

# Moving Young Families on Welfare Out of Poverty through Interagency Case Coordination: A Teaching/Learning Case

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## Introduction

The 1996 welfare reform law created The Temporary Assistance for Needy Families (TANF) program, a time limited program designed to help needy families achieve self-sufficiency through mandated participation in work-related activities. The Federal government provides grants to States to run the TANF program. The main performance measure for TANF is the work participation rate (WPR), which measures the share of families in the caseload with a member who is either working or engaged in welfare-to-work activities. The development of the WPR outcome measure led to a reduction in caseloads along with a mandate to get as many TANF participants into the workforce. Even though the intent of the federal legislation was focused on moving people off aid into economic self-sufficiency through time-limited welfare benefits and job search skills, the implementation has proven to be far more complicated. Some of the complications include a limited availability of jobs with adequate wages and benefits, lack of affordable housing, physical and mental health issues, lack of social support networks, poor educational backgrounds and lack of access to affordable, quality child care amongst others. This situation is even more dire amongst young families since their limited life skills, parenting skills and soft job skills relevant to employment make them more vulnerable to enter sustained periods of poverty, if not a lifetime of poverty.

Given the myriad complexities faced by vulnerable populations and recognizing the limitations of traditional welfare services related to benefits and employability, San Francisco Human Services Agency (SFHSA) was tasked

with implementing a mayoral initiative in 2015 to assist vulnerable young families move out of poverty and called it Project 500 (P500). The focus of P500 is on disrupting inter-generational poverty by strengthening cross-system collaboration among agencies. This case provides lessons for other human service organizations related to reallocating existing resources in new directions.

## CONTEXT

P500 is an initiative launched by the late Mayor Edwin Mah Lee under the leadership of the SFHSA. P500 seeks to integrate resources, wrap-around services, and case management across City departments and nonprofit providers. These organizations include the San Francisco Department of Public Health (DPH), DPH's Nurse-Family Partnership (NFP) and Field Nursing Program (FNP), DPH's Behavioral Health Services (BHS) division, Child Support Services (CSS), and the San Francisco Office of Early Care and Education (OECE) in collaboration with the California Work Opportunity and Responsibility to Kids Program (CalWORKs)<sup>2</sup> within SFHSA. The primary focus of this teaching case includes the two large public sector organizations (DPH and HSA) that provide home visitation and case management services for P500 participants. However,

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1. Information presented here was collected in the Spring of 2019 by a researcher who conducted fifteen interviews across different levels of management within SFHSA and the San Francisco Department of Public Health (SF-DPH), 1) the Deputy Director, Economic Support & Self-Sufficiency, DPH Nursing Director, P500 Initiative Manager, California Work Opportunity and Responsibility to Kids (CalWORKs) program manager (upper management), 2) Mentor supervisor, nurse manager, NFP supervisor, behavioral health supervisor (middle management), and 3) mentors, CalWORKs case managers, field nurse, NFP nurse (lower management). Besides interviews, the researcher also collected case-relevant material from the agency. The case was developed with the support of the Mack Center on Nonprofit and Public Sector Management in the Human Services at the University of California, Berkeley. The author wishes to acknowledge the guidance of Michael J. Austin, Mack Professor Emeritus and Founding Director of the Mack Center at the University of California, Berkeley.

2. CalWORKs is California's version of the federal TANF program. For more details, visit <https://www.cdss.ca.gov/CalWORKS>

it is also important to note the role of the child support organization (CSS) related to ensuring that children receive the financial and medical support they need from their parents to be healthy and successful.<sup>3</sup> Similarly, the early child care and education programs (OECE) ensure continuous access to quality early care and education regardless of their parent's welfare status.<sup>4</sup>

The two major goals of P500 include: 1) providing disenfranchised families with “meaningful pathways up and out of poverty, and disrupt[ing] its intergenerational transfer” in order to improve child and family outcomes, and 2) building an integrated and comprehensive system of care that improves cross-system collaboration and reflects a family-centric, research-informed service delivery approach in order to achieve specified outcomes. P500 began as a research and development lab designed to explore new ways to move five hundred young families on welfare out of poverty by bringing together separate service teams that have historically worked in isolation. Research domains explored by the designers of P500 included evidence around the impact of home visiting, quality early education, and parental involvement on child outcomes, as well as research about the effectiveness of subsidized employment and strategies to build executive functioning skills on adult self-sufficiency outcomes, as well as collective impact literature. Even though P500 is affiliated with the CalWORKs program within SFHSA, it was initially important to differentiate P500 from the regular CalWORKs program as stated by the Deputy Director for Economic Support & Self-Sufficiency Programs:

*When the Mayor said, “I want an initiative to move 500 of the most vulnerable families out of poverty,” one reaction was, we’re already doing that. Isn’t that what the CalWORKs program does? It was really a challenge for us to think about the constraints of the CalWORKs program in order to “think outside the box”. I think that was an exciting issue to pose not just to our staff internally at HSA but also to our partners in other departments. It helped us to think collectively about the work that each of our systems are doing individually, and to see if we could strategically stitch together those different system efforts where creating something that’s bigger than just the sum of its parts.*

3. For more details visit <https://sfgov.org/dcss/about-us>

4. For more details visit <http://sfoece.org/>

The target population of P500 includes families with first time parents (primarily mothers) who are eligible and willing to enroll in both the Nurse Family Partnership (NFP program) and the welfare-to-work program (CalWORKs). Clients can be referred to P500 from either CalWORKs or Nursing. Currently P500 has more than 140 families enrolled. While a few of the participating families tend to leave P500 and the county due to rising housing costs, they do so to secure job opportunities elsewhere in counties with lower costs of living. There are many of the original cohort of program enrollees who continue to benefit from the program, especially the ongoing support of the mentors when dealing with the many daily life challenges facing young families. There is no formal exit criterion for P500 participants, and families may remain in P500 even after exiting CalWORKs.

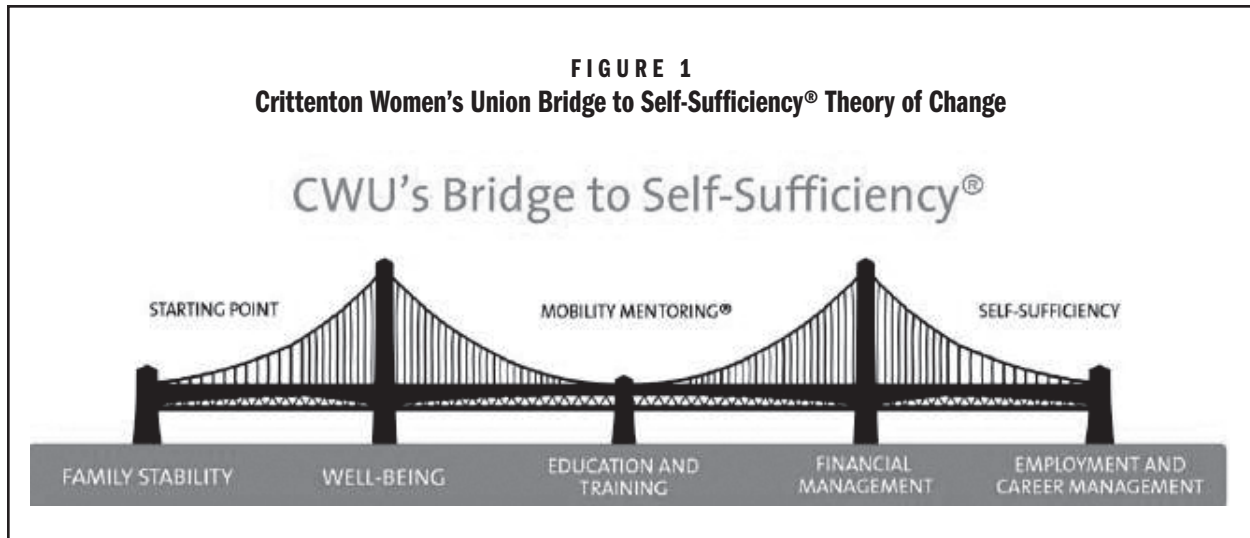
### EVIDENCE-INFORMED PLANNING

At different points in their program planning and implementation, the P500 team engaged with both Economic Mobility Pathways (EMPath)<sup>5</sup> and Mathematica Policy Research (MPR) to draw on their expertise in brain-science-informed strategies for coaching low-income individuals on the path to self-sufficiency. P500 draws from EMPath's Mobility Mentoring model and Bridge to Self-Sufficiency,<sup>6</sup> a comprehensive approach to support upward economic mobility. EMPath's approach utilizes brain science research to understand what hampers the optimal executive functioning of clients and what motivates them in the face of chronic stress, which was an early influence on P500's program design. P500 operationalized this through adoption of a goal-oriented framework, adaptation of EMPath's Bridge, and the use of Goal4 It!<sup>7</sup> tools and training provided by MPR (refer to *Appendix A*). To attain economic independence, low-income families today must navigate a complex environment requiring strong strategic-thinking skills to identify an occupational pathway and optimize their lives related to five key areas: family stability (principally housing and child stability); well-being (principally health/behavioral health and social supports); education; financial management; and career management. These areas were developed by the Crittenton Women's Union as pillars of its Bridge to Self-Sufficiency<sup>8</sup> as illustrated in *Figure 1*.

5. EMPath was formerly known as Crittenton Women's Union

6. For more details visit <https://www.empathways.org/approach/mobility-mentoring/in-practice> and <https://www.empathways.org/approach/bridge-to-self-sufficiency>

7. For more details on the Goal4 It!™ toolkit developed by Mathematica Policy Research, visit <https://www.mathematica-mpr.com/toolkits/goal4-it>



Research has shown that families experiencing significant deficits in any of the pillars of the Bridge are unlikely to be able to reach and maintain their economic independence.<sup>8</sup> Not only is each pillar critical to supporting the Bridge as a whole, but the five pillars are also mutually connected and reinforcing. Deficits in one pillar can cause weaknesses in others.

The logic model for P500 was developed based on the entire literature review conducted during the P500 planning and design phase (refer to *Appendix B*). The logic model reflects the key inputs from the major stakeholders, the funding structure to support program staff and the intended target population. The overarching P500 strategy involves cross-system coordination that supports various activities that engage the following key partners: NFP staff or Field Nursing staff, CalWORKs staff, P500 case management mentors, early child care and education staff, child support services staff and mental health clinicians. Each program component has its own outputs that relate to P500's short-term and long-term outcomes designed to disrupt intergenerational poverty and improve child and family outcomes. Success within P500 is defined in terms of both family outcomes and system outcomes. According to the P500 initiative manager,

Family well-being is the ultimate goal . . . rather than designing services that meet our individual program needs or agency needs, we start with what's best for the families we're serving, and how we can change our business processes, change our policies, and change our service delivery model so

that they respond to what families need, rather than expecting families to adapt to the way the system is designed.

### *Collective Impact Framework*

Hypothesizing that better cross-system collaboration among agencies is one mechanism to help disrupt intergenerational family poverty, P500 also draws on Kania and Kramer's collective impact theory of change.<sup>9</sup> Collective impact refers to the commitment of a group of relevant actors from different sectors to a common agenda for solving a specific social problem. Collective impact initiatives include a centralized infrastructure, a dedicated staff and a structured process that leads to five conditions of collective impact: 1) a common agenda, 2) shared measurement, 3) continuous communication, 4) mutually reinforcing activities among all participants, and 5) a backbone support organization as noted in *Figure 2*. In the case of the P500 program, SFHSA was designated by the mayor to be the backbone agency to support the collective work of P500.

### *Evaluation Plan*

P500 contracted with the Urban Institute in Washington, DC to develop the P500 Evaluation Plan with the goal of capturing how P500 is functioning and achieving its goals. It focused on assessing the impact of cross-system collaboration based upon an array of interventions as well as efforts related to improving child and family outcomes. The evaluation plan provided the foundation for a formal formative process evaluation, to be followed by a more rigorous impact and outcome evaluation.

8. Babcock, E.D. (2014). *Using Brain Science to Design New Pathways Out of Poverty*. Crittenton Women's Union

9. Kania, J., & Kramer, M. (2011). Collective Impact. *Stanford Social Innovation Review*

**FIGURE 2**  
**The Five Conditions Of Collective Impact**

<b>Common Agenda</b>	All participants have a <b>shared vision for change</b> including a common understanding of the problem and a joint approach to solving it through agreed upon actions.
<b>Shared Measurement</b>	<b>Collecting data and measuring results consistently</b> across all participants ensures efforts remain aligned and participants hold each other accountable.
<b>Mutually Reinforcing Activities</b>	Participant activities must be <b>differentiated while still being coordinated</b> through a mutually reinforcing plan of action.
<b>Continuous Communication</b>	<b>Consistent and open communication</b> is needed across the many players to build trust, assure mutual objectives, and appreciate common motivation.
<b>Backbone Support</b>	Creating and managing collective impact requires a dedicated staff and a specific set of skills to serve as the <b>backbone for the entire initiative and coordinate participating organizations and agencies.</b>

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Urban Institute staff collaborated with the P500 team to review the logic model, literature, and research related to outcomes of interest. It was recommended that P500 staff clearly define the measures to be used to track specific outcomes in areas such as employment, mental health treatment, early care and education, and mentoring. In addition, the P500 staff were encouraged to conduct a rapid cycle evaluation (RCE) in order to: 1) explore aspects of client identification, recruitment, and/or engagement, and 2) examine and improve services and activities such as participants setting and achieving goals. All of this assessment planning was critical to P500’s evaluation plan.

**Key Program Components**

As noted earlier, the two major home visiting program components supporting first-time mothers include coaching and case management by P500 mentors who are employed by HSA and the nurse family practitioners who are employed by DPH.

**MENTORING**

Mentoring involves relationship building between mentors and CalWORKs participants with the goal of acquiring resources, skills and sustained behavior changes needed by young mothers to attain and preserve their economic independence.

In mentoring, the Bridge tool adapted by P500 is used in conjunction with the GOAL4 It! tools as assessment, goal-setting, and measurement devices that help participant gain self-awareness about the decisions and actions needed to help themselves get ahead. The Bridges tool arrays the five

key pillars of economic mobility on one piece of paper so that both mentor and participant can easily understand and navigate the connections between them as part of the process of making future decisions. During coaching sessions, mentors help participants identify their unique motivations and desires so that they can: 1) identify goals, 2) navigate and set priorities among the Bridge pillars, 3) develop practical steps for achieving goals, 4) find alternative strategies when plans do not work well, 5) recognize all progress made, 6) specify reward goals that are ultimately achieved, and 7) optimize their lives in all areas of the Bridges tool so that participants can make substantive gains towards self-sufficiency. As families seek to achieve their goals, they are incentivized through the use of \$50 gift cards when they accomplish various goals. Mentors within P500 are the primary system navigators for families, as Deputy Director for Economic Support & Self-Sufficiency Programs noted,

*One of the things about P500 is there are so many of those paths that people can take, and it can be so confusing to families. One of our goals is to reduce the external sources of stress. The mentor is the one who is the glue that holds the case together and needs to understand who what the family needs, not just from CalWORKs but from DPH and from community-based organizations.*

**NURSE FAMILY PARTNERSHIP**

NFP is an evidence-based, community health program with over 40 years of evidence demonstrating significant improvements in the health and lives of first-time moms and

their children living in poverty. NFP was developed by Old and colleagues in the 1970's at the University of Colorado, Denver.<sup>10</sup> It engages specially-trained nurses in regular visits with young, first-time moms that begin early in the pregnancy and continue through the child's second birthday.

NFP has three major goals: 1) improve pregnancy outcomes by helping women engage in good preventive health practices, including thorough prenatal care from their healthcare providers, by improving their diets and reducing their use of cigarettes, alcohol and illegal substances, 2) improve child health and development by helping parents provide responsible and competent care, and 3) improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.

P500 also partners with a second nurse home visiting program called Field Nursing, which can serve a broader range of pregnant women and their children compared to NFP which is only meant for first-time mothers. NFP follows a particular, manualized curriculum since it is an evidence-based practice, whereas field nursing is a short-term intervention and is much more individualized based on the critical health needs of the family.

## Cross-system Coordination

### "BOOTS ON THE GROUND" IMPLEMENTERS AND THEIR SUPPORT

According to the Director of Public Health Nursing, the greatest impact on families comes from those staff with "boots on the ground"; namely, the mobility mentors, public health nurses and their direct supervisors. *Table 1* provides an overview of the roles and activities of each of the front-line workers (NFP, field nurse, mentors and CalWORKs managers). Nurse Managers support the nurses in interfacing with P500, both NFP and field nursing teams whereas the Mentor Supervisor engages in reflective supervision with mentors. The behavioral health team members support all home visitors through training, case consultation, and therapeutic groups for a select group of families.

### GOVERNANCE STRUCTURE

P500 is built upon a multi-layered governance structure. At the very top, there is the executive steering committee that is comprised of Department heads and/or Deputy Directors from key public agencies, including but not limited to the core P500 partners. In addition to the formal P500

partners, other partners in policy development and planning, such as the Mayor's Office and the Department of Children, Youth and Families are involved. Situated below the steering committee is the management team that is comprised of Program Directors of core partners; namely, OECE, Child Support, Maternal and Child and Adolescent Health, Behavioral Health and CalWORKs. The management team directs, guides and leads P500 efforts but is not a client-facing team. Below the management team is the Continuous Quality Improvement (CQI) team comprised of line staff and their supervisors who analyze data about what's working, troubleshoot operational issues, develop business process changes including client hand-off procedures and coordinate case management. Finally, there is a data-sharing and evaluation team that is internal to SFHSA that engages all the partners in data-sharing and analysis.

## Recent Policy Changes

Given that P500 has now been operational for three years, and due to the evolution of the CalWORKs program at a state level, SFHSA recently transitioned P500 from an independent initiative to a sub-program within CalWORKs. In 2017-18, many of the 58 county social services agencies in California began to adopt a customer-centric, goal-driven approach to service delivery within the CalWORKs program (CalWORKs 2.0<sup>11</sup>). In 2018-19, the state made a new investment in evidence-based home visiting services for CalWORKs households,<sup>12</sup> and in July 2019 it will kick off a new continuous quality improvement process that will begin to move CalWORKs programs away from a singular focus on work participation to a broader range of program performance metrics.<sup>13</sup> SFHSA devoted the new state funding to P500, which effectively became the CalWORKs Home Visiting program for the county. The funding was used in part to adopt a new home visiting curriculum called Parents as Teachers (PAT) for use by the Mentors. PAT is an evidence-based practice to work with parents on parent-child communications, child-centered development, and family well-being.

P500 anticipated the statewide shift towards a more holistic view of serving families in poverty by strategically leveraging CalWORKs as a platform for delivering a wider range of services to low-income children and parents. As

10. For more details visit <https://www.nursefamilypartnership.org/about/program-history/>

11. For more details visit <http://calworksnxtgen.org/background/>

12. For more details visit <http://www.cdss.ca.gov/inforesources/CalWORKsHomeVisitingInitiative>

13. For more details visit <http://www.cdss.ca.gov/inforesources/CalWORKs/Cal-OAR>

**TABLE 1**  
**Role and Activities of “Boots on the Ground” Implementers and Their Support Staff**

P500 Personnel	Roles & Activities
<b>Home Visitors/Front-Line Staff</b>	
Mentor	<ul style="list-style-type: none"> <li>▪ Working directly with families focused on family well-being and child development</li> <li>▪ Goal Setting for families using the P500 Bridge to Well-Being and Goal4 It! tools</li> <li>▪ Bi-Annual Assessment plan</li> <li>▪ Meet clients as often as weekly based on family need</li> <li>▪ Incentivize families by giving them a \$50 gift card on achievement of goals</li> <li>▪ Consistent, single point of contact within CalWORKs</li> <li>▪ Model behaviors for families</li> </ul>
Nurse Family Partnership Nurse	<ul style="list-style-type: none"> <li>▪ NFP is for first-time mothers in the 2nd trimester with no previous live birth (based on EBP clinical curriculum)</li> <li>▪ Assess individual families + home environment+ larger community (medical, holistic model)</li> <li>▪ Provide mental health, physical health, dental health +parenting support</li> </ul>
Field Nurse	<ul style="list-style-type: none"> <li>▪ Field nursing is for women and children with a medical need</li> <li>▪ Goals of support are similar to NFP, but services are short-term and not evidence based</li> </ul>
CalWORKs Managers	<ul style="list-style-type: none"> <li>▪ Oversee employment specialists and eligibility workers who handle the more technical aspects of CalWORKs participation such as eligibility maintenance, work participation, turning in forms etc.</li> <li>▪ Help clients establish and follow assigned WTW activities</li> </ul>
<b>Support &amp; supervisory team structure for front-line staff</b>	
Mentor Supervisor	<ul style="list-style-type: none"> <li>▪ Reviews eligibility criteria for clients</li> <li>▪ Use reflective supervision practices</li> <li>▪ Personal and professional development of mentors</li> </ul>
Nurse Manager	<ul style="list-style-type: none"> <li>▪ Support the nurses in interfacing with P500 (NFP + Field Nursing Teams)</li> </ul>
Behavioral Health	<ul style="list-style-type: none"> <li>▪ Capacity building for mentors and nurses through mini trainings twice a month focused on 1) building a learning community 2) deeper-dive into individual case presentations on parent-child relationship and attachment formation</li> <li>▪ Support the reflective capacity of providers through mental health consultation</li> <li>▪ Carries small caseloads of P500 families and runs therapeutic groups for families</li> </ul>

stated by the Deputy Director for Economic Support and Self-Sufficiency:

*In the fiscal year 18-19 budget, the state provided funding to CalWORKs programs all over the state to deliver home visiting services, and because home visiting was really at the core of the P500 innovation, it made natural sense for P500 to become our CalWORKs home visiting program rather than*

*build a parallel program. Once we did that it just made sense for operational reasons to move the lines of reporting and accountability for P500 under CalWORKs, but we’ve also been very explicit about not wanting to lose the innovative spirit of P500. It feels like we are converging—all of those different strands are starting to come together in a really nice way, actually, not just in San Francisco but also at*

*a state level. P500 was at the leading edge of implementing a lot of the concepts that are now a part of CalWORKs 2.0, part of the CalWORKs home visiting initiative.*

P500's funding model blends state allocations for CalWORKs welfare-to-work services and CalWORKs home visiting with \$3 million in county general funds, and leverages the in-kind contribution of home visiting funding streams from DPH. Despite the arrival of the new state funding sources and the new evidence-based home visiting model, the P500 team continues to focus on the collective impact aspect of P500 that reinforces interagency collaboration. The impetus of restructuring P500 under CalWORKs was to promote more cross-pollination of knowledge, skills and resources from P500 to CalWORKs staff and vice versa, with the goal of scaling best practices across both.

## Challenges

### PROGRAM RESTRUCTURING WITH RECENT POLICY CHANGES

With the recent restructuring of P500 as the new CalWORKs home visiting program, communication within and across agencies about implementing new policy decisions related to P500 has become more complicated. Some of the confusion can be seen in the following comment of the P500 initiative manager:

*While CalWORKs is great regarding access to all these resources, the organizational change process is more open for miscommunications. Now that the staff members are sharing information, things are getting misinterpreted and we really need to be more vigilant on how we articulate things to them, how we communicate, because sometimes they take it, they read something and/or they misinterpret it, but that's really not the intent.*

Another source for confusion with respect to organizational collaboration is the potentially overlapping roles between the new PAT-trained mentors and NFP nurse educators given that both use evidence-based models focused on parent-child attachment. When P500 was introduced, there was greater coordination and collaboration between the nurses and mentors, including visiting clients together, engaging in warm hand-offs and creating a joint care plan. However, interagency case coordination appears to have suffered a setback in recent months as a result of adding a new home visiting model. Roles and responsibilities of the

different home visiting partners are being revisited as a result and it will take some time for staff to adjust to the latest program iteration.

### DIFFERING CULTURES AND PRIORITIES

There have been historical differences in agency cultures and priorities between HSA and DPH as described by several interviewees. For instance, the culture of highly regulated eligibility programs administered by HSA is task-based and accountability-focused, while DPH is more educational-process and prevention focused. HSA uses an incentive-based motivation structure to help participants attain their goals using the Bridges Tool. In contrast, DPH adopts an educational approach wherein they believe that clients have the knowledge and ability to comprehend the benefits of their programs without the need to externally motivate them. A nurse manager highlighted the following cultural differences and varying approaches to client engagement and motivation at DPH and HSA:

I've heard nurses really feel in opposition to the incentivization of the meeting of goals in Project 500. Almost feel like it's manipulative and they feel really conflicted about it. Like the clients are getting thrown gift cards left and right, and it provides incentives to stay in the program.

Both agencies (HSA and DPH) operate with their own often inflexible funding streams and policy mandates, making collaboration very challenging right from the beginning. The priority of HSA's CalWORKs program is to help clients become job-ready workforce participants while the priority for DPH's nursing programs is home-based parent-child bonding and attachment. This difference was captured by a Mentor Supervisor as follows:

*Another challenge has really been trying to do collective impact work and bring different departments together, because we all have our own end game... I believe there is a building on a culture of yes, they are home and bond with their baby and breastfeed and you know all of those things that we know are best for children's outcome. On the CalWORKs side we're focused on helping them become self-sufficient and getting back to work. I think that there are competing cultures and priorities. I have no judgment on either one, for some women staying home with a baby is the best for them. For other women, going to work is going to be what's best for them, but because we have those competing priorities, I think that's made some of the collaboration difficult.*

The ongoing challenge for P500 is to help staff from across the partner agencies see how the goals of their respective programs can be mutually reinforcing, and to keep them focused on their shared vision of family well-being.

### Conclusion

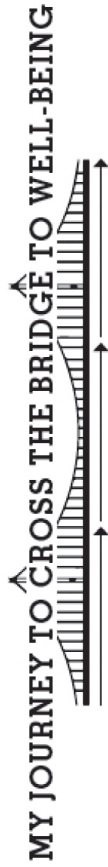
P500 is an innovative cross-system collaborative initiative focused on moving young families out of poverty through the active collaboration of two major partners, HSA (CalWORKs) and DPH (NFP). They provide home-based case management services to needy families through mentors and nurse home visitors. Mentors use coaching tools focused on an incentive-based goal attainment process for families to become self-sufficient, whereas nurses use an evidence-based educational process focused on parent-child attachment. With recent policy changes, the locally-initiated P500 program has evolved into the new state-funded CalWORKs home visiting program. As anticipated, there have been some bumps along the way, as mentors and nurses were forced to revisit their overlapping roles and relationships. In addition, differing organizational cultures and mandates have posed challenges to shared case-coordination, but to date these challenges have been surmountable and all partners remain committed to the vision and goals of P500. The following discussion questions are designed to explore future implications and problem-solving strategies.

### Discussion Questions

1. With recent changes in the P500 program brought on by the CalWORKs mandates and funding streams, how would you go about redesigning the logic model in *Appendix A* to reflect the actual implementation and intended outcomes of P500?
2. Why do you think that the co-location of front-line staff and the use of cross-training across agencies can reduce the divide between those organizations in the P500 collaborative?
3. Given that the movement of families towards meeting the Bridge to Well-Being goals is considered “success” within P500, what advice would you give to senior management regarding the achievement of success for families and preventing program recidivism when success is so impacted by larger challenges outside of the program’s control, such as the lack of affordable housing, the absence of a living wage and the effects of institutional racial bias?
4. How might the P500 partners ensure that their different cultures and mandates don’t have a negative impact on the families they serve?
5. To what extent does the mentor’s provision of monetary gift cards for families to encourage the achievement of specific family goals undermine the major goal of disrupting inter-generational poverty?



APPENDIX A  
P500 Bridges to Well-Being Tool



MY NAME \_\_\_\_\_  
 MY COACH \_\_\_\_\_  
 ASSESSMENT COMPLETED DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Employment	Working part time or seasonally	Working full-time in subsidized employment	Working full-time in unsubsidized employment	Working full time in a stable job and I see a future here
Income	33% of the CA Self-Sufficiency Standard \$_____ per year	33 and 65% of the CA Self-Sufficiency Standard \$_____ per year	65 and 99% of the CA Self-Sufficiency Standard \$_____ per year	Greater than the CA Self-Sufficiency Standard \$_____ per year
Financial Planning	Interested in developing a financial plan with an adviser, but haven't done so yet	Developed a financial plan with an adviser, but haven't made any progress on that plan	Developed a financial plan with an adviser, and made some progress on that plan	Developed a financial plan with an adviser, and have met the goals of that plan
Education & Training	No high school diploma or GED	High School Diploma or GED	Job training or certificate complete (beyond high school)	Bachelor's degree or higher complete

Housing	In a transitional housing program (up to 24 months)	Living in housing with a time-limited rent subsidy	Living in stable permanent housing but rent exceeds 50% of my income	Living in stable permanent housing that costs less than 50% of my income
Social Support	Can rarely rely on a support system to provide advice, guidance and/or support	Can sometimes rely on a support system to provide advice, guidance and/or support	Can often rely on a support system to provide advice, guidance and/or support	Can always rely on a support system to provide advice, guidance and/or support
Two-Parent Involvement	Other parent is inconsistently present in child's life, and interactions are not positive for our child when they occur	Other parent is consistently present in child's life, but is not a positive influence on our child	Other parent is inconsistently present in child's life, but interactions are positive for the child when they occur	Other parent is consistently present in child's life, and is a positive influence on our child
Parenting Skills	Parent is too overwhelmed to think about why they parent the way they do AND does not know why child behaves the way they do.	Parent has ideas about why they parent the way they do OR why the child behaves the way they do.	Parent has ideas about why they parent the way they do AND why the child behaves the way they do AND parent is occasionally able to use this knowledge to help both calm down when upset.	Parent has ideas about why they parent the way they do AND why the child behaves the way they do AND parent is usually able to use this knowledge to help both calm down when upset.

(Adapted from EMPath's Bridges to Self-Sufficiency Tool)

