

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

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

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

In behalf of the entire Sevier 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 Sevier County and throughout the state will hear its collective voice.

Sincerely,

Maureen Allred, Chair
Rebecca Mills, Co-Chair

Background and Summary

Approximately 900 children in Sevier County live in intergenerational poverty, or 1.5 percent of all IGP children in Utah. The Sevier County Intergenerational Poverty Committee met and collaborated with elected officials and community partners (see Appendix A) for eight of meetings over eight 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 Sevier Intergenerational Poverty Committee exists and will continue to exist formally, under the direction of the Sevier County Commission, to break the cycle of intergenerational poverty (IGP) in Sevier 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 Sevier 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 Sevier 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 four 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:

- **Education:** *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 receive quality health care* (state 10-year goal)

Needs Assessment

Based on state IGP data, the Committee

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
 - Substance Abuse
- **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 three years

The Plan

The Sevier 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 Sevier 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 Sevier 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 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 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 will be 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:

- *Long-term goal – 5-year or 10-year goals set by state*

- *Mid-term goal – a primary Sevier County goal to achieve the long-term goal*
- *Short-term goal – a preliminary Sevier 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?*

Sevier 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
- Sevier mid-term goal – A mentoring and peer support program
- Sevier short-term goal – Develop the program
- Ownership – USU Extension and CUCC
- Activities – Recruiting peer and adult mentors; development of standardized training
- Inputs – “Family Night Out” (4-H); School District; law enforcement
- Measurements of Success – Increase in attendance; Increase in parent participation (e.g. parent/teacher conferences); Increase in “40 Developmental Assets”; Increase in GPA
- Timeline:
 - Qtr 1 – Gather partners to discuss and develop mentoring program
 - Qtr 2 – Create baseline and examine data, create evaluation plan and pilot size, and discuss a universal client application
 - Qtr 3 – Create standardized training for mentors, recruit mentors, discuss and create a public relations plan (including education, courts, elected officials and faith-based groups)
 - Qtr 4 – Execute the pilot program and institute training

Mental/Emotional health assessments/counseling:

- State long-term goal – IGP children receiving needed care
- Sevier mid-term goal – A non-cognitive skill development program
- Sevier short-term goal – Develop the program
- Ownership – Utah Behavioral Services
- Activities – Hiring a behavioral analyst; Recruiting mentors; development of standardized training; development of standard assessments
- Inputs – School district
- Measurements of Success – Increase in OQ Scores; Decrease in maladaptive behavior; Increase in social replacement behavior

- Timeline:
 - Qtr 1 – Creating “Zones of Regulation” (i.e. teaching kids appropriate behavior)
 - Qtr 2 – Create baseline and examine data, set priorities and pilot size
 - Qtr 3 – Establish standardized mentor training and recruit mentors
 - Qtr 4 – Execute training and pilot project

Substance abuse:

- State long-term goal – IGP children receiving needed care
- Sevier mid-term goal – Effective treatment and prevention programs
- Sevier short-term goal – Educate policy makers on “disproportionate resources” in rural counties
- Ownership – CUCC
- Activities – Develop reliable data; lobby policy makers
- Input – Law enforcement; Six Counties; AA/NA
- Measurements of Success – Decrease in substance abuse rate in county; Decrease in interaction with juvenile justice system; Funding for a treatment center
- Timeline:
 - Qtr 1 – Gather partner to discuss processes of collaboration
 - Qtr 2 – Create baseline and examine data
 - Qtr 3 – Plan collaborative lobbying project (involve court system)
 - Qtr 4 – Begin lobbying

Parental education services from the time of birth through the child’s first three years:

- State long-term goal – IGP children prepared for kindergarten
- Sevier mid-term goal – A “Hospital to Home” program
- Sevier short-term goal – Development of program (e.g. the Parents as Teachers model)
- Ownership – Central Utah Public Health
- Activities – Connect with hospitals; recruit mentors; develop standardized training
- Inputs – Hospitals, College Home/Health departments, WIC
- Measurements of Success – Increase in “Ages and Stages” (ASQ) evaluation scores (including child, parent and teacher)
- Timeline:
 - Qtr 1 – Gather partners to establish collaboration and discuss “Hospital to Home” model
 - Qtr 2 – Create baseline, establish county priorities and pilot size
 - Qtr 3 – Finalize “Hospital to Home” program
 - Qtr 4 – Evaluate progress

Summary of Actionable Items

Five primary actions must occur for these plans to materialize:

1. County-wide collaborative partnerships and mentor pools – Sevier County IGP Committee must develop these collaboratives.
2. Building a culture that values education – *Develop a campaign to promote the value of education.*
 - The USU Extension, CUCC and selected partners must gather to define the scope and content of the campaign, develop a mentor program and standardized training for the mentors.
3. Mental/Emotional health assessments and counseling – *Develop a non-cognitive skill development program and additional resources.*
 - Utah Behavioral Services and selected partners must gather to develop a mentoring programs and standardized training for mentors.
4. Substance abuse – *Establish a new substance abuse treatment center in Sevier County.*
 - The Central Utah Counseling Center and selected partners must gather to build an effective case for a new center (including examining data to establish the need) and then begin lobbying policy makers.
5. Parental education services from the time of birth to the first three years of a child’s life – *Develop a comprehensive “Hospital to Home” program.*
 - Central Utah Public Health and selected partners must gather to define the scope of the “Hospital to Home” program using mentors.

Appendix A: Participants within Sevier County IGP Committee

• Gail Albrecht	Sevier School District
• Maureen Allred	Six County AOG
• Debora Bertelson	RUCD Head Start
• Colette Blakey	Interfaith Counsel
• Ralph Brown	Sevier County Commissioner
• Jennifer Clark	Sevier County Attorney’s Office
• Cade Douglas	Sevier School District
• Renna Ford	America Federation for Suicided Prevention
• Nancy Holve	Interfaith Counsel
• Brian Johanson	Central Utah Counseling Center
• Lela King	Department of Work Force Services
• Debbie Mayo	New Horizons Crisis Center
• Rebecca Mills	USU Extension
• Sonja Mitchell	Central Utah Counseling Center
• Heather Patterson	New Horizons Crisis Center
• Nate Selin	Central Utah Public Health
• Forest Turner	Department of Work Force Services
• Cliff Whatcott	Snow College
• Sue Hilderbrand	Central Utah Counseling Center