



INTERGENERATIONAL POVERTY IN UTAH

UTAH COUNTY PLAN

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INTRODUCTION AND EXPECTATIONS OF THE COUNTY PLAN

County Name: UTAH

List the names and titles of the team that participated in the development of this county plan:

Alex Hoagland	BYU Education	Jordan Williams	Job Corp Education			
Ali Crandall	BYU Health	Julia Mohr	Care About Child Care	Early Childhood Development		
Alma Estiva	Nurse Family Partnership	Health	Kaitlin New	Arrive Utah	Family/Economic Stability	
Andrew Garrett	BYU Education	Karalee Clarke	MATC Education			
Anita Craven	Provo School District Adult Education Stability		Education	Karen McCandless	Community Action and Food Bank	Family/Economic
April Graham	Human Services – JJS	Family/Economic Stability	Keith Rittel	Provo City School District	Education	
Ashley Esplin	System of Care	Family/Economic Stability	Kelsey Lewis	Kids Who Count	Early Childhood Development	
Ashley Parle	BYU Education	Kevin Heisterman	Juvenile Justice Services	Family/Economic Stability		
Barbara Leavitt	United Way of Utah County	Early Childhood Development	Kim Gerke	Nebo School District	Education	
Ben Gibbs	BYU Early Childhood Development	Kye Miner	IHC Health			
Bill Hulterstrom	United Way of Utah County	Family/Economic Stability	Lacey Gunnell	Arrive Utah	Family/Economic Stability	
Bonnie Hardy	Utah County Health Department	Health	Larry Ellertson	2016 Commission	Other	
Brandon Summers	Utah State University Extension	Early Childhood Development	Lauralee Adams	BCR Political	Other	
Brent Bartholomew	4th District Juvenile Court Judge	Family/Economic Stability	Lilia Cunningham	Mountainland Head Start		
Brian Koch	Workforce Services	Family/Economic Stability	Lisa Birch	MATC	Education	
Brian Smith	Workforce Services	Family/Economic Stability	Marilyn Walton	WIC	Health	
Britnee Johnston	DWS	Family/Economic Stability	Michelle Eldredge	Provo City School District	Education	
Carolina Otero	BYU Education	Mirna Chavez	Easter Seals	Early Childhood Development		
Casey Christopherson	Division of Child and Family Services	Family/Economic Stability	Myla Dutton	Community Action and Food Bank		
Cathy Merrill	Utah State University Extension	Education	Natasha Talcott	4th District Juvenile Court	Family/Economic Stability	
Charity Williams	Provo City School District	Education	Nathan Ivie	Utah County Commission	Other	
Chip Koop	Alpine School District	Education	Nicole Heslington	MATC	Education	
Chris Creer	Arrive Utah	Family/Economic Stability	Nicole Solano	Ameritec College	Health	
Christine Pagano	Community Health Connect	Health	Patty Cross	Utah County Health Department	Health	
Dan Miller	Utah County Health Department	Health	Paul Mero	Utah County IGP Facilitator	Other	
Daniela Alvarez	System of Care	Family/Economic Stability	Rachel Lovejoy	Community Health Connect	Health	
Darrel Hammon	UVU Education	Randy Huntington	Wasatch Mental Health		Health	
Darren Johnson	Voc Rehab	Family/Economic Stability	Rich Rawle	Juvenile Justice Services	Family/Economic Stability	
David Wright	Community Action and Food Bank	Health	Richard Petersen	Voc Rehab	Family/Economic Stability	
Dean Miner	USU Extension	Health	Russell Virgin	Mountainland Head Start	Early Childhood Development	
Dixie Sevison	Turning Point	Family/Economic Stability	Ruth Alga	System of Care	Family/Economic Stability	
Eric Edwards	Utah County Health Department	Health	Shanni Call	Boys & Girls Club	Family/Economic Stability	
Eric Jenkins	Division of Child and Family Services	Family/Economic Stability	Sonia Pineda	Mountainland Head Start	Early Childhood Development	
Erica Ford	System of Care	Family/Economic Stability	Stan Lockhart	Utah County IGP Co-Chair	Other	
Gary Wilson	Provo City School District	Education	Steve Willis	Utah County IGP Consultant	Other	
Heather Lewis	Utah County Health Department	Health	Suchada Bazzelle	4th District Juvenile Court Judge	Family/Economic Stability	
Heidi Tuttle	Juvenile Justice Services	Family/Economic Stability	Teresa Tavarez	Provo City School District	Education	
Jackie Nunez	Turning Point	Education	Todd Bailey	Mountainlands Community Health	Health	
Janie Brigman	United Way of Utah County	Family/Economic Stability	Tracy Gruber	Workforce Services	Family/Economic Stability	
Jen Nibley	Arrive Utah	Family/Economic Stability	Trish Coburn	System of Care	Family/Economic Stability	
Jessica Delora	MAG	Family/Economic Stability	Wes Jeffrey	BYU	Education	
Jim Bauer	4th District Juvenile Court	Family/Economic Stability	Weston Miller	Workforce Services	Family/Economic Stability	
John Perkins	Human Services – DCFS	Family/Economic Stability	Zina Larsen	Alpine School District	Education	
John Talcott	Workforce Services	Family/Economic Stability				

COUNTY PLAN SUMMARY

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

- Per state law and administrative definitions set by DWS, the Committee sets its sight on IGP children first and then their families.
- Any effective plan rests on the foundation of shared information. 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, or personal, 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 concerns within each of the four areas of well-being set by the state. Unlike many of the other counties involved in this project, Utah County is large enough and contains enough collaborative resources to address the needs and circumstances of IGP children more broadly. The Committee based its priorities on long-term goals provided by the state. The Committee chose prioritize the following state goals:

- **Education: Schools disproportionately impacted by IGP** (state 5-year goal)
- **Health: IGP children have access to quality health care** (state 5-year goal)
- **Early Childhood Development: Prepare IGP children for kindergarten** (state 10-year goal)
- **Family Economic Security: Self-sufficiency** (state 10-year goal)

Focus of the Plan's Program

- **Education: Schools disproportionately impacted by IGP** (5-year goal)
 - Reading Proficiency by 3rd Grade
 - Math Proficiency by 4th Grade
 - In-home services to encourage the value of education (catch the vision)
- **Health: IGP children have access to quality health care** (5-year goal)
 - Mental/Emotional health assessments/counseling (e.g. ACEs)
 - Mobile Health Services
- **Early Childhood Development: Prepare IGP children for kindergarten** (10-year goal)
 - Parenting education for IGP pregnancies and new births
 - In-home services for parents with children ages 0-3
- **Family Economic Security: Self-sufficiency** (10-year goal)
 - In-school/In-home services to encourage work ethic
 - Work skill building opportunities (e.g. community gardening)

NEEDS ASSESSMENT

The Utah 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 Utah County.

Approximately 7,000 children in Utah County live in intergenerational poverty, or 13 percent of all IGP children in Utah. The Utah County Intergenerational Poverty Committee met and collaborated with elected officials and community partners (see Appendix A) across 11 meetings over the last 15 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 Utah County Intergenerational Poverty Committee exists and will continue to exist formally, under the direction of the Utah County Commission, to break the cycle of intergenerational

poverty (IGP) in Utah County, through the coordination of direct and personal interventions in the unique lives of IGP children, by assuring basic needs, providing safe and secure environments, creating opportunities to build strong relationships with peer and adult mentors, helping them realize their personal worth and value, imparting a sense of hope for a successful future and the resilience to achieve it.

The number of Utah County children at-risk of remaining in poverty as adults is approximately *five 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.

DEVELOPING, INTEGRATING, AND ALIGNING SERVICES

Nine primary actions must occur for these plans to materialize:

1. Countywide collaborative partnerships and mentor pools – Utah County IGP Committee must develop these networks.
2. Reading proficiency by 3rd grade – *Extend and build upon “Hospital to Home” mentoring program to the 3rd grade.*
 - Gather partners to extend the “Hospital to Home” mentoring program to 3rd grade
3. Math proficiency by 4th grade – *Cultivate “master teachers” and specialized teaching opportunities directed at IGP children*
 - Gather partners to identify criteria for “master teacher” program/certification and settle on how professional training will occur.
4. In-home services to encourage the value of education – *Utilize mentors to build personal relationships*
 - Gather partners to discuss and design mentor program and identify barriers to engagement.
5. Mental/Emotional health assessments and counseling – *Comprehensive standardized in-school assessments addressing physical, emotional, and mental concerns and substance abuse for IGP children.*
 - Develop an effective comprehensive standardized in-school health assessment for IGP children, begin community outreach nights to decrease the stigma of mental illness and to increase knowledge of community resources, and seek grants to increase funds to ensure that mental health providers can have in-school access points.
6. Mobile health services – Implement mobile health services.
 - Gather partners to discuss mobile health strategy and begin design.
7. Parenting education for IGP pregnancies and new births – *Pre-natal, birth and new mother training in early childhood development.*
 - Gather partners to identify/design and select a “Hospital to Home” program.
8. In-school/In-home services to encourage work ethic – *Extend successful education-to-work models to IGP children and help IGP children to develop life skills.*
 - Gather partners to identify and recommend successful, age/grade appropriate strategies.
9. Work skill building opportunities – *Develop a work preparation strategy that includes non-cognitive and cognitive work components*
 - Gather partners to discuss and develop a work preparation strategy – focusing on both non-cognitive (personal) and cognitive (work) skills.

LOGIC MODEL TO ADDRESS INTERGENERATIONAL POVERTY

There are two parts to this plan, one part systemic (i.e. assumptions and perceived barriers) and the other part programmatic – *systemic issues 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 that 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 Issues (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 partnership. As stated in our *Mission Statement*, the Committee plans on formalizing its union among stakeholders by making it a permanent fixture in Utah 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/or 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. IGP children need and can be taught resiliency and grit. 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 plan will describe the idea and its execution. This plan uses the following structural definitions:

- *Long-term goal – 5-year or 10-year goals set by state*
- *Mid-term goal – a primary Utah County goal to achieve the long-term goal*
- *Short-term goal – a preliminary Utah 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?*

YEAR ONE – WORK PLAN

Reading proficiency by 3rd grade:

- State long-term goal: Align systems and resources to focus on disproportionately high IGP schools
- Utah County mid-term goal: Extend and build upon “Hospital to Home” mentoring program (see pre-natal to three years old program below) to the 3rd grade.
- Utah County short-term goal: Develop extended “Hospital to Home” mentoring program to the 3rd grade, including access to literacy digital learning at home and school.
- Ownership: School Districts (in collaboration with the Department of Health, tasked with developing the pre-natal to age 3 program)
- Activities: Identify effective “Hospital to Home” program (e.g. Parents as Teachers), extend a seamless mentoring system, initially designed for pre-natal/birth to three years old, to 3rd grade
- Inputs: Kids on the Move, Parents as Teachers, Nurse Family Partnership, Success by Six, Welcome Baby, Early Head Start, Project Read
- Measurements of success: All IGP children are reading at proficient level by 3rd grade; Length of mentor/parent relationship; Progress shown by parent(s) reported by mentor evaluations; USBE early warning system evaluations
- Timeline:
 - Qtr 1: Gather partners to extend the “Hospital to Home” mentoring program to 3rd grade and discuss full access to literacy digital learning at home and school
 - Qtr 2: Finalize extended program and communicate with parents
 - Qtr 3: Pilot/extension strategy
 - Qtr 4: Evaluate extension strategy

Math proficiency by 4th grade:

- State long-term goal: Align systems and resources to focus on disproportionately high IGP schools
- Utah County mid-term goal: Cultivate “master teachers” and specialized teaching opportunities directed at IGP children, including math digital learning at home and school as well as online tutoring available all hours
- Utah County short-term goal: Professional development for teachers and staff to align efforts and share best practices
- Ownership: School districts
- Activities: Align curriculum for in school/after school programs, prepare for early intervention and remediation, personalize learning tailored to the needs of each individual student, settle on professional training used for “master teachers”
- Inputs: Utah State Board of Education, after-school programs, BYU/UVU
- Measurements of success: State proficiency for IGP students on 4th grade math tests; knowledge of times tables by 3rd grade; successful progress in benchmark tests taken at six month intervals from K-3
- Timeline:
 - Qtr 1: Gather partners to identify criteria for “master teacher” program/certification and settle on how professional training will occur, including math digital learning at home and school as well as online tutoring available all hours
 - Qtr 2: Recruit teachers for “master teacher” program and settle on course training material
 - Qtr 3: Begin training
 - Qtr 4: Evaluate initial training – “master teachers,” training material and trainers

In-home services to encourage the value of education:

- State long-term goal: Align resources around IGP students
- Utah County mid-term goal: Utilize mentors to build personal relationships
- Utah County short-term goal: Build mentor program and effective educational material
- Ownership: School districts
- Activities: Design mentor program and recruit mentors, create standardized training, identify barriers to engagement and progress
- Inputs: DWS, WIC, Part C Early Intervention/Part B of IDEA
- Measurements of success: Increase in school attendance; Increase in GPA; Degree of parental involvement; Parent(s) attend parent/teacher conferences, parent(s) evaluation of mentor program; USBE early warning system evaluations

- Timeline:
 - Qtr 1: Gather partners to discuss and design mentor program, identify barriers to engagement
 - Qtr 2: Finalize program design, settle on evaluation standards
 - Qtr 3: Begin mentor training
 - Qtr 4: Evaluate training and pilot/test program

Mental/emotional health assessments and counseling:

- State long-term goal: Ensure access to care
- Utah County mid-term goal: All IGP children have access to health care assessments and treatment
- Utah County short-term goal: Comprehensive standardized in-school assessments addressing physical, emotional, and mental concerns and substance abuse for IGP children
- Ownership: Department of Health, School districts
- Activities: Establishing school-based services, community awareness, in-service training
- Inputs: Community health providers, county programs, state Legislature, comprehensive clinics, Wasatch Mental Health, IHC, DCFS
- Measurements of success: Increased number of in-school treatment programs by mental health providers; Decrease in maladaptive behaviors;
- Timeline:
 - Qtr 1: Develop an effective comprehensive standardized in-school health assessment for IGP children, begin community outreach nights to decrease the stigma of mental illness and to increase knowledge of community resources, and seek grants to increase funds to ensure that mental health providers can have in-school access points.
 - Qtr 2: Finalize assessment model and evaluation standards, provide training to teachers such that they understand when to seek assessments for children and how to make referrals, and begin in-service training and community awareness
 - Qtr 3: Mental health providers within schools now begin implementing the in-school assessment for IGP children
 - Qtr 4: Evaluate initial roll out

Mobile health services:

- State long-term goal: Ensure access to care
- Utah County mid-term goal: Implement mobile health services
- Utah County short-term goal: Create mobile health services strategy
- Ownership: Department of Health
- Activities: Assessment of need in communities, education/outreach to parents and kids, identify locations and criteria for implementation, identify and partner with providers, secure funding, identify volunteers,
- Inputs: IHC, other health providers, BYU/UVU, employers of migrant seasonal workers, dental/medical schools, Migrant Head Start, Wasatch Mental Health, faith-based organizations
- Measurements of success: Increase of IGP families with access to service; Number of contacts or repeat users; Good health reports/less need
- Timeline:
 - Qtr 1: Gather partners to discuss mobile health strategy and begin design
 - Qtr 2: Finalize design, establish working partnerships and secure funding
 - Qtr 3: Pilot/test strategy
 - Qtr 4: Evaluate initial pilot/test

Parenting education for IGP pregnancies and new births:

- State long-term goal: IGP children (ages 0-5) prepared for kindergarten
- Utah County mid-term goal: Pre-natal, birth and new mother training in early childhood development
- Utah County short-term goal: Develop a “Hospital to Home” program
- Ownership: Utah County Health Department
- Activities: Identify effective “Hospital to Home” program (e.g. Parents as Teachers), design a seamless mentoring system from pre-natal/birth to three years old
- Inputs: School districts, Kids on the Move, Parents as Teachers, Nurse Family Partnership, Success by Six, Welcome Baby, Early Head Start, Project Read
- Measurements of success: Increase in pre-kindergarten test scores; Length of mentor/parent relationship; Progress shown by parent(s) reported by mentor evaluations
- Timeline:
 - Qtr 1: Gather partners to identify/design and select a “Hospital to Home” program
 - Qtr 2: Finalize program and communicate with parents
 - Qtr 3: Pilot/test program
 - Qtr 4: Evaluate pilot/test and evaluate mentors

In-school/In-home services to encourage work ethic: life skills

- State long-term goal: Stable families able to meet basic needs

- Utah County mid-term goal: Extend successful education-to-work models to IGP children and help IGP children to develop life skills
- Utah County short-term goal: Identify successful models to develop a Utah County strategy
- Ownership: School Districts
- Activities: Research successful models, develop mentor program for in-home services, develop standardized training for mentors
- Inputs: 4H USU Extension, BYU/UVU, Head Start, Upstart, Boys and Girls Club
- Measurements of success: Increase in number of older IGP children involved in school/work programs, service organizations and trade programs; Successful transitions from high school to post-high school education and trade schools; Decrease in maladaptive behaviors in younger IGP children; Increase in school and community involvement.
- Timeline:
 - Qtr 1: Gather partners to identify and recommend successful, age/grade appropriate strategies
 - Qtr 2: Develop strategy details and evaluation
 - Qtr 3: Pilot/test strategies
 - Qtr 4: Evaluate pilot/test

Work skill building opportunities:

- State long-term goal: Older IGP children are able to meet basic needs (target high school students)
- Utah County mid-term goal: IGP high school students are prepared for work
- Utah County short-term goal: Develop a work preparation strategy that includes non-cognitive and cognitive work components
- Ownership: School districts, DWS
- Activities: Address effective non-cognitive and cognitive approaches, develop mentor program, “soft skills” workshops
- Inputs: Business community, MATC, UVU, Voc Rehab, Circles, adult education, faith-based groups
- Measurements of success: Sixty-six percent of IGP high school graduates obtain trade degree or certificate; Percent job placement after graduation; Decrease in maladaptive behaviors; Degree of steady work performance
- Timeline:
 - Qtr 1: Gather partners to discuss and develop a work preparation strategy – focusing on both non-cognitive (personal) and cognitive (work) skills
 - Qtr 2: Enlist and train mentors and community partners
 - Qtr 3: Enroll IGP high school students in program
 - Qtr 4: Evaluate initial roll out

County Commission Leadership

At the invitation of the state Department of Workforce Services (DWS), the Utah County Intergenerational Poverty Committee was formed to address local solutions to intergenerational poverty (IGP) in the county. Utah 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 Utah 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 Utah County and throughout the state will hear its collective voice.

Sincerely,

Nathan Ivie, Chair

Stan Lockhart, Co-Chair

Name	Organization	Title	Email and/or Phone	Address	Special Responsibilities?
LEAD ORGANIZATION					
Nathan Ivie	Utah County Commissioners Office	Utah County Commissioner			
FACILITATOR & CO-CHAIRS					
Paul Mero					
Ben Gibbs					
Stan Lockhart					

Communications Among Partners

How will partners ensure everyone is moving the same direction? Describe your regular check-in and communications plan: how often will partners meet? Who is responsible for setting the agenda and driving the meetings? How will issues be brought to the table and worked through?

Communications to Stakeholders and the Community

How will your county's progress in planning, and then implementation, be communicated broadly to internal and external stakeholders?

Anticipated Challengers and Barriers

Identify concerns or challenges that your county anticipates relevant to implementing this county plan. How does your team anticipate addressing these challenges? What help might you need from the Intergenerational Welfare Reform Commission?