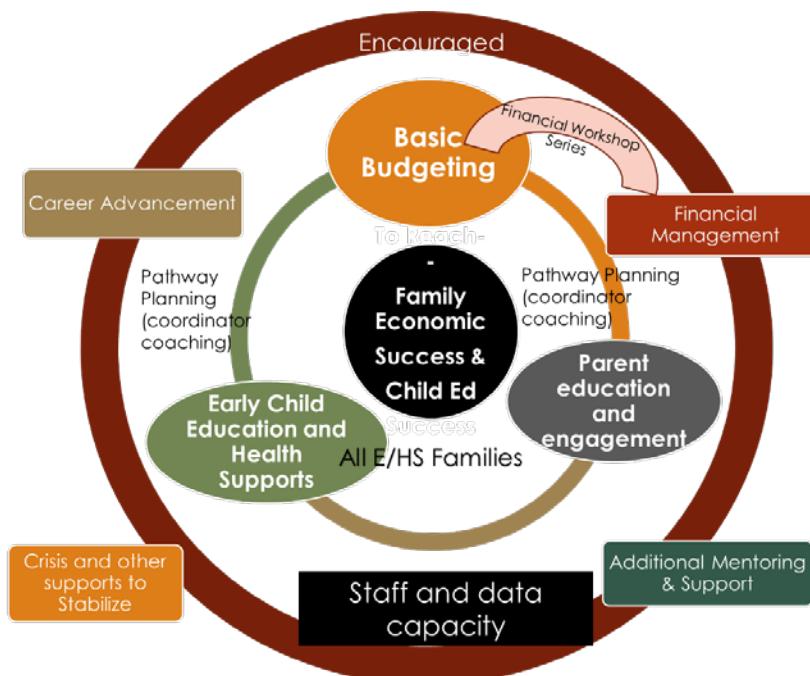
Phase 3: Implementation & Data Emphasis

These phases are not entirely mutually exclusive, but do provide a sense of the progression of the work.



In 2009, GCCAC began an intentional focus on integrating services to help families move toward economic self-sufficiency as a part of its strategic plan. The agency determined that the two generational framework was helpful for the integration work for families with young children. According to Duane Yoder, GCCAC Executive Director, the agency's two generation approach is about intensely incorporating early childhood and family support strategies with financial management and career advancement services and measuring the impact of that integration. Additionally, says Yoder, "This is an intentional approach to making disparate programs work together in ways that result in improved outcomes for families." The intentional integration of programs requires new systems and processes, staff training and support, an on-going focus on families and the staff's relationship with families, and a consistent monitoring of outcomes and services along the way.

For GCCAC, the foundation of the agency's two generation approach is a strong Early Childhood Education department offering Head Start, Early Head Start and Judy Center programs. Additionally, the program is heavily linked with the local community college specifically around career advancement. The focus on career advancement resulted in a jointly funded position; a career coach located at the college, partially paid for by GCCAC, who works seamlessly with clients across many partner organizations. Another key partner has been the local Health Department which provides the early head start home visiting and has other home visiting services. The third leg of the programmatic focus is financial management which includes financial education workshops specifically targeting parents, tools for helping organizing bills and budgeting, and individual coaching and counseling. Beyond these explicit areas of focus are a range of crisis and other supportive services including housing support, energy assistance, and transportation which are provided through GCCAC and accessed by a family with the support of their coordinator. The following diagram shows the content areas included in GCCAC's 2 G program with the inner circle being required for all 2 G families, which means all Head Start and Early Head Start Families and the outer circle being additional resources emphasizing career advancement and financial management which are encouraged based on the family's situation and goals



The Pilot: Testing a New Approach

In 2010 to 2011, GCCAC ran a pilot with 11 families offering a ‘mentoring’ approach where families were contacted regularly and supported by staff as they moved toward self-defined goals. Front-line staff from every department in the agency were loaned to the pilot for about 4 hours a week for a year. The departments were compensated for this time. These staff worked with 1 to 2 families in an intensive way; they also participated in a task force for sharing ideas, supporting one another, and developing tools to use in work with families.

All but one of the families participating in the pilot had at least one positive outcome. A 91% success rate. These outcomes included:

- 5 new jobs
- 1 family moved out of subsidized housing
- 1 family moved from substandard housing into subsidized housing
- 1 person became an AmeriCorps Volunteer
- 1 car used for a participant owned house cleaning business was repaired so that it could continue to be used
- 1 family purchased first home
- 1 couple both received new birth certificates from out of state and were subsequently able to qualify for health insurance
- 1 person completed her college degree
- Many of the families completed documented budgets
- 5 people took sage assessments to help gage aptitude in order to make career plans

Staff also observed families shift from a crisis orientation to a stability and thriving orientation.



Lessons from the Pilot Process were summarized in a memo which is excerpted below:

1. An intensive focus on goal setting and ‘mentoring’ yields results.
2. Currently we (GCCAC) handle crisis not intensive long term work. GCCAC clients often are seeking immediate assistance—a housing crisis, lack of food, electrical and water shut off notices, etc. GCCAC is known for providing emergency assistance. Many programs are currently set up to handle single incident/crisis OR a specific narrow set of needs. However, we believe people who come to us for particular services also have a range of barriers stopping them from improving their quality of life. Further, many program funding streams don’t necessarily support intensive work with families over the long run. It is difficult to pay for this longer term, intensive work.
3. Lack Information. Part of the insulated/silo nature of our structure and the complexity of programs themselves means staff often don’t have a full understanding of other programs available to help people or they have an isolated view/understanding of those programs. Having information about other programs and exactly what is necessary to access the programs will be critical for staff to help families create a pathway to a better quality of life.
4. Program and Department Divisions. Many staff throughout the agency viewed themselves as working for a program or a department. A critical shift in mindset will be critical. Staff need to view themselves as working for the agency as a whole and view their jobs as supporting people in finding pathways to a better life. Part of changing the mindset is offering information and support to staff.
5. Family Mentor. Our pilot project showed that the Family Mentor Role (which became the coordinator position in GCCAC reorganization) is essential in helping understand what families’ need and want and helping families navigate the system of programs. It also demonstrated how important time is to develop the relationship and pointed out that staff must understand the fuzzy line between when the family members must take the actions themselves, and when the family mentor should step in and facilitate.
6. Family Commitment. Family members must understand what they are committing to and be open and “hungry for” the opportunity. The Family Mentor may play a role in helping with motivation but there is a point at which family members, themselves, must make a choice to commit.
7. Flexible money. There is a need for a flexible pot of funding to help families with barriers to the achievement of their goals which are not easily funded by program sources.
8. Critical Components and Flexibility. Families don’t meet “our schedules”. It is important to have opportunities for participants to utilize resources as they need them. At the same time, the experiences with the families in the pilot strengthened our belief that financial education and having a solid career pathway are essential elements of creating pathways to better lives.

9. Career / education coaching. Several families engaged in assessments to help identify career aptitude. However, it proved impossible to find anyone in the County who was skilled at assisting parents with taking this information and applying it to the existing work force and the education/training needs. Finding a way to meet this gap will prove critical.

Organizationally, the pilot resulted in

- new planning tools for frontline staff (*Pathway Planning and crisis to thriving scales*),
- a clear identified need for career coaching in the County, and
- an emphasis on the relationships of staff to participants and staff to one another.

These lessons led into a reorganization of the agency and the development of a universal intake system which included the crisis to thrive scale (assessment).

Agency Reorganizational Process

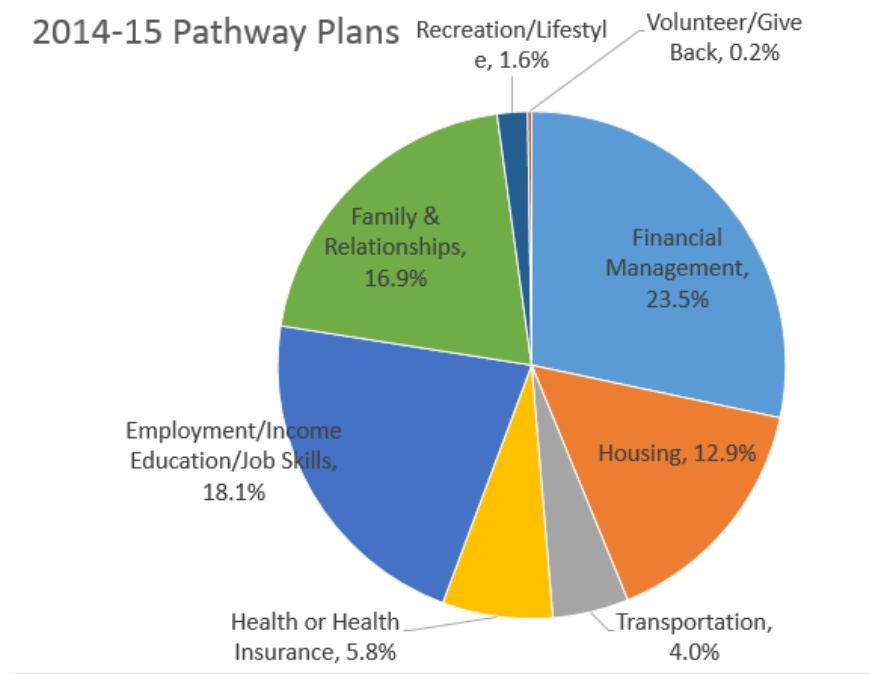
It was GCCAC's strategic planning process which motivated the agency re-imagine more effective service delivery strategies for its customers. The agency recognized barriers within its own internal structure leading management to make a strategic decision to break down its silos. One of key underlying philosophies of the organization restructuring was dismantling the idea of programs and departments and building the agency around specific goals and an emphasis on outcomes. During the strategic planning process, external partners and customers told GCCAC that they only knew about specific narrow programs that the agency provided; there was little recognition of the breath of the services or of the agency's desire to link them together to help people achieve self-sufficiency. Internally, directors and staff indicated that they felt good about their work and operated programs effectively, but there was no synergy from having so many resources in one institution. There was not even an easy way to tell what participants received from across the agency.

Building on the lessons of the pilot and founded in the strategic plan, GCCAC reorganized its departments, responsibilities, systems and processes including a reduction from 100 agency job descriptions to 12 job descriptions. Departments were arranged around strategic goals versus program content areas. For example, GCCAC moved from having an energy assistance and housing department to having a service coordination department focused on stabilizing clients and an asset development department focused on financial capacity and assets.

There are several new, critical positions—coordinators, data and contract managers, and a self-sufficiency manager. Other positions, such as content specialists, are new positions but many content specialist continued with a similar set of responsibilities. However, the new title emphasizes the commonalities of positions even though they are split across the agency and have specific expertise. Newly created positions such as the Coordinators and Self-Sufficiency Manager were specifically designed to support the agency's new “coaching” approach with

people seeking its services. It is important to note that the Coordinators are front line staff trained in coaching techniques – “their job is to relate to the family and where that family is”; they have also been trained in financial education/coaching. Additionally, regardless of the program the Coordinators are paid by, they are generalists; their jobs are to work with families to stabilize them and help them define pathways to improved quality of life.

The Self-Sufficiency Manager serves in a facilitative role to coordinate communication and provide training and support to the people in Coordinator positions; the self-sufficiency manager does not supervise any staff. Further, the position is “non-programmatic” (outside direct lines of responsibility for operating a single program). This structure allows the self-sufficiency manager to think about (and support other staff in) moving families forward on their Pathway Plans (making progress towards economic self-sufficiency) without having to exclusively focus on the unique and sometimes complex programmatic expectations. The Self Sufficiency Manager in conjunction with assigned coordinators monitor the progress of families on their respective Pathways Plans. The Self Sufficiency Manager generates reports to supervisors and management which can be used to further understand customer needs and adjustments which need to be made programmatically to meet those needs. An example of the data in reports is the graph below which shows the areas in which families are setting goals which is one measure of the families’ interest and needs.



Finally, new positions were created which focused on data and contract management. Over time, every program department was able to have someone acting in this position. This spread the data

capacity throughout the agency. The agency's data team helps to ensure data quality and helps provide data which can be used in meaningful ways programmatically. Finally, the agency dedicated a high-level staff person (Strategic Management Position) to focus on the integration process. This position focuses on the strategies and on the outcomes and not just the program specific activities and was a sufficiently high level (initially a director and then a vice president) to access people from across the agency.

2 Gen Implementation with Cross Departmental Committees

Creating new departments and positions formed a foundation, but cross agency dialogue and trust was also important. Further, GCCAC's engagement with the Annie E. Casey Foundation (AECF) and the other AECF grantees working on 2G provided structure, accountability, and peer support (at agency level).

Internally, three ways the cross-agency dialogue and relationship building were implemented included cross-departmental committees, joint staff work on specific projects, and explicit opportunities to share information and data. Several committees met regularly and focused on developing and monitoring implementation of programmatic offerings in financial management and career advancement. In many cases small groups of staff from different departments would work on a specific tasks such as brochures or workshop planning. This helped to not only build knowledge about what other members of the staff do in relation to families, it also built trust and relationships. The committee meetings included a specific look at data on uptake, goal setting and outcomes. The committee experiences supported the shift in mindset of staff to a more participant, results-centered approach.

Externally, meeting with other organizations who were also implementing diverse 2G approaches helped push GCCAC's thinking.



Pathways Plan for Families

Pathway Planning is both a process and specific set of tools that are used to help families set goals and develop action steps. Pathway planning builds on the crisis to thrive assessment that families complete which helps them indicate areas of their lives where they report doing well and areas that might benefit from improvement. The Coordinator working with the family works in a coaching mode to help families establish goals and determine action steps towards their goals. During the process, the coach also works with the family to identify available resources/people available to positively support their action plans.

In addition to the process of developing the plan, the Plan itself is entered into an electronic form and is used to help coordinate and integrate services. The *Pathways Plan* serves as a coordination tool which gets shared across staff in any department working to meet the family's needs. Any customer can create a Pathways Plan. Additionally, the Pathways Plan functions as the family partnership agreement or family engagement plan from the Head Start perspective; it also acts as the housing counseling plan and any other plan required by funders. We are still working to determine if there is a way to use the pathway plan with external stakeholders. Because the plan is electronic, it allows everyone from the front-line staff to management to track families' progress. It also helps staff in other departments who might work with the family understand what is going on their longer range goal.

Pathway Plan for

Head of HH Last name: [REDACTED]	First name: Jasmine	Last 4 SSN: [REDACTED]	
Plan Start Date: 1/17/2014	Plan End Date: 1/17/2015 (12 Months from start)	Is this an ABC Family Plan? <input type="checkbox"/>	
Plan Includes Crisis Action Steps <input type="checkbox"/> Crisis Began		Is this a E/HS Family Plan? <input checked="" type="checkbox"/>	
		Other Pathway Family? <input type="checkbox"/>	
Current Lead Coordinator is: Jill [REDACTED]; Who in your family, church, or friends can be your primary supporter/cheerleader as you work on this plan? Foster mother			
Goal Employment/income Education <input type="button" value="Apply for job or promotion"/> sending out application			
Current Crisis to Thrive # on this Dimension 3			
Crisis to Thrive Explanation unemployed has never worked before.			
Action Step Details			
Action Step	Due Date	Who Completes(staff, client, family, friend, etc.)	Resources (what assets/community resources are available to help)
look for job postings	3/1/2014	Jasmine	news paper, job service, internet <input checked="" type="checkbox"/> Complete
Action Step	Due Date	Who Completes(staff, client, family, friend, etc.)	Resources (what assets/community resources are available to help)
send application	3/1/2014	Jasmine	businesses <input checked="" type="checkbox"/> Complete
Action Step	Due Date	Who Completes(staff, client, family, friend, etc.)	Resources (what assets/community resources are available to help)
plan for interview	3/1/2014	Jasmine	employer <input checked="" type="checkbox"/> Complete
Insert Action Step		Progress Rating	
Date of Plan Review	3/25/2014	Goal has been met Defining new goal	
Progress Description	Jasmine found part time work, but would still like full time employment and interested in taking the CNA class.		
Crisis to thrive # on this dimension/ explanation	7	working part time	

Universal Intake and Data System

An important tool in the integration of services including 2 G has been the universal intake and the use of a comprehensive, agency wide client data tracking system.

The universal intake (both a form and an electronic application) is used throughout the agency for intake. It collects sufficient information to determine "presumptive eligibility" for most programs in the agency. It also includes (for anyone seeking a service with an income qualification) a 5 question crisis to thrive assessment.

Consequently, no matter what program someone is coming in seeking, GCCAC gathers consistent data including a brief assessment and discusses pathway planning and other possible services to meet their assessed needs. This “no wrong door” approach for participants has proven critical for a bundled services approach that links directly to the family’s need. For example if a family accesses the agency for housing assistance, the universal intake system will automatically assess the family’s need for other supports including childcare,

employment and make all available resources available in a “bundle”. The “Crisis to Thriving Scale” is a tool that is used for the assessment process (see appendix). From GCCAC’s perspective, this is not about providing services side by side, but about integrating services around the assessment and around the family goals.

Finally, the agency wide comprehensive client tracking system was essential for GCCAC to make this shift in focus. It provide a means of monitoring what was happening with clients accessing services across the agency; it provide the common language and information to tie together disparate departments and programs around individuals and their needs; and it provide accountability. Staff engagement with the new software system took time and on-going effort, but was absolutely pivotal to this work. GCCAC’s experience with integrating the data system into its operations and using it as a tool for organizational change also caused the agency to become engaged as a part owner of an upgraded software system, called EmpowOR.

Community Assets

GCCAC has a long history of working with other community organizations. These relationships and the history of community level work that has been done was an important foundation for the 2G implementation. One example is the community initiative 10 to 15 years ago which evaluated the systems supporting early childhood education and monitored through kindergarten readiness scores. This initiative resulted in the local management board focusing on how resources were spent and how collective outcomes which could be achieved. This partnership also allowed for GCCAC to create whole portfolio of services that focus on family needs. The Garrett County Health Department’s home visiting programs played a vital role in this community initiative. This initiative also engaged the Board of Education and resulted in a much closer alignment of school instruction and early education instruction. All of this earlier work

Universal Intake			
Client / Household	Crisis to Thrive Scale Rating	External Services Received	Presumptive Eligibility Report
Age Race/ ethnicity	5 Primary Domains every 6 months.	Services not provided through GCCAC <ul style="list-style-type: none"> • Bank Accounts • WIC/TANF/SNAP • Healthy Families HV • EITC • Child Care Subsidy • Training or Classes • Counseling • And more... 	Lists internal services the family likely qualifies for based upon information gathered during intake.
Education	If a significant change occurs in a domain between rating periods that can be reflected.		
Housing/ utilities			
Employment	8 Additional Domains are evaluated at the first and last Pathway Meetings.		
Income			

meant there was both a network of agencies which had experience working together around children and a focus on school readiness which served as fertile soil for the 2 G Approach.

GCCAC has had a long relationship with the community college with members of each institution's boards including representatives from the other institution. This relationship was further strengthened particularly around workforce goals with GCCAC's engagement in the county's economic development strategic plan and the college's leadership in workforce development. Garrett College emphasizes the importance of its role in training and educating the workforce in the county and, with that emphasis, been an eager partner on 2 G. As a result of this collaboration, collective funds were used to jointly fund a position—a Career Coach—who is an employee of the college, but who works sometimes at GCCAC and sometimes at other partner organizations in the community. .

Lessons Learned

The intentionality of seamless, integrated services for children and their parents truly make Garrett's approach for achieving self-sufficiency a Two-Gen approach and more than just a side-by-side services approach.

The tactics that help ensure the integration and family focus are:

- cross-coordination of staff, including joint meetings of staff (internal and external), which focus on family needs
- Pathway Plan
- Paying attention to the family perspective
- The coaching approach
- The comprehensive assessments and questions asked during goal setting
- Focus on outcomes for both children and parents and a new family well-being score
- Integrated software system

GCCAC is finding that families engaged in 2G are accessing more services more easily, and the family coordinator is working across different programs to meet the diverse needs of the family.

Key things to remember include:

- Remain focused on the outcomes and not just outputs
- An established early childhood program is a critical key to success, especially in the early stages of implementation
- A bundled services approach to family support is critical

- The agency must invest in staff development and staff relationship-building across functions and departments.
- A quality integrated data system which has the ability to cut across all programs and funding requirements is essential.
 - “If you can’t develop a data system that does that, you probably are not going to get very far in this two generation work—you need to spend enough time and money on to make it work within your organization” (Duane)
 - The data system must be easily accessible and easily understood. Also, the system must offer flexibility and customization.
 - In-house data and at least some technology capacity is a must
- There have to be non-programmatic staff dedicated to making the two-gen approach work. These persons are committed to interagency communication and overall agency culture transformation which ultimately enhances the quality of services provided to families.
- A lot of CAAs are grant driven – “changing that culture requires a lot of work”. This process took GCCAC 3-4 years
 - New job descriptions created
 - New committees established
 - New governance structure implemented
 - New culture and communication structure created that is focused on something different than just programs and departments
- Flexible funding is the key to programmatic success. For example, the availability of small pockets of funding can help families make important incremental movement towards success
- Engagement with other agencies doing similar work can be source of solutions or new thinking. Specifically for GCCAC, The Annie E. Casey Foundation and its support of an “action learning network” around 2G proved extremely helpful.

Outcomes

As of Summer 2015 after the second full academic year of implementation of 2 G:

- 222 families had at least one Family Economic Success (FES) service and 120 Families have 3 or more FES services.
 - 20 % of these families have received budget binders and coaching in using budget binders to help organize expenses and bills
 - 9% had opened savings accounts
- 400% increase in those taking college sponsored classes (from Pre 2G to 2014-15 school year) and all indications of 2015-16 school year are that these increases are continuing

- Increase in engagement with parents wanting and succeeding in getting jobs. Example 50% job success rate for those attending job fair in Spring 2015
- 140% increase in 2G families that rated themselves as a 7 (or higher) in financial management on the crisis to thrive. Seven is defined as “Paying all current bills, paying off debts most months, but not saving regularly” (increase is from pre 2G to 2014-15 school year)
- 280 % increase in number of 2G families who improved in financial management dimension of the crisis to thrive scale. (increase is from pre 2G to 2014-15 school year)

CONCLUSION

Two-Gen is truly about engaging in a comprehensive service delivery approach that addresses the family as a whole. Services for the parents and the children must be integrated. Effective two-gen approaches bundle the following domains to move the entire family towards a thriving reality: job training, asset-building and income supports for parents and high quality early care and elementary education for children. Additionally, parental involvement in their child’s development is a key aspect of this approach. Ultimately the Two-Gen approach combines what is showing promise for young children and parents at the same time to help whole families build better futures.

Community Action has foundations which support the successful implementation of the two-gen approach. Though the Learning Communities Resource Center project, peers will engage in on-going project piloting related to the two-gen approach to build the Community Action Network’s capacity regarding this important initiative.

Resources

Ascend Playbook. Ascend at the Aspen Institute.

www.ascend.aspeninstitute.org/resources/two-generation-playbook

Two Generations. One Future. Anne Mosle and Nisha Patel. January, 2012.

www.ascend.aspeninstitute.org/resources/two-generations-one-future

Putting Research Into Practice Two Generation Approaches

http://www.communityactionpartnership.com/storage/cap/documents/LCRC/cap_packet_2gen_final.pdf

CAP Tulsa Family Life Study.

<http://captulsa.org/innovation-lab/family-life-study/>

CareerAdvance® Implementation Study Findings through July 2015. Kristin Christensen, Cynthia Juniper, Christopher King. The Ray Marshall Center for the Study of Human Resources and at the University of Texas at Austin. 2015

www.raymarshallcenter.org

Gateway to Two Generations: The Potential for Early Childhood Programs and Partnerships to Support Children and Parents Together. Joan Lombardi, Anne Mosle, Nisha Patel, Rachel Schumacher and Jennifer Stedron, January, 2014.

www.ascend.aspeninstitute.org/resources/gateways-to-two-generations

Creating Opportunity For Families: A Two-Generation Approach (Annie E. Casey Foundation)

<http://voicesforchildren.com/2014/11/creating-opportunities-for-families-a-two-generation-approach/>

Three-Part Guide to Evaluating Collective Impact. Hallie Preskill Marcie Parkhurst Jennifer Splansky Juster (Collective Impact Forum) <http://www.fsg.org/publications/guide-evaluating-collective-impact#download-area>

Two Generations Together. National Head Start Association. 2015. <https://www.nhsa.org/two-generations-together>

Works Cited

Ascend Playbook. Ascend at the Aspen Institute.

www.ascend.aspeninstitute.org/resources/two-generation-playbook

Chase-Lansdale, P. Lindsay, Teresa Echrich Sommer, Terri J. Sabol, Christopher T. King, Tara Smith, Hirokazu Yoshikawa, and Jeanne Brooks-Gunn. (2014). “CAP Family Life Study Year 3 Report: September, 2012 – December 2013: Evanston, IL: Northwestern University. April.

Chase-Lansdale, P. Lindsay, Teresa Echrich Sommer, Terri J. Sabol, Christopher T. King, Tara Smith, Hirokazu Yoshikawa, and Jeanne Brooks-Gunn. (2013). “CAP Family Life Study Year 2 Report: September 30, 2011 – September 29, 2012: Evanston, IL: Northwestern University. April.

Chase-Lansdale, P. Lindsay, Teresa Echrich Sommer, Terri J. Sabol, Christopher T. King, Robert W. Glover, Hirokazu Yoshikawa, and Jeanne Brooks-Gunn. (2012).

“CareerAdvance® Outcomes Study Year 1 Report: September 30, 2010 – September 29, 2011: Evanston, IL: Northwestern University. February.

Christensen, K., Juniper, C., and King, C (2015). The Ray Marshall Center for the Study of Human Resources and at the University of Texas at Austin. *CareerAdvance® Implementation Study Findings through July 2015*, 33-34; 44-45.

Glover, Robert W., Tara Carter Smith, Christopher T. King, Rheagan Coffee. (2010). “*CareerAdvance Implementation Report.*” Austin, TX: Ray Marshall Center for the Study of Human Resources, LBJ School of Public Affairs, The University of Texas at Austin. August.

Glover, Robert W., Christopher T. King, Tara Carter Smith. (2012). “Expanding the *CareerAdvance® Program in Tulsa, Oklahoma.*” Austin, TX: Ray Marshall Center for the Study of Human Resources, LBJ School of Public Affairs, The University of Texas at Austin, (January).

Smith, Tara, Kristin Christensen, Xueshu Chen, Christopher King. (2013). “*CareerAdvance® Implementation Study Findings Through July 2013.*” Austin, TX: Ray Marshall Center for the Study of Human Resources, LBJ School of Public Affairs, The University of Texas at Austin. October.

Smith, Tara, Rachel V. Douglas, Robert W. Glover. (2012). "The Evolution of the CareerAdvance® Program in Tulsa, Oklahoma." Austin, TX: Ray Marshall Center for the Study of Human Resources, LBJ School of Public Affairs, The University of Texas at Austin. October.

Two Generations Together. National Head Start Association. 2015.

<https://www.nhsa.org/two-generations-together>



The Promise of Community Action

*Community Action changes people's lives,
embodies the spirit of hope, improves communities,
and makes America a better place to live.*

*We care about the entire community,
and we are dedicated to helping people
help themselves and each other.*

COMMUNITY ACTION PARTNERSHIP
1140 Connecticut Avenue, NW, Suite 1210, Washington, DC 20036
PHONE (202) 265-7546 • FAX (202) 265-5048 • WWW.COMMUNITYACTIONPARTNERSHIP.COM