

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

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

At the invitation of the state Department of Workforce Services (DWS), the Sanpete County Intergenerational Poverty Committee was formed to address local solutions to intergenerational poverty (IGP) within the county. Sanpete County is one of the thirteen counties within the state to receive an invitation to work on a strategic plan to address IGP.

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

Sincerely,

Steve Lund, Chair
Brant Hansen, Co-chair

Background and Summary

Approximately 800 children in Sanpete County live in intergenerational poverty, or 1.4 percent of all IGP children in Utah. The Sanpete County Intergenerational Poverty Committee met and collaborated with elected officials and community partners (see Appendix A) for fifteen meetings over nine 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 Sanpete Intergenerational Poverty Strategic Planning Committee exists to break the cycle of intergenerational poverty (IGP) in Sanpete County, by focusing on educational opportunities and experiences through direct and personal interventions in the unique lives of children living in IGP, by providing safe and secure environments, creating opportunities to build strong relationships with peers and adult mentors, enabling them to realize their personal worth, imparting hope for a successful future, the skills to achieve it and the resilience to sustain it.

The number of Sanpete County children at-risk of remaining in poverty as adults is approximately three 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 Sanpete 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 three areas of well being 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:

- **Early Childhood Development:** *IGP children prepared for kindergarten* (state 5-year goal)
- **Education:** *IGP children graduate from high school at least at the state rate* (state 10-year goal)
- **Health:** *IGP children have access to quality health care* (state 5-year goal)

Focus of the Plan's Program

- **Education:** *IGP children graduate from high school at least at the state rate* (state 10-year goal)
 - Building a culture that values education

- **Health:** *IGP children have access to quality health care (5-year goal)*
 - Mental/Emotional health assessments/counseling
- **Early Childhood Development:** *IGP children are prepared for kindergarten (5-year goal)*
 - Parental education services from the time of birth through the child's first six months

Needs Assessment

Building 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 Sanpete 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 Sanpete 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 Sanpete 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.

Mental Health

The latest DWS IGP data indicates there are 827 children in Sanpete County who meet the criteria for IGP, an increase of more than 22% in the past year. Of those 827 children, it is estimated 24% - 28% or anywhere from 198 to 232 of those children are victims of childhood abuse and neglect. The impact of abuse and neglect on a child have negative social, economic and psychological consequences often lasting into adulthood and is significant contributor to IGP.

Central Utah Counseling Center (CUCC) is a community partner in assisting the development of the Sanpete County Strategic Plan. Beginning this year, time limited funding was provided through a three year TANF Grant, for CUCC to employ two half-time therapists and a half-time FRF Case Manager to provide mental health services in Sanpete's two school districts, which consist of four high schools, three middle schools and eight elementary schools in a county that covers 1,603 square miles. CUCC coordinated with North Sanpete School District Superintendent Sam

Ray and South Sanpete School District Superintendent Kent Larsen to determine where and how best to utilize limited mental health services available in each of their school districts.

More funding and resources would be necessary in order to provide more services for the growing numbers of IGP children and their mental health needs in Sanpete County.

Parental education services from the time of birth through the child's first six months

The Committee has determined that early childhood development is a high priority and has sought innovative ways to address the problem of young IGP mothers nurturing their pre-natal through pre-Kindergarten children in basic proficiencies. The Committee has chosen to focus its efforts on a "Hospital to Home" program wherein new mothers living in intergenerational poverty benefit from direct intervention, at its most fruitful moment, to help them with early childhood development.

The Plan

The Sanpete 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 Sanpete County.

There are two parts to this plan, one part is systemic (i.e. assumptions and perceived barriers) and the other 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 (i.e. assumptions and perceived barriers) of this plan. These are the 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. 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/or volunteer, 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 the 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 on 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*
- *Sanpete mid-term goal – a primary Sanpete County goal to achieve the long-term goal*
- *Sanpete short-term goal – a preliminary Sanpete 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?*

Sanpete 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
- Sanpete mid-term goal – A campaign to promote the value of education
- Sanpete short-term goal – Develop the campaign
- Ownership – School Districts, Inter-Faith Council
- Activities – Recruiting peer and adult mentors; development of standardized training
- Inputs – Leader in Me, Community Councils, Interfaith councils, College/HS Service Clubs, RSVP-Six County
- Measurements of Success – Kindergarten ready; Increase in attendance; Signs of respectful behavior; Decrease in truancy/violations; Meeting education goals
- Timeline:
 - Qtr 1 – Gather partners to establish objectives of campaign; Develop campaign
 - Qtr 2 – Finish campaign details and establish evaluation standards; recruit mentors
 - Qtr 3 – Settle standardized mentor training and begin training
 - Qtr 4 – Begin implementation of campaign

Reading and math proficiency on schedule:

- State long-term goal – IGP children prepared for kindergarten
- Sanpete mid-term goal – A “Hospital to Home” program
- Sanpete short-term goal – Develop program
- Ownership – Department of Health, Hospitals
- Activities – Connect with hospitals; recruit mentors; develop standardized training
- Inputs – Libraries, Book mobile, PTA, Books for Babies, College/Online tutoring, RSVP-Six County
- Measurements of Success – Grade level proficiency
- Timeline:
 - Qtr 1 – Gather partners to establish “Hospital to Home” program and evaluation standards
 - Qtr 2 – Recruit mentors and develop standardized mentor training
 - Qtr 3 – Begin implementation of program
 - Qtr 4 – Assess/evaluate initial effort

Mental/Emotional health assessments/counseling:

- State long-term goal – IGP children access to needed care
- Sanpete mid-term goal – A comprehensive program to identify and assess IGP children
- Sanpete short-term goal – Develop program
- Ownership – Central Utah Counseling Center, School Districts
- Activities – Space in schools, Additional therapists, Time during school hours, provider training
- Inputs – School counselors, Teachers, DCFS
- Measurements of Success – Decrease in OQ assessment levels; Increase in SAGE/reading scores; Increase in DIBELS; Decrease in substance abuse and suicide attempts
- Timeline:
 - Qtr 1 – Gather partners to establish foundations of program and understanding of roles and responsibilities
 - Qtr 2 – Finalize comprehensive program and evaluation standards
 - Qtr 3 – Implement comprehensive program
 - Qtr 4 – Begin to evaluate process and outcomes of initial implementation

Summary of Actionable Items

Three primary actions must occur for these plans to materialize:

1. Building a culture that values education – *Develop a campaign to promote the value of education.*

- School Districts, Inter-Faith Council and selected partners must gather to define the scope and content of the campaign, develop a mentor program and standardized training for the mentors.
2. Reading and math proficiency on schedule – *Develop a new “Hospital to Home” program.*
 - The Department of Health, local hospitals and selected partners must gather to define the nature and scope of the new “Hospital to Home” program, develop a mentoring programs and standardized training for mentors.
 3. Mental/Emotional health assessments/treatment – *Develop a comprehensive program to identify and assess IGP children.*
 - The Central Utah Counseling Center, School Districts and select partners must gather to define the scope of the program and determine how best to expand existing services.

Appendix A: Participants within Sanpete County IGP Committee

Intergenerational Poverty Committee - Sanpete County			
Name	Phone	E mail	Position
Steve Lund	435-340-0557	sjlundforsanpete@gmail.com	Chairman - County Commissioner
Brant Hanson	435-283-4631	brant.hanson@ephraincity.org	Co-Chair - City Planner
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David Wright	801-691-5207	dwright@communityactionuc.org	Community Action & Food Bank - Provo