Two Generation Approach in Maryland

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Catching Maryland’s Attention

- Local 2G initiatives
- Rural IMPACT
- Departmental
  - DHR, DLLR, GOC
- Two G Commission
- Support of AECF, Aspen, Kellogg

- Hogan-Rutherford Administration Announces Commission to Address Multigenerational Poverty
  Governor Signs Executive Order Establishing Commission to Study Nationally-Recognized “Two-Gen” Approach to Service Delivery
2G and Local Management Boards

• Started with understanding of link between child outcomes and family wellness
• Focused mostly on improving community child outcomes- low weight births, school readiness, out of home placements
• Minimal attention on defining, tracking and reporting adult outcomes and linking them to child outcomes
• 2G is about intentionally building pathways to adult economic security through education and job training for the adult and promoting access to quality early child development for the child
• Family centric that builds to community outcomes
Intentionally Linked Services

**Parent centered:**
- Occupational training
- Post-secondary education
- Adult Basic Education / GED
- Economic Supports
- Asset Building
- Financial coaching
- Parenting skills
- Home visiting
- Health & Well-Being

**Child centered:**
- Early Head Start / Head Start
- High-quality child care
- Home visiting
- Health & Well-Being

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Quality Early Childhood Education

Postsecondary and Employment Pathways

Social capital
Friends, Family, Neighbors, Coaches, Mentors

Health and well-being
Mental Health
Toxic Stress
Access to health care

Economic supports, Asset Building, Housing and Homeownership
2G at the community level

- Western Maryland model
  - Lead organization (HRDC & GCCAC)
    - Early child centered
    - Stabilization and asset building services
    - Coordination and communication
  - Community partnership
    - Occupational training
    - Post secondary education
    - Health
  - New capacity
    - Coaching
    - Financial education

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Two-Gen: It’s How We Do Business

- It is an approach not a program or initiative.
- It is taking the burden of alignment and coordination off of parents and putting it on programs, systems, and policies.
- It is braiding existing early child and family support funding into 2G frame.
- It is building and sustaining processes that focus on staff relationships with families and on outcomes.
Blending and braiding funds to support and connect families

- We do not have a 2G budget
- The work is integrated throughout the organization
- 2G emerged from our (Garrett) strategic plan
- Funding support involves parts of braiding, blending and pooling depending on source.

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Braiding and Blending funds to support 2G

**Operations**

- **23 Coordinators**
  - Intake, assessment, pathway plan, enrollment, services
  - HUD (COC, Sec 8, LIEAP)
  - State (housing counseling, SLH, RAP)

- **5 Data quality and contract Managers**
  - Data quality, contract reports, 2G tracking, program rules
  - HUD, DOE, State, Foundations, HHS, CSBG

- **Content Specialists**
  - Specialized knowledge and training supporting 2G
  - Usually paid by programs

- **Data system**
  - One central system accessible to all sites, tracks outcomes and outputs
  - Paid by program allocations and earned income

- **Administration**
  - Indirect, CSBG, Local Govt. Foundations

**Benefits**

- **Community partners**
  - College tuition and occupational training
  - Health and well being
  - Career coach
  - Stabilization services
  - Home visiting
  - Early Child

- **GCCAC**
  - Early child and parenting skills
  - Stabilization services
  - Asset Building services
  - Gap filling
  - Coaching and coordination

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2G Implementation Tools in Garrett County

• Universal intake – no wrong door

• Family and individual assessment scale
  • Family assessment (Crises to Thrive)
  • Pathway plan
  • Child assessments and results
  • regular reviews and updates

• Information System
  • Central data base accessible to everyone
  • Inoperability with other systems
  • Data quality

• Partnerships with home visiting and career ladder providers

• Common customers with partners
<table>
<thead>
<tr>
<th>CRISIS</th>
<th>VULNERABLE</th>
<th>SAFE</th>
<th>STABLE</th>
<th>THRIVING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Food &amp; Nutrition</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1. Has less than a day of food and limited ability to prepare or cook food</td>
<td>3. Consistently unable to meet basic food needs, often didn't have enough food to eat in the past 3 months</td>
<td>5. Eligible for partial food stamps or subsidies but not receiving them</td>
<td>7. Receives occasional food assistance (brown bag, commodities), not eligible for food stamps</td>
<td>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</td>
</tr>
<tr>
<td>2. Has less than a day of food available and no money to purchase more</td>
<td>4. Without food stamps or other food subsidies, would often not have enough food to eat</td>
<td>8. Receives partial food stamps or subsidies to meet basic food needs</td>
<td>10. Can shop at store of choice and purchase any food items desired</td>
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<tr>
<td><strong>Housing</strong></td>
<td></td>
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<tr>
<td>1. Literally homeless</td>
<td>3. Legal threat of eviction (5-day notice, writ, or immediate foreclosure)</td>
<td>5. Receiving temporary rental/mortgage subsidy (or has received within the last 3 months)</td>
<td>7. In stable housing (rent or own) that is affordable (≤ 40% of housing costs)</td>
<td>9. Household is in safe, affordable, unsubsidized rental housing of choice</td>
</tr>
<tr>
<td>2. In an emergency shelter or motel</td>
<td>4. Transitional housing OR staying with others OR foreclosure notice</td>
<td>6. In stable subsidized housing</td>
<td>8. Household is in safe, affordable, unsubsidized housing</td>
<td></td>
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<tr>
<td><strong>Childcare (all children in household— if childcare not available for one child or not affordable for even one of the children then answer accordingly)</strong></td>
<td></td>
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</tr>
<tr>
<td>1. Childcare not available for all children in the household</td>
<td>3. Childcare available in unlicensed facility</td>
<td>5. Subsidized, safe childcare is available but not satisfied with it</td>
<td>7. Safe, affordable, unsubsidized childcare available but not satisfied with it</td>
<td>9. Safe, reliable care from family or friends and satisfied with it</td>
</tr>
<tr>
<td>2. Childcare available but can not afford it</td>
<td>4. Childcare is unreliable (unreliable family or friends)</td>
<td>6. Subsidized, safe childcare not including quality early childhood education (e.g., Head Start, Early Head Start, Center-based)</td>
<td>8. Safe, affordable, unsubsidized childcare available &amp; satisfied with it</td>
<td>10. Safe, quality care that includes early childhood education resources and is affordable (including HeadStart, Early HeadStart, Center-based)</td>
</tr>
<tr>
<td><strong>Transportation (answer from perspective of household)</strong></td>
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<tr>
<td>1. No means of transportation and public transport not available when needed</td>
<td>3. Relies exclusively on transportation from friends or family</td>
<td>5. Has a single unreliable vehicle or vehicle(s) that needs minor repairs to run</td>
<td>7. Vehicle is reliable but older or unaffordable and there is no alternative</td>
<td>9. Has at least one reliable and affordable vehicle and back up transportation</td>
</tr>
<tr>
<td>2. Own an inoperable vehicle and no funds to fix it</td>
<td>4. Has a vehicle but no insurance and/or no license</td>
<td>6. Has two (or more vehicles) but all vehicles are unreliable</td>
<td>8. No alternative transportation if primary source is unavailable</td>
<td>10. Has sufficient number of reliable and affordable vehicles for family</td>
</tr>
<tr>
<td><strong>Financial &amp; Management</strong></td>
<td></td>
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</tr>
<tr>
<td>1. Not able to pay bills or past due debts</td>
<td>3. Paying all current bills, not paying past due debts</td>
<td>5. Paying current bills, paying off debts most months and not saving regularly</td>
<td>7. Paying all current bills, paying off debts most months, saving regularly</td>
<td>9. Always paying all current bills and debts, not owing regularly</td>
</tr>
<tr>
<td>2. Paying some bills but late/not paying others</td>
<td>8. Paying all current bills, following plan to pay off debts</td>
<td>6. Paying all current bills, paying off debts most months, saving regularly</td>
<td>10. Always paying all current bills and debts, and saving regularly</td>
<td></td>
</tr>
</tbody>
</table>
2G Community Collaboration

- Career Ladder
  - College
  - WIOA partners
- Early Child Dev
  - Parent Engagement
- Budgeting & Asset Dev
- Other support services as necessary
- Health Department—Home Visiting
- Dept. Social Services

GCCAC Hub and coordinator of work
Operational Framework

• Focus activities on steps that lead to greater economic security/independence
  • **Stabilize persons in crises**
    • Crises intervention
    • **Bundling services to alleviate crises**
    • Family Goal Setting / Pathway Plan
  • **Assist family or person to create a Pathway Plan to assets**
    • Continue **bundling services** to support Pathway Plan
    • Financial literacy, coaching
    • Education and career advancement
    • Acquiring assets—savings, homeownership, energy
  • **Work to remove barriers and create opportunities**
    • Housing and economic development
    • Access to quality early child education-development
    • Workforce development
    • Policy
    • Municipal and community capacity
    • Fill Bundling gaps

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Garrett’s 2G Approach on One Page

• Bundling/integration
  • GCCAC Restructuring
    • Agency
    • Positions
    • Performance/work plans
  • Participant engagement
    • Assessment
    • Pathway plan
  • Information Technology
    • Universal intake
    • Tracking
    • Sharing information
    • Reports
  • Defining outcomes

• Social Capital
  • Fostering staff participant relations
  • Coaching
  • Creating more time
  • Building platforms

• Partners
  • Health Dept.– home visiting
  • College – Career and education ladder
  • Schools, DSS - sharing data, strategy
  • GCCAC – coordination, data, communication, Early child, stabilization, Asset building.

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Early Child Education and Health Supports

Family Economic Success & Child Ed Success

Parent Pathway Planning & Engagement

Budgeting

2G Families

Financial Workshop Series
Financial Management 1x1 + Additional Mentoring & Support
Crisis and other supports to Stabilize
Workshops, Job Fair Support
Career Coach & Advancement

Staff and data capacity & Partners
How Have We Changed?

- **Case Management**
- **Program-Centric**
- **Referrals**
- **Head Counts**

**Family Coaching**

**Participant Focused**

**Seamless Integration Goal**

**Achievement**

**Outcomes**
• All 2G families are assessed on a family well-being scale called the Crisis to Thrive Scale (C2T).

• Based upon the family’s most recent rating they are placed in the **5 or higher C2T category** or **less than 5 C2T category**.

• We see that we have more economically secure families receiving HS prior care in the Northern end of the county and nearly an equal split between the categories for families in the Southern end.
Bundling Over Time

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
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</thead>
<tbody>
<tr>
<td>Utilized 1 Dept.</td>
<td>66%</td>
<td>42%</td>
</tr>
<tr>
<td>Utilized 2 Depts.</td>
<td>26%</td>
<td>37%</td>
</tr>
<tr>
<td>Utilized 3 Depts.</td>
<td>7%</td>
<td>18%</td>
</tr>
<tr>
<td>Utilized 4 Depts.</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>Utilized 5 Depts.</td>
<td></td>
<td>1%</td>
</tr>
<tr>
<td><strong>Average #</strong></td>
<td><strong>1.7</strong></td>
<td><strong>3.2</strong></td>
</tr>
</tbody>
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Involved use of 25 separate programs with largest increase in Energy Assistance, VITA, financial education, homeless prevention and child care.
Preliminary Outcomes

- Increases on Career Advancement and Financial Management Services
- Consistent pattern of improvement in all dimensions of assessment scale 2016
- Reduction in number of repeat crises
• Universal Intake Process used throughout the agency
  • Sufficient information to allow a presumptive eligibility report to be provided to and reviewed by participant
  • No wrong door
  • Intake for different programs can be done at any site or in home

• Use of crises to thrive scale across multiple dimensions
  • Self assessment/engagement
  • Community needs
  • Tracks progress with families

• Families participate in pathway planning with focus on aspirations and economic security
  • Tool for integrating and bundling services.
  • Concrete way to identify interests and celebrate successes
  • Same pathway plan used by all programs
  • Pathway participants will see their pathway plans and progress they have made

• Staff trained and evaluated in use of Coaching techniques
  • Move away from case management
  • Motivational

• Financial managing/budgeting embedded in all activities.
  • Sustained training and review for all front line staff
  • Inclusive of partner staff
How Have We Changed?

Case Management → Family Coaching
Program-Centric → Participant Focused
Referrals → Seamless Integration Goal Achievement
Head Counts → Outcomes

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DIFFERENCES IN POVERTY

• URBAN VS RURAL

• What are the barriers and how do we work on over coming them
TYPES OF INCENTIVES AND HOW WE USE THEM

• Incentives are a powerful but underutilized tool for maintaining family engagement in social service programs. Multi-generation programs require a substantial commitment of people with various barriers to participation. Incentives are not one-size-fits-all, and programs must thoughtfully select what will work best for their budget, staff, and participants. This guide provides the how and why of incentives so that people may systematically design programs that maximize their chances of achieving goals.
• What Are Incentives?
  • A supplemental reward that serves as a motivational device for a desired action or behavior
  • Something that encourages a person to do something (e.g., make a decision) that is hard for them to do
  • Something offered to motivate behavioral change
Why Use Incentives?

Building Better Programs’ literature review points out that incentives have been used successfully in a wide range of settings, including social service and health programs as well as classrooms to encourage participation and persistence. Incentives show promise in helping to change behavior, to increase attendance and motivation to stay with programs. In many cases the program benefits may not be clear to participants as they may be too abstract or distant to outweigh immediate barriers such as:

- **Time constraints:** Many participants have variable work schedules and significant family responsibilities. This can make it difficult to attend regularly scheduled meetings or to make a long-term commitment to a program.
- **Uncertainty about potential payoff:** Parents often are unsure if their time and effort is really going to be worth it, especially if they have participated unsuccessfully in programs in the past.
- **Logistical challenges:** A lack of transportation and childcare can be huge barriers.

An Overview of Incentives
• They can be designed to end at some point during the program. The monetary incentive phase-out should coincide with the point at which participants have become invested enough in completing the program to continue without the incentive. Nonmonetary rewards can continue throughout the life of a program.

• **Are my participants present or future-oriented?**
  • Before setting up incentives, it’s important to consider whether participants are likely to have a present or future-orientation. An incentive in the future will not be as valued by someone with immediate needs. Consider whether scarcity is capturing their attention and tunnelling their vision. In that case, even a very desirable incentive far in the future will not resonate with a present-oriented participant. Small, more frequent incentives may be more effective than a large incentive at the end of a program.

• **What are the costs to attend the program?**
  • In addition to purchases like gas and childcare, costs involved are also the time spent at meetings, any activity a participant has to give up to attend, time away from family, etc. These can also be thought of as barriers, or things that keep people from engaging long-term. Incentives that directly address costs and barriers will be the most effective at improving engagement. In order to participate, potential participants need to believe that the benefits exceed the costs. When costs can’t be reduced, then benefits need to be increased.
• **Are there barriers the program could alleviate?**
  • Co-locating services, providing childcare, and offering more convenient hours are all ways to cut the costs and increase engagement. The easier a program makes it for parents to attend, the lower the costs and the more likely they are to engage.

• **What incentives are best?**
  • Talking to participants to find out what they need before you start offering incentives is extremely important. This can reduce the hardship of having to change the program design, and shows participants that you are responsive to their needs. Try to offer gift cards to stores where multiple types of items can be bought (like Target or Wal-Mart). This is both valuable to a participant and reduces the hassle of having to go to multiple stores.
  • Some programs provide reimbursement weeks to months later, which doesn’t match a present-oriented mindset. Participants who have to wait for incentive payments may get stuck in the intention phase and fail to take action. Some participants will not be able to “front” costs such as gas, so it is more useful to give a gift card up front that the participant can use.
Questions or Comments?

Garrett County Community Action

Building better lives, stronger communities — together

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