

Beaver County IGP Strategic Plan: A Report to the Intergenerational Welfare Reform Commission

**Beaver County Intergenerational Poverty Committee
June 2, 2017**

At the invitation of the state Department of Workforce Services (DWS), the Beaver County Intergenerational Poverty Committee was formed to address local solutions to intergenerational poverty (IGP) in the county. Beaver County is one of among twelve other counties to receive this invitation and work on a strategic plan to address IGP.

In behalf of the entire Beaver County Intergenerational Poverty Committee (the Committee) and its partners, we, the co-chairs, thoughtfully submit this report. The Committee's hope is that the Utah Legislature, state agencies and community leaders interested in breaking the cycle of IGP in Beaver County and throughout the state will hear its collective voice.

Sincerely,



Tammy Pearson
Co-Chair



Destry Maycock
Co-Chair

Background and Summary

Approximately 150 children in Beaver County live in intergenerational poverty, or .3 percent of all IGP children in Utah. The Beaver County Intergenerational Poverty Committee met and collaborated with elected officials and community partners (see Appendix A) for six meetings over six of months. We developed a *Mission Statement* to provide a unified context and acting as a filter through which the Committee viewed and prioritized ideas and solutions:

The Beaver Intergenerational Poverty Committee exists and will continue to exist formally, under the direction of the Beaver County Commission, to break the cycle of intergenerational poverty (IGP) in Beaver County, through the coordination of direct and personal interventions in the unique lives of IGP children and families, by assuring access to basic needs, providing safe and secure environments, creating opportunities to build strong relationships with peers and adult mentors, helping them realize their personal worth, value and dignity, imparting a sense of hope for a successful future and the resilience to achieve it.

The number of Beaver County children at-risk of remaining in poverty as adults is approximately four times greater than the IGP child population in the county. Based on scope and scale, the Committee has chosen to focus its energy on the children identified by DWS as living in intergenerational poverty. By DWS definition, at-risk children are not technically living in IGP, though the Committee recognizes their circumstances are no less dire or important to the county. Per state law and administrative definitions set by DWS, the Committee sets its sight on IGP children first (ages 0-17) and then their families. The Committee recognizes the child-centric vision created by the Utah Legislature and seeks fidelity to that vision.

In establishing the Beaver County IGP plan, the Committee necessarily created and applied certain assumptions giving context for our approach:

- Any effective plan rests on the foundation of shared data. The Committee will know the IGP children it serves.
- Successful execution of the plan requires collaboration between agencies, public and private.
- The plan takes a relational approach to assisting IGP children, rather than primarily materialistic or programmatic approaches.
- The plan utilizes mentors to establish personal relationships with IGP children and their families.
- The plan emphasizes non-cognitive, developmental and executive skill assessments and training of IGP children over traditional behavioral approaches.
- The plan acknowledges limited resources while looking ahead at what its impact could be with sufficient resources.

In prioritizing its plan, the Committee chose to address three concerns within two areas of wellbeing set by the state. The Committee based its priorities on long-term goals provided by the state. The Committee chose to prioritize the following state goals:

- **Education:** *IGP children graduate from high school at the state rate (state 10-year goal)*
- **Health:** *IGP children access quality health care (state 5-year goal)*

Focus of the Plan's Program

- **Education:** *IGP children graduate from high school at the state rate or higher (state 10-year goal)*
 - Building a culture that values education
- **Health:** *IGP children have access to quality health care (5-year goal)*
 - Trauma (education/assessment/prevention/treatment)
 - Substance Abuse

Needs Assessment

The Beaver County IGP Committee has identified three priorities it feels will make the biggest impact in breaking the cycle of intergenerational poverty in Beaver County: 1) a culture that values education, 2) trauma and 3) substance abuse. In identifying these three priorities, the Committee bases its choices on the following justifications:

A Culture That Values Education

The Committee agrees that an IGP culture of dependency breeds a lax attitude about education. IGP children often do not value education because their parents do not value it. Successful completion of high school requirements and subsequent graduation has been identified as an essential benchmark in our effort to break the cycle of intergenerational poverty for individuals in Beaver County. The 2016 graduation rate for the State of Utah was 85%. Data provided by Workforce Services indicate that the graduation rate for students identified as IGP in Beaver County is around 60%. We believe that successful, age appropriate, progression through school grade levels beginning with preschool, concluding with a high school diploma, will significantly increase the likelihood of breaking the cycle of intergenerational poverty. Our goal for our IGP students in Beaver County is to graduate from high school at or above the state average. It is our intent to identify IGP students early and to work with both students and parents to develop a sense of value in education and to ensure the likelihood of attending and succeeding in school.

Trauma

According to the American Psychological Association, *trauma* is defined as the emotional response someone has to an extremely negative event. While trauma is a normal reaction to a horrible event, the effects can be so severe that they interfere with an individual's ability to live a normal life. Adverse Childhood Experiences (ACES) are serious childhood traumas that result in toxic stress that can damage the developing brain of a child. This toxic stress may prevent children from learning, and can affect overall health. In order to break the cycle of intergenerational poverty the effects of trauma in IGP children need to be addressed before cognitive development can occur.

Substance Abuse

Substance abuse treatment in Beaver County is problematic. In the Southwest region — Washington, Iron, Kane, **Beaver** and Garfield counties — officials estimated there were 10,379 adults who needed treatment in 2015, but the public system only has the capacity to provide care to 603 individuals. More importantly, for youth, 726 reportedly needed treatment but the capacity was set at just 36.

The Plan

The Beaver County IGP strategic plan was designed collaboratively to have the greatest impact in breaking the cycle of poverty among children living in intergenerational poverty in Beaver County.

There are two parts to this plan, one part systemic (i.e. assumptions and perceived barriers) and the other part programmatic – systemic aspects of the plan undergird its programmatic aspects. At its heart, this plan seeks to see the problem of IGP differently than how situational poverty has been viewed for the past six decades. Intergenerational poverty is different than situational poverty – IGP is a learned culture and if learned, it can be unlearned or prevented and its generational cycle broken. The Committee believes in this view deeply. This plan's success depends on acknowledging how human effort and initiative can overcome even the most difficult of life's circumstances.

Let's first address the systemic aspects of this plan. These are reforms required to execute this plan successfully.

Part 1 – Systemic Aspects (i.e. assumptions and perceived barriers)

First, this plan depends upon the Committee knowing its customer. Literally, the Committee must know the names and circumstances of the IGP children it is trying to assist. Without this actual information and the ability to share it with IGP partners, the Committee will be handicapped in its ability to achieve stated goals. No “workaround” can replace actual knowledge of these IGP children and no solution discussed in this plan will have full impact without that knowledge. Memorandums of understanding can be created locally, within limits, but a better and lasting solution is for federal, state and local governments to collaborate to mitigate systemic barriers to data sharing. This Committee will participate in any discussions designed to achieve this end.

Second, this plan depends upon the full collaboration of state and local agencies and private partnerships. As described in our *Mission Statement*, the Committee plans on formalizing its union among stakeholders by making it a permanent fixture in Beaver County planning and policy making. Absolutely essential to collaboration within this plan is a common process among all agencies, public and private, assisting IGP children and their families. For instance, effective plan collaboration requires a common intake database and the ability to track transient families throughout the state and to administer clean and accountable transfers between agencies.

Third, this plan depends upon the use of mentors, or “navigators” and family resource facilitators (FRFs), assigned to each IGP child and family to create and

maintain a healthy working relationship. These individuals, paid and volunteers, focus first on the personal relationship with the child and family, assess needs and facilitate assistance if needed. The mentor is the frontline of this plan – this plan will fail without direct involvement and intervention by a mentor. There could be more than one mentor depending on the circumstances but, regardless, the key to mentoring success is driven by the quality of the relationships created.

Mentors would require uniform, standardized training, not only in administrative mechanics but also in various forms of interpersonal skills, especially regarding the ability to accurately identify the symptoms of toxic stress in children. Furthermore, each mentor must be permitted to be both effectual and actionable. There necessarily will be times when a mentor, along with and in behalf of the family, must be able to green-light administrative decisions or put a stop to them.

Fourth, the use of mentors requires in-home visits. Typically, IGP families stuck in a deep culture of dependency are not the families that reach out for cures. For example, a meeting held in public providing parenting classes for new mothers – to help parents provide critical cognitive learning prior to kindergarten – usually is attended by motivated parents. The unmotivated parent (i.e. the parents needing the training most) rarely attends through his or her own initiative. In these cases, mentors need to assist these families in their homes.

Fifth, no cognitive or behavioral approach will work if non-cognitive issues are not addressed first. No amount of one-on-one educational attention, no amount of behavioral “carrot and stick” approaches will be effective if an IGP child has underlying and unaddressed mental and/or emotional health problems. This plan cannot emphasize strongly enough the need to first assess non-cognitive issues for IGP children before applying programmatic solutions. Toxic stress is receiving more and more attention from researchers and policy makers and such research, understanding and training for mentors will be essential for the success of this plan.

Part 2 – Programmatic Aspects (i.e. modeling and priorities)

Each priority is explained using a logic model format. For each priority, this format will describe the idea and its execution. This format uses the following structural definitions:

- *State long-term goal – 5-year or 10-year goals set by state*
- *Beaver mid-term goal – a primary Beaver County goal to achieve the long-term goal*
- *Beaver short-term goal – a preliminary Beaver County goal to achieve the primary goal*
- *Ownership – who owns (i.e. agency, public and/or private) and is accountable for execution, coordination and reporting?*
- *Activities – what has to be executed for goals to be achieved?*

- *Inputs – additional resources needed to meet goals (i.e. community partners and services)*
- *Measurements of success – quantitative and, more importantly, qualitative ways to measure success for achieving each goal*
- *Timeline – when does the execution for each goal roll out over the next year?*

Beaver County IGP Priorities:

Building a culture that values education:

- State long-term goal – IGP children graduate from high school at least at the state rate
- Beaver mid-term goal – A mentoring and peer support program
- Beaver short-term goal – Develop the program and training
- Ownership – USU Extension and School District
- Activities – Recruiting peer and adult mentors, development of standardized training, after-school programs
- Inputs – Professional mentor training groups, colleges and universities
- Measurements of Success – Increase in attendance; Increase in GPA
- Timeline:
 - Qtr 1 – Gather partners to develop mentoring and peer support program and lay out objectives; create consensus
 - Qtr 2 – Create the program and establish how to evaluate progress
 - Qtr 3 – Pilot/test the program
 - Qtr 4 – Evaluate progress and make adjustments

Trauma:

- State long-term goal – IGP children have access to health care
- Beaver mid-term goal – A non-cognitive skill development program
- Beaver short-term goal – Central accountability and referral system
- Ownership – School District, DCFS
- Activities – Referrals, Identify, Liaison, In-school Assessments
- Inputs – Business community, volunteer network, faith-based organizations
- Measurements of Success – Increase in school attendance; Increase in GPA; Decrease in behavioral problems
- Timeline:
 - Qtr 1 – Gather partners to agree on a strategy
 - Qtr 2 – Create the plan and settle on how you will evaluate progress
 - Qtr 3 – Implement preliminary activities, such as the system of referrals and volunteer network
 - Qtr 4 – Implement plan

Substance abuse:

- State long-term goal – IGP children receiving needed care
- Beaver mid-term goal – Effective education/prevention/treatment substance abuse programs (ages 8-12; grades 3-6)

- Beaver short-term goal – Create age and grade appropriate strategy
- Ownership – SW Prevention, School District
- Activities – Gather data to identify/explain problem, assessment mentors, adapted-PEP, research successful evidence-based approaches, define an effective referral system
- Input – USARA, PEP, Allies for Families, after-school programs
- Measurements of Success – Decrease in rate of new cases of substance abuse; Increase in cases of successful treatment; Increase in school attendance; Increase in GPA
- Timeline:
 - QTR 1 – Gather partners, research successful evidence-based programs and identify/explain problem
 - Qtr 2 – Develop age and grade appropriate strategy and determine how to evaluate progress
 - Qtr 3 – Pilot/test application of strategy
 - Qtr 4 – Implement strategy

Summary of Actionable Items

Three primary actions must occur for these plans to materialize:

1. Building a culture that values education – *Development of a mentoring program.*
 - The USU Extension, School District and selected partners must gather to determine the scope and definition of a mentoring program and the standardized training.
2. Trauma – *Development of a central system of referrals and accountability.*
 - The School District, DCFS and selected partners must gather to define a “central system,” create the system and build out the strategy.
3. Substance abuse – *Create an age and grade appropriate educational/prevention strategy.*
 - The SW Prevention, School District and selected partners must gather to research evidence-based approaches, determine age and grade appropriate messaging and define the scope of the campaign.

Appendix A: Participants within Beaver County IGP Committee

Name	Organization
Rebecca Albrecht	Juvenile Justice
Clint Albrecht	Public Health
Loraine Brown	K-12 Education
Carolyn White	K-12 Education
Russell Carter	Higher Education
Cindy Nelson	Higher Education
Heidi Marshall	Workforce Dev.
Shelly Esplin	Workforce Dev.
Destry Maycock	Behavioral Health
Paul Marshall	Behavioral Health
Scott Albrecht	Economic Dev.
Kari Hofheins	Early Childhood Dev.
Max Anderson	Organization Rep people in Poverty
Max Crandall	Foodbank
Paul Mero	Facilitator
Rhonda Hutchings	Southwest Behavior Health
Taylors Gillins	Victims Advocate
Teresa Wood	Children Justice Center
Tammy Pearson	Commissioner