



Community Action Access Points (CAAPs)

An Exemplary Practice in Benefits Enrollment Coordination and Service Integration

November 2011

Prepared for the Massachusetts Association for Community Action
By Sandra Venner, Brandeis University



Massachusetts Association for Community Action (MASSCAP)

The Massachusetts Association for Community Action (MASSCAP) is the statewide association for the 24 community action agencies in Massachusetts. MASSCAP supports its members and works with them to reduce poverty regionally and across the Commonwealth by advocating for public policies, resources, and social changes that enable low income people to meet their basic needs, access economic opportunities, build strong communities, and realize their full potential. The 24 CAA Executive Directors make up the Board of Directors of MASSCAP which develops policy and program initiatives at the State and Federal levels.

MASSCAP, 105 Chauncy Street, 3rd Floor, Boston, MA 02111
Phone: (617) 357-6086 <http://www.masscap.org/>



Institute on Assets and Social Policy (IASP), Brandeis University

The Institute on Assets and Social Policy is a research institute at the Heller School for Social Policy and Management at Brandeis University, dedicated to promoting a better understanding of how assets and asset-building opportunities improve the well-being and financial stability of individuals and families left out of the economic mainstream. IASP pursues its mission through original research, policy analysis, program evaluation, technical assistance, community engagement, organizational capacity building, and leadership development.

Institute on Assets and Social Policy, Heller School for Social Policy and Management
Brandeis University, 415 South Street, Mailstop 035, Waltham, MA 02454
Phone (781) 736-8685 <http://iasp.brandeis.edu>

**U.S. Department of Health and Human Services Office of Community Services
Exemplary Practices Project**

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Executive Summary

Community Action Access Points (CAAPs) is a newly adopted set of practices and procedures that transform the community action agency (CAA) intake, assessment and service delivery system in Massachusetts. CAAPs was developed to create a more holistic, consumer-driven approach that better integrates service delivery for the thousands of low-income individuals and families seeking financial stability and well-being through CAA programs and services. The impetus for launching the CAAPs system stems from the origins and subsequent evolution of CAAs over their 47 year history. Since 1964, community action agencies are often the gateway to services and benefits for the most vulnerable populations. In Massachusetts, the community action agency network serves over 450,000 low-income people each year in communities across the state. This study conducted by the Institute on Assets and Social Policy at Brandeis University for the Massachusetts Association for Community Action (MASSCAP), examines the degree to which CAAPs demonstrates exemplary practices aimed at identification and enrollment of eligible individuals and families in Federal, State and local benefit programs, and ensures coordination of ongoing service delivery that empowers low-income families to become more economically self-sufficient.

CAAs receive funding from both Federal sources and state agencies for programs such as Head Start and other child care, WIC nutrition program, weatherization and energy programs, housing assistance and homelessness prevention, education and training programs, and programs supporting asset building. To maintain accountability, each funding entity has their own data requirements, measures, collection and reporting systems – including the software to management it. The result of this multi-layer, multi-source funding structure for CAAs at the organizational level has been the creation of “funding silos” where clients are served based on discreet funding structures and requirements with different intake processes and case management systems, as well as very specific and often restricted staff functions. Intake and assessment has been fragmented into multiple procedures, creating confusion, frustration and duplication for Massachusetts’ low-income residents. Each program serves the client within the structure of their program, but most staff are not focusing on the holistic needs of the family.

CAAPs overcomes many of the restrictions imposed by “funding silos” and develops a system driven by the needs of individuals and families seeking services at CAAs. CAAPs is a consumer focused, strength based system that serves individuals and families in a more holistic and comprehensive way at all points of entry and improves communication throughout the organization. CAAPs is a service delivery approach that is not based on “funding silos” but on assessing the needs of vulnerable individuals and families.

The CAAPs approach to benefit enrollment and service coordination was piloted by three CAAs in Massachusetts that serve diverse communities in different regions of the state – Community Teamwork, Inc. (CTI) in Lowell, Montachusett Opportunity Council, Inc. (MOC) in Fitchburg, and Quincy Community Action Program, Inc. (QCAP) in Quincy.

The CAAPs model incorporates the following key features:

- Pre-assessment tools and methods integrated into the client intake process to identify client eligibility for all internal and external programs and flags areas for further exploration of need.
- Case management protocols to assure effective referral for internal CAA programs and external services and benefits.
- Staff training to increase knowledge of all agency services, introduce the pre-assessment tools and referral systems, and improve interviewing and case management skills.
- Tracking system to assure that low-income clients successfully attain State and Federal benefits, and are provided assistance to work through institutional barriers.

This exemplary practices review of CAAPs identifies the following distinct elements that made it possible to implement a successful system for benefits enrollment and coordination: Communication, Board Buy-in, Staff Buy-in, Teamwork, Collaboration, New Tools, Technical Training and Support, and Skill Building. These were intentional and well planned steps taken to set the stage for implementation of CAAPs. The three CAAs pursued this major change to agency operations as follows:

- Established early “buy-in” of staff and Board members by articulating the vision at the start of the process and seeking input throughout its development.
- Formed implementation teams to identify staff training and resource needs, solve problems, and pave the way for a smooth transition.
- Researched and identified the most appropriate software programs that could be customized to meet the specialized needs of each CAAPs pilot site.
- Conducted technical training to introduce staff to the new software assessment tools and provided ongoing support ensuring the continued use as intended.
- Conducted training to build staff interviewing skills and knowledge of agency services to better assess needs and make appropriate referrals.
- Identified challenges to implementation and found creative solutions ensuring that CAAPs was responsive to both agency and client needs.

The implementation of CAAPs has resulted in a new process for benefits enrollment and service coordination that has succeeded in achieving the goals of the initiative to date. Not only has access to and utilization of benefits been improved and duplication lessened, the approach is more consumer-focused and holistic. This exemplary review of CAAPs also delineates the essential service characteristics including: Client Sensitivity, Matching Needs to Services, Triage and Intervention, Relationship-building, Client Engagement, and Service Coordination and Coaching. These are evident in what individuals and families experience in numerous areas when they come to the agency.

- Consumer-centered intake process presents an opportunity to engage clients proactively and to help them identify action steps to move toward their goals for greater self-sufficiency.

- Effective triaging of each new case determines who needs more services from point of entry and if immediate intervention is necessary.
- An interactive assessment process builds an agency/client relationship that is nurtured by ensuring a warm reception when referred to other CAA services.
- Trained staff engages the client in a change process that provides coaching and aids the client in accessing external services for which they are eligible.

The three Massachusetts CAAs that have implemented CAAPs are much closer to their long-term goal of creating a consumer-focused, strength-based system for intake, assessment and case management that employs a holistic approach to services and expands the capacity to track results aimed at increasing self-sufficiency. However more needs to be done on several fronts.

- Implementation of a universal intake system continues to be challenged by the requirements of different program funders to use mandated data collection software.
- Continued expansion of the capacity of the software system to track the results of referrals to other programs is needed.
- The capacity to track client progress across programs and document outcomes related to national indicators needs to be further developed.
- Staff training needs to be provided on an ongoing basis to reinforce and update both technical and customer service skills.

The CAAPs model represents a major shift in the traditional community action business model and service delivery system that was born out of the limitations of “funding silos.” CAAPs is not a new program, but a new way of doing business that once instituted can be maintained without significant added funding support. In the current challenging economic environment it promises to offer the opportunity to maintain a high level of customer service and counter the intensifying forces for an even more siloed approach to services driven by funding cuts.

The implementation of CAAPs has resulted in a new approach to benefits enrollment and service coordination that has succeeded in achieving many of the goals of the initiative. The CAAPs approach involves extensive revamping of CAAs procedures including information technology (IT) systems, as well as significant changes in staff functions and organizational culture. However, the return on investment has been high. In the words of Kathy McDermott, Executive Director of MOC, “CAAPS works! This initiative has moved us to a more integrated service delivery approach and toward achieving the strategic goal of *Reducing Poverty One Family at a Time.*”

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I. Introduction

Research and Study Methodology

The Massachusetts Association for Community Action (MASSCAP) responded to a call from the U.S. Department of Health and Human Services (HHS) Office of Community Services (OCS) to identify exemplary practices in the area of benefits enrollment and service coordination. This study examines the degree to which Community Action Access Points (CAAPs) demonstrates exemplary practices aimed at identification and enrollment of eligible individuals and families in Federal, state and local benefit programs and ensures coordination of ongoing service delivery that empowers low-income families to become more economically self-sufficient. CAAPs introduces a new system of intake, assessment and case management for multi-service agencies. Through this study, MASSCAP sought to examine this innovative initiative which employs a comprehensive approach to developing and implementing a model of practice that is data driven, measurable and replicable, and culturally competent in reflecting the needs of intended service recipients and their communities.

The study identifies and documents the exemplary practices of the CAAPs initiative by addressing the following questions framed by the OCS Exemplary Practices Project:

- How does CAAPs help to ensure program resources reach the intended beneficiaries and address the program's purpose of reducing poverty, revitalizing low-income communities, empowering low-income families, and assisting individuals to become self-sufficient?
- What are the characteristics of the three participating community action agencies (CAAs) that allowed them to effectively develop, implement and maintain an exemplary practice model and are other CAAs in a position to replicate it?
- What public education and outreach strategies are being used to inform the public of service availability and eligibility requirements and target "first-time" benefit enrollees?
- What service delivery model is being utilized to simplify the process of identifying and enrolling individuals and families eligible for benefit programs?
- What are the screening and assessment processes used to direct individuals and families to the most appropriate benefit programs?
- What are the tracking processes used to avoid losing individuals and families before, during and after the referral process?
- How has the relationship with MASSCAP and the Massachusetts Department of Housing and Community Development contributed to the success of CAAPs?
- What are other successful practice models used to coordinate benefits enrollment activities? What are key factors to their success and in what ways does CAAPs employ these practices?

To aid the oversight of this exemplary practice review, MASSCAP formed a CAAPs Advisory Team comprised of representatives from the three community action agencies (CAAs) piloting CAAPs, the Massachusetts Department of Housing and Community Development (DHCD),¹

¹ DHCD administers the Community Services Block Grant for Massachusetts.

and MASSCAP's Executive Director and Planner/Project Manager. The Advisory Team engaged the Institute on Assets and Social Policy (IASP) at the Heller School for Social Policy and Management at Brandeis University to conduct the research study. To thoroughly examine the CAAPs model, the IASP researcher (1) reviewed relevant background materials and current agency data, (2) conducted site visits and interviews of the Executive Directors and staff at the pilot CAAs, (3) surveyed and gathered case stories of current recipients of services, and (4) researched other models of service integration and benefits enrollment. This report presents the research findings and assessment of the CAAPs initiative as it has been collectively implemented at the three pilot sites and features activities at the respective sites that illustrate exemplary approaches and local variations designed to meet specific service needs.

As part of a larger review of exemplary practice, benefits enrollment and coordination practices of programs across the country were researched and interviews were conducted for more in-depth information. The practices of other CAAs in Massachusetts were also examined to learn what tactics they had employed to better conduct benefits enrollment and coordination. (See Appendix A for the Logic Model developed for this study and Appendix B for the CAAPs Advisory Team membership and research activity details.)

Programs and Funding for Massachusetts Community Action Agencies

The impetus for launching the Community Action Access Points (CAAPs) system stems from the origins and subsequent evolution of community action agencies (CAAs) over their 47 year history. These private, nonprofit organizations were established under the Economic Opportunity Act of 1964 as one of the key means to advance the new efforts to end poverty in America. CAAs are charged with assisting low-income residents to improve their quality of life while providing them with opportunities for self-sufficiency. Today there are approximately 1,000 CAAs serving low-income individuals and families in every state and the U.S. territories.

Since 1981, the Federal Community Services Block Grant (CSBG) has provided the core funding for the anti-poverty and family self-sufficiency efforts of CAAs. CAAs create, coordinate and deliver comprehensive programs and services to many people living in poverty in the United States. Administered by the U.S. Department of Health and Human Services (USHHS), CSBG funds are distributed to states who must allocate at least 90 percent of funds to local "eligible entities," usually CAAs.

In Massachusetts, the community action agency network serves over 450,000 people each year in communities across the state. Most of the people served have incomes which are at or below 200% of the federal poverty level. CAAs have built a strong base of resources for low-income residents, and are at the frontline of improving the quality of life for people in virtually every community. Similar to most CAAs across the country today, Massachusetts CAAs commonly operate Federal programs such as Head Start, fuel assistance, WIC nutrition program, energy conservation and housing services. Agencies also offer a combination of other programs and services such as programs for the elderly, child care, food pantries, SNAP (food stamp) outreach, employment, education and training, homelessness prevention, and weatherization. More recently agencies have begun to offer asset formation programs such as

financial education training, first-time home buyers' classes, Individual Development Account programs, and free tax preparation services that help families fully maximize tax credits.

In addition to CSBG funds, programs operated by CAAs are supported through Federal, state and local government grants along with private sources with some programs having multiple funding sources. In Fiscal Year 2010, Massachusetts CAAs reported receipt of \$644 million in total funds. Of this, \$436.4 million (68%) was from Federal sources and \$123.5 million (19%) was from state sources. The remaining funds were from local government and private sources. In FY'10, CAAs also received another \$44 million in one-time funds from the American Recovery and Reinvestment Act (ARRA).²

The Federal funds for CAA programming typically come from sources such as the Department of Housing and Urban Development (HUD) and HHS's Administration for Children and Families. The state funds are granted by the Departments of Education, Early Education, Economic Development, and Housing and Community Development along with other departments within the Executive Office of Health and Human Services. Many programs commonly offered by CAAs in Massachusetts receive funding from both Federal sources and state agencies. Such programs include Head Start and other child care, WIC, weatherization and energy programs, housing assistance and homelessness prevention, education and training programs, and programs supporting asset building.

The proliferation of programs that many Massachusetts CAAs operate is both a factor of the devolution of Federal programs to states via block grant funding and Massachusetts' long standing practice of contracting with non-profit organizations to provide many health and human services. To maintain accountability, each state entity that funds CAAs and their programs has developed its own data requirements, measures, collection and reporting systems – including the software to manage it. Each funding source adds a layer of reporting requirements in order to obtain the specific data that pertains to their mission and goals, and which aids them in planning, implementation, and evaluation. Some CAAs receive direct Federal funding (such as for Head Start programs), which also has its own data collection and reporting requirements. The result of this multi-layer, multi-source funding structure for CAAs at the organizational level has been the creation “funding silos” where clients are served based on discreet funding structures and requirements with different intake processes and case management systems, as well as very specific and often restricted staff functions.

A More Holistic Approach to Service Delivery

Community action agencies are often the gateway to services and benefits for the most vulnerable populations including low-income children, their families, elderly, and homeless individuals. Some individuals or families come to CAAs for a single service to assist with a temporary need, while others seeking assistance have multiple, complex needs that require the services of more than one program. In all cases, CAAs seek to link customers with as many services as possible. However, because of the numerous and varied documentation requirements of the many funding sources associated with providing these services, intake,

² Reported in June 15, 2011 email from Akm Rahman, Senior Information and Program Coordinator, MA Department of Housing and Community Development, Boston, MA.

assessment and case management has been fragmented into multiple procedures, creating confusion, frustration and duplication for Massachusetts' low-income residents.

In a system driven by “funding silos,” in order to access multiple CAA services, clients are often required to complete several intakes, assessments and certifications providing the same information multiple times and at different CAA departments. Information systems unique to each program or department are used to track client and program information specified by funding sources. Several CAAs have service areas that encompass many cities and towns covering large geographic areas, while others serve large urban populations. Both types of agencies operate multiple sites, where different services are offered; thus, clients may also have to travel to more than location to access the services they require.

With the fragmentation created by the funding silos, CAA staff have come to view themselves as working for a discreet program, such as Head Start, and have been forced to lose sight of the greater client needs. While they strive to achieve the objectives of the program in which they work and dutifully report the outcomes, they may not always give the same priority to assessing how other client needs can be served by linking them to additional services offered by the CAA and other local and state resources.

Goals for the Community Action Access Points (CAAPs)

The Community Action Access Points (CAAPs) is a consumer focused, strength based system that serves individuals and families in a more holistic and comprehensive way at all points of entry and improves communication throughout the organization. CAAPs is a service delivery approach that is not based on “funding silos” but on assessing the needs of vulnerable individuals and families. This approach to benefit enrollment and service coordination was piloted by three CAAs in Massachusetts that serve diverse communities in different regions of the state – Community Teamwork, Inc.(CTI) in Lowell, Montachusett Opportunity Council, Inc. (MOC) in Fitchburg, and Quincy Community Action Program, Inc. (QCAP) in Quincy. (See Appendix C for overview of three CAAs and the communities they serve.)

Exemplary Practice: Working collaboratively at all stages of the process, the leaders of the three CAAs designed a intake and assessment system that better serves their clients than the fragmented system resulting from “funding silos.”

Through CAAPs the three agencies respond to client needs in an individualized and comprehensive manner that stabilizes households, and for those that are able, moves them along a continuum towards economic self-sufficiency. CAAPs introduces a new system of intake, assessment and case management that:

- Reduces duplication of inquiry of clients at intake and entry of data.
- Evaluates households' needs in a holistic manner.

- Connects families and individuals to all the resources necessary to stabilize their living situation and improve the quality of their lives.
- Helps certain families work towards and achieve goals along a continuum leading to self-sufficiency.

The specific objectives of CAAPs are to:

- Improve CAA service delivery system to reduce intake duplication, reduce time spent by both clients and staff, and improve client access to the full range of CAA programs, community services and public benefits.
- Increase economic self-sufficiency for clients using a more focused approach that addresses individual client needs and results in better outcomes over the long-term.
- Improve access to public assistance benefits, by ensuring that case managers are able to identify and help clients apply for all benefits that they may be eligible to receive, either through direct application or through referral with systematic follow-up.
- Reduce intake error rate by increasing staff intake skills and assuring consistency between agency programs.
- Increase CAA ability to measure, track and report outcomes, and respond to funding sources requests for information and data.
- Generally overcome barriers imposed by funding silos that inhibit a holistic approach to serving low-income individuals and families.

The Massachusetts Department of Housing and Community Development (DHCD) provided the initial resources to design this system to improve benefits enrollment and service delivery in the community action network through a demonstration grant from CSBG special project funds. After receiving the start-up funding from DHCD, the CAAPs model was funded in part through grants from the American Recovery and Reinvestment Act (ARRA) and now is primarily being sustained through general CSBG funds. The intent is to develop tools and a service delivery system that will have broad application across the state and national CAA network.

The CAAPs model incorporates the following key features:

- Integrated pre-assessment, which quickly identifies client eligibility for CAA programs and other services and identifies potential “red flags” areas for further exploration.
- Case management protocols to assure effective referral for internal CAA services and external services and benefits.
- Staff training to familiarize them with all agency services, introduce the pre-assessment tools and referral systems, and improve their interviewing and case management skills.
- Tracking system to assure that people are followed and they successfully attain State and Federal benefits, and are provided assistance to work through institutional barriers.

II. Laying the Groundwork for Organizational Change

Experts in the field of organization change management have found that to create a readiness for change in an organization and overcome resistance, members need to be enlightened about the need for change. The leader needs to honestly portray the current status of the organization and where it needs to be in the future, as well as outline a realistic approach to how the change can be accomplished. Leaders in the organization must articulate a clear vision that describes what the change effort is striving to accomplish and allow people in the organization to have input into the creation of that vision and how it can be achieved. It must be clear how the vision will improve the organization and that it is relevant and realistic. The leaders must recognize that staff may resist change for a variety of reasons, including fear of the unknown and wondering if the change will have an adverse effect on their jobs. Staff must know they will be listened to and the change will include their strong input and ongoing involvement.³ (See Appendix D for a more on Organizational Change Management.)

Changing the Organizational Culture of CAAs

The CAAPs project represents a major shift in the traditional community action business model and service delivery system that was born out of the limitations of “funding silos.” The approach involves extensive revamping of CAAs procedures including information technology (IT) systems, as well as significant changes in staff functions and organizational culture. CAAPs is not a new program, but a new way of doing business that once instituted can be maintained without significant added funding support.

The Executive Directors of the three CAAPs pilot agencies had independently come to the conclusion a number of years ago that there had to be a better way to more effectively serve clients even in the face of a complex funding and accountability structure. They identified a need for a more standardized system for assessment and referral to better coordinate benefit enrollment and service integration within the agency and externally. Each program was serving the clients within the structure of their individual program, but many staff were not focused on the holistic needs of the family. Program heads believed their staff members were making referrals to other programs within the agency and the community, but there was no way of documenting this and further inquiry found the practice not to be as common as assumed. It was not possible to measure if clients were having problems accessing services, if referrals were made between programs, and the outcome of those referrals. How well clients were served was defined only by the program for which they applied. Agency staff themselves recognized the need to change the way business was done. For example, only slightly more than a third of MOC staff agreed with the statement that there was effective communication regarding client services between programs in the 2008 Strategic Plan survey.

The Executive Directors knew a corporate cultural change was needed both at the management and staff levels. It was necessary to clearly convey the direction in which the agency would be moving and the objectives for change to senior and mid-level management

³ McNamara, C., Requirements for Successful Organization Change, Authenticity Consulting, LLC
<http://managementhelp.org/mgmt/orgchnge.htm>

staff. All staff needed to be committed to the objective of a holistic approach to client services and focus less on the performance of “my program.” For staff to buy into this new approach, they would need to see how clients would be better served without being restrained by the funding sources. The Executive Directors were highly committed to devoting the time and had the patience to build receptivity to agency change and were prepared to identify necessary implementation stages and see through the process.

Articulating the Vision for Staff and the Board

By early 2008, the three Executive Directors were ready to articulate their vision to their staff and their Boards of Directors. As suggested by effective change management theory, the directors deliberately communicated their vision and intent well in advance of announcing an official launch. Once they were ready to put the change in place, they immediately provided training support for staff. Annual all-staff development days at the respective CAAs provided the opportunity to introduce a vision of how to better serve clients and engage staff in the discussion of how the CAAPs initiative could be achieved. As 2008 was also the time to draft the agencies’ three-year Strategic Plan, there was an added opportunity to include the Board of Directors in an extensive discussion of how the CAAPs vision could best be realized.

Exemplary Practice: Articulating the vision at the start of the process and seeking input of staff and Board members on how to achieve it, gains early “buy-in”.

At QCAP the driving objective was to offer clients a full service menu that could ultimately lead to self-sufficiency while increasing service accountability. The Executive Director used the annual all-staff development day to set out the vision, and created work groups to examine the current service delivery system and develop ideas for integrating ways to better serve clients in a more comprehensive fashion. In subsequent years, sessions were used to train staff on other aspects of agency services beyond the program for which they worked.

At CTI, a retirement led to the consolidation of five divisions into four and triggered the Leadership Team to examine how the agency was working. It was concluded that there was need for a new approach to service delivery to better meet the agency mission and improve consumer services, data collection and case management. Client service skills needed to be improved to increase capacity to serve families presenting with multiple needs even when the program did not have formal case management services. The Executive Director used the annual all-staff training in 2008 to introduce the vision and to engage staff in a discussion of how to improve service delivery. Subsequent all-staff training days were devoted to providing good customer service and learning how to negotiate internal and external service referrals.

Members of the Boards of Directors for each pilot CAA were engaged early in the development of CAAPs as part the goal setting for the new three-year Strategic Plan in 2008. The Executive Directors have continued to frequently update the Boards on the status of CAAPs at their regular meetings. They have found the Boards fully appreciate the significance

of employing the CAAPs model, especially those Board members who are clients of the agency. Strategic Plans for 2009-2011 heralded the inauguration of the CAAPs process and subsequent agency annual reports documented it's progress. The respective Boards routinely identify CAAPs as one of the agency's strengths.

Involving Leadership and Staff in the Change Process

Successful organizational change must involve top management and have a champion who prompts the change by being visionary, persuasive and consistent, but also must be carried out as a team-wide effort. Bringing together CAA program managers, supervisors and front-line staff helped to identify trouble spots, duplicative steps, and problematic hand-offs in the current methods of intake, referral and ongoing follow-up.

In line with effective change management, each of the three pilot agencies formed a Service Integration Team for the CAAPs initiative made up of the Executive Director, senior managers and key staff who were charged with:

- Leading the organizational culture change process necessary for success.
- Assisting to develop and implement new processes including intake, assessment, referral, and case management.
- Identifying training and resources needs.
- Assisting in identifying appropriate technology solutions.
- Assisting in marketing CAAPs internally and externally.

Exemplary Practice: Forming an agency implementation team that includes senior managers to identify staff training and resource needs and problem solve, paves the way for smooth transition.

MOC adopted the concept of "Transformational Leadership," a practice that encourages staff at all levels to participate in the decision making process for the implementation of this new integrated service delivery system. Staff was meaningfully involved in the on-going evaluation and assessment of the CAAPs initiative. The other two CAAs also ensured line staff had input into designing the changes and piloted different components to get feedback before fuller implementation. Work groups with participants from all three agencies developed the pre-assessment questions and intake and case management protocols.

As the implementation of CAAPs progressed, all three CAAPs sites used their regular monthly Program Manager meetings as a feedback loop to offer status update, learn what problems have arisen, and what solutions were implemented or needed to be addressed. For more complicated issues, the CAAPs Service Integration Team, with its inclusion of other key staff, works on resolutions to identified problems and used this information to guide the next steps of the implementation process, and identify areas for future staff training and ongoing support.

Initiating the CAAPs Model

Executive Directors had a clear vision of where their agencies needed to head, but still needed a mechanism to begin the process. They learned of an initiative in Connecticut where CAAs were engaged by the state Department of Social Services (CT's CSBG state agency) to identify clients who may be eligible for CSBG services through a 14-question pre-screening assessment. This tool "triages" clients to determine if they would best be served with a single service or a fuller assessment and possibly more intense case management. It was recognized that the use of a similar instrument in Massachusetts could set in motion an approach to client services that was not dictated by "funding silos" but by the needs of vulnerable individuals and families.

Connecticut's Human Services Infrastructure Initiative

In 2004, the CT Department of Social Services (DSS) partnered with Connecticut's Community Action Agencies (CAA) and the 211 Infoline to more efficiently connect people to the services they need through the Human Service Infrastructure (HSI) initiative. Individuals and families calling the 211 Infoline are directed to the nearest CAA to access the services they need to gain or maintain self-sufficiency. CAA staff statewide are trained to use a 14-question pre-screening tool to conduct a common intake assessment that identifies potential eligibility for services offered by the CAA, other community agencies, or public benefit programs, such as TANF, administered by DSS. This pre-assessment process also "triages" clients to determine who needs only a single service, or if the family would be best served through a fuller assessment with a case manager coordinating services across agencies. For an individual or family applying for public benefits, the CAA staff helps the client be prepared to bring the right materials to the appointment at DSS. The state CAA association manages the Data Warehouse that stores the data entered at the pre-assessment. If the client applies for future services, the data can be retrieved and updated as necessary. It is also the goal of HSI to be able to better track referrals and outcomes across programs. The vendor for Data Warehouse is revamping the software program to expand this capacity. Currently, CAAs report outcomes using ROMA software.

Source: Phone interview with Toni Hirst, Chief Administrative Officer, New Opportunity, Inc., Waterbury, CT and information at <http://www.ct.gov/dss/cwp/view.asp?a=2345&q=304914>.

The Executive Directors and the CAAPs Service Integration Teams projected that because of the extensiveness of revamping current CAA procedures and systems, it would be a five-year process to complete this major shift in the CAA service delivery model. At the end of year-three of the CAAPs implementation, the following objectives have been achieved:

- Developed a uniform intake, assessment and referral tool and procedures that screens each client entering the agency for the full range of services.
- Established a case management system that integrates the ROMA Scales and Ladders⁴ methodology which supports families/individuals to move along a continuum towards economic self-sufficiency.

⁴ ROMA (Results Oriented Management and Accountability) is a system that provides a framework for continuous growth and improvement among more than 1000 local community action agencies. The MA Self-Sufficiency Scales and Ladders is a matrix-based case management system that allows case managers at local CAAs to develop an intervention strategy for low-income clients using a tool that initially assesses and plots clients on a five-step assessment system.

- Trained staff to more effectively interview clients to identify their needs, connect clients to a range of resources, develop self sufficiency plans for clients and work with them to achieve outcomes more quickly.
- Integrated CAAPs program with the Massachusetts Virtual Gateway, the portal access to SNAP (food stamp) and MassHealth (Medicaid).
- Developed IT systems to support uniform intake and assessment, and foster the efficient collection and tracking of client and program outcome measures.

Exemplary Practice: Commitment to change is sustained by continued engagement of leadership including Senior Management, the Executive Director and the Board.

III. CAAPs Changes the Way CAAs Do Business

New Approach for Benefits Enrollment Coordination and Integrated Services

The standard intake procedure at community action agencies involves collecting basic demographics and client characteristics information from applicants which is used to determine eligibility for services and fulfill CSBG reporting requirements. The CAAPs model adds 25 pre-assessment questions to the standard intake to determine the client's status in key indicators of overall well-being such as their current needs related to education, employment and housing; assistance with transportation, health care, child care or adequate food; and issues related to personal safety.

Critical to the CAAPs model is ensuring that intake and pre-assessment is a respectful, systemic process of gathering information about clients to assist them with making informed decisions about needed services. Intake is not treated simply as a clerical function to collect basic information, but rather is a mindful process that takes into consideration that this may be a client's first face-to-face encounter with the agency. The pre-assessment process helps intake staff identify and assess a household's current situation and needs, as well as identify appropriate and effective means of assistance. A client-centered intake process presents an opportunity to engage clients in a pro-active way that encourages them to take action that will move them closer to self-sufficiency. By triaging new cases it is possible to more effectively determine which cases need multiple interventions from point of entry into the agency and those who need just a single service. It also can flag if there is need for immediate intervention or emergency services. Most importantly, it ensures that individuals and families will be assessed holistically, recognizing the interconnected nature of issues and their solutions.

Exemplary Practice: Consumer-centered intake process presents an opportunity to engage clients proactively and identify action steps for movement toward their goal of greater self-sufficiency.

Exemplary Practice: More effectively triaging with each new client determines who needs more services from point of entry and if immediate intervention is necessary.

Developing the Right Tools

The CAAPs Leadership Team at each of the pilot agencies individually and collectively worked to develop the questions and their specific wording for the pre-assessment tool, taking care to frame the questions in a manner that was respectful and non-threatening while eliciting sufficient information to indicate if additional services were warranted. This assessment tool was created in an interim software program called Referral Tracker which was developed by the IT specialist at MOC. Although this system was not intended to be permanent and did not interface with the specific software required for most of the funding sources, it introduced staff to the process of examining client needs in a holistic way by asking questions relating to well-being and having immediate access to referral information that could provide support and assistance as needed. This trial period gave staff time to get familiar with the assessment tool and provide input into modifications resulting in staff having greater buy-in to the final product and process.

Exemplary Practice: Research and experimentation aided in identifying and customizing the right software programs to meet the specialized needs of each site.

After gaining experience with the Referral Tracker software, the pilot agencies explored what existing software programs would be most compatible with the data requirements for specific service programs and could be best adapted to perform the new CAAPs functions. Having the right software tool was seen as a critical component of the implementation process. After consulting with staff and researching software vendors, the three agencies came to different conclusions as to which software program best suited their needs. MOC and QCAP chose ClientTrack for their agencies and made the switch to this program in October 2010. ClientTrack is regarded as very flexible, yet sophisticated enough to gather the data needed. It is easy for users to learn while having the necessary reporting features. CTI decided to use Octopia because several of its major programs were already effectively using this software thereby simplifying data entry. Both software programs are web-based so computer capacity is not an issue. (See Appendix E for sample of ClientTrack/Octopia pre-assessment form.)

While the CAAPs software programs can track the status of referrals to internal programs, it can only link to external services and public assistance benefits if they use the same software. Workers must check the status of referrals to SNAP or MassHealth via Virtual Gateway and enter this information into the case record. Workers are also urged to make other case notes on current status in the tracking software programs including the progress reported via the Scales and Ladders outcome indicators that are utilized for some programs. One of the next steps is to incorporate as much information as possible into the CAAPs software programs to more effectively serve clients who may be engaged with the agency in multiple ways and more uniformly report program outcomes.

Preparing for CAAPs Implementation

Each agency approached the rollout of the CAAPs process in a slightly different manner. At MOC and QCAP all program staff began using the assessment and referral tools with new clients at the same time. At CTI, the pre-assessment process was introduced by consecutively rolling it out with the different programs with most now fully engaged. The only programs that will not utilize the new pre-assessment and referral software are those where client data is highly sensitive and confidential, such as HIV/AIDS counseling.

In the new CAAPs model, responses to pre-assessment questions are entered along with the regular intake data into the software program. If a need for services is indicated in addition to those offered at the program where the client presented, the software system provides a print-out with the appropriate referral information. The client is urged to contact the other program and if they have not done so in a few business days, a staff person reaches out to the client to schedule an appointment. If the client is not initially responsive, additional attempts at engagement are made. If the client presents with an emergency, they are immediately connected to the appropriate services. Typically, bi-weekly reports on the status of each client show where follow-up is still outstanding.

To prepare staff to use the pre-assessment tool, in-house training was provided to all staff who conduct intake and ongoing technical support is always available. Ongoing training is also provided for infrequent users, for new staff, and to introduce new features. Staff members were also trained to professionally conduct the assessment and intake. As CAAs share a common practice of hiring former clients and providing career pathways, new employees may enter the agency without professional training or degrees. Through this training, intake and other front line staff learn effective interviewing skills and how to be more comfortable and confident when asking sensitive questions. Training is also provided in cultural awareness and sensitivity and managing difficult clients. In addition, the agencies ensure that staff is well versed in all the programs offered by the agency so they can answer basic questions in the process of making referrals. To accomplish this aspect of staff training at QCAP, during an all-staff day, program heads were stationed at different tables and groups of staff went from table to table (much like speed dating), to hear a brief presentation and have their questions answered. This method was very well received by the staff.

Exemplary Practice: Building interviewing and customer service skills and expanding knowledge of agency services, makes staff more proficient in assessing needs and making appropriate referrals.

Exemplary Practice: Technical training introduces staff to the new software assessment tools and ongoing support ensures the continued use as intended.

Family Experience for Typical CAA Client Intake (Prior to CAAPs)

“Anna” has two children, ages 2 and 3, and is recently divorced. She is unemployed because she was a stay-at-home mom and her ex-husband was the sole financial provider in the family. Her rent is overdue and her landlord has threatened her with eviction if she does not pay in a week. She goes to her local CAA for assistance to help pay the rent. Anna would like to go to work, but needs her GED and some education or training to get a job. She also will need child care if she attends school or gets a job.

The receptionist at the CAA greets Anna and asks her to fill out an intake form that has some information about her and her children, her ethnicity, income and the service for which she is applying. The receptionist calls a staff person in the emergency services department who greets Anna and interviews her to learn more about her financial and family situation. The staff member fills out the eligibility documentation for emergency assistance to help her pay the rent and suggests that she go to the local Welfare office for further financial assistance. She also suggests that Anna go to the Head Start and WIC offices and gives her brochures with contact information. She tells Anna that she needs verification of her address, divorce papers and her children’s birth certifications along with landlord contact information and as soon as she brings back the documents the worker will be in contact with her landlord and arrangements will be made to pay the rent.

Anna leaves the CAA office feeling a little relieved, but still worried about how she will pay the rent next month and get training to help her get a job and support her family.

As CAAPs primarily represents a new process for conducting intake and referrals and is not a new program, the pilot CAAs have not heralded its initiation with additional outreach or public education, as is customary for new programs and services offered to the communities served. The intent is that the process initiated under CAAPs will make the intake experience appear seamless to new clients while leaving them unaware of any agency changes have transpired.

The new intake and pre-assessment process has not been without its challenges and points of resistance. Some staff conducted the pre-assessment at first, but did not consistently continue to use it. Leadership realized they needed to communicate to resistive staff that this change was not because they were not doing a good job, but because the new process was intended to better serve clients. Some program heads were concerned funders would object to sharing client information between programs, but were assured that the agency was implementing strict protocols to protect confidentiality and comply with state privacy policies. Staff soon recognized that by identifying resource needs and appropriate referrals at the outset, clients significantly benefit and workloads are reduced by way of resulting efficiencies. The dedication of staff to this new process was recently demonstrated at MOC when staff did not want to forego doing the pre-assessment as they rushed to serve eight families left homeless by a fire.

While it is expected that new clients will be engaged in a pre-assessment discussion at whatever point they access the agency, this can prove challenging for some high volume programs. The CAAPS pilot sites have worked to find solutions to these problems. For example, the Fuel Assistance program processes thousands of applications in a short period of time each fall for the forthcoming heating season. As these workers see so many clients who may not be accessing other services at the CAA, it is seen as essential to train the workers in conducting the pre-assessment even though this adds 10 to 15 minutes to the normally expedited intake

process. At QCAP this was addressed by instructing the fuel assistance workers to do a brief assessment and if it appears there may be complicated issues, the client is transferred to special worker to do a more comprehensive assessment and triage.

Exemplary Practice: Identifying challenges to implementation as they arise and finding creative solutions makes CAAPs responsive to agency and client needs alike.

Improving Service Coordination and Integration

It is the intent of CAAPs to ensure that when a new client comes to the agency the intake includes an assessment process that triggers referrals for additional services, but this new business model does not end there. The intake interview is intended to be an interactive process that builds a relationship with the client. When there is need for immediate service a “warm hand-off” is initiated where a staff person at another program is called to say the client is coming over, or the client is escorted to the new program. This personal approach ensures the next staff person the client encounters is brought into the newly formed relationship with the client and the agency. For non-emergencies, the client may be introduced to a Client Service Specialist or if the program has one, a case manager, who can foster the coordination and integration of services. Program case managers or Client Service Specialist follow the CAAPs philosophy and utilize the protocols that have been developed under the new service delivery and benefits enrollment process.

Exemplary Practice: Assessment screening is an interactive process that builds the staff/agency/client relationship as does initiating a “warm hand-off” to other program services.

At all three CAAPs agencies Client Service Specialists are specially trained staff who are imbedded in agency programs. They work with the client to identify necessary actions to improve family well-being and develop a plan for accessing and effectively utilizing services that will help the client achieve greater self-sufficiency. The Client Service Specialist role is to facilitate the service delivery process that promotes the change strategies outlined in the client’s self sufficiency plan and to coach them if barriers are encountered. Each of the pilot CAAs have designated Client Service Specialists who have been trained to assist regular workers by handling more complex cases for the programs that do not already have a case management component. Once the client has been successfully enrolled in the services for which they are eligible and there are no new presenting issues, the Client Service Specialist ends their involvement with the case, but families knows this resource is available if they should again need support and coaching.

MOC currently has three Client Service Specialist assigned to the Housing and Community Services unit who become involved with a case if three or more issues are identified through

the pre-assessment process. For a time, CTI experimented with creating a separate unit of Client Service Specialists who staffed a Resource Center that was affiliated with the Housing Consumer Education Center. The protocol was that if during the pre-assessment seven or more issues were flagged as areas where the client could benefit from additional services, the case would be picked up by the Client Service Specialist. To assist workers in other programs who encountered clients with fewer than seven presenting issues, the Client Service Specialist unit provided consultation and training for staff. They also conducted workshops for clients on such topics as financial management and computer use, introduction to financial, employment and housing resources and their requirements, and information on legal procedures and their rights. While this approach proved effective, the end of ARRA funding and the prospect of further budget cuts prompted the decision to employ the model of having Client Service Specialist imbedded within the key programs, rather than maintain the special unit.

Exemplary Practice: Client Service Specialist positions were created in programs that do not have case managers to facilitate the service delivery process and provide coaching to clients if barriers are encountered.

Evidence of Success

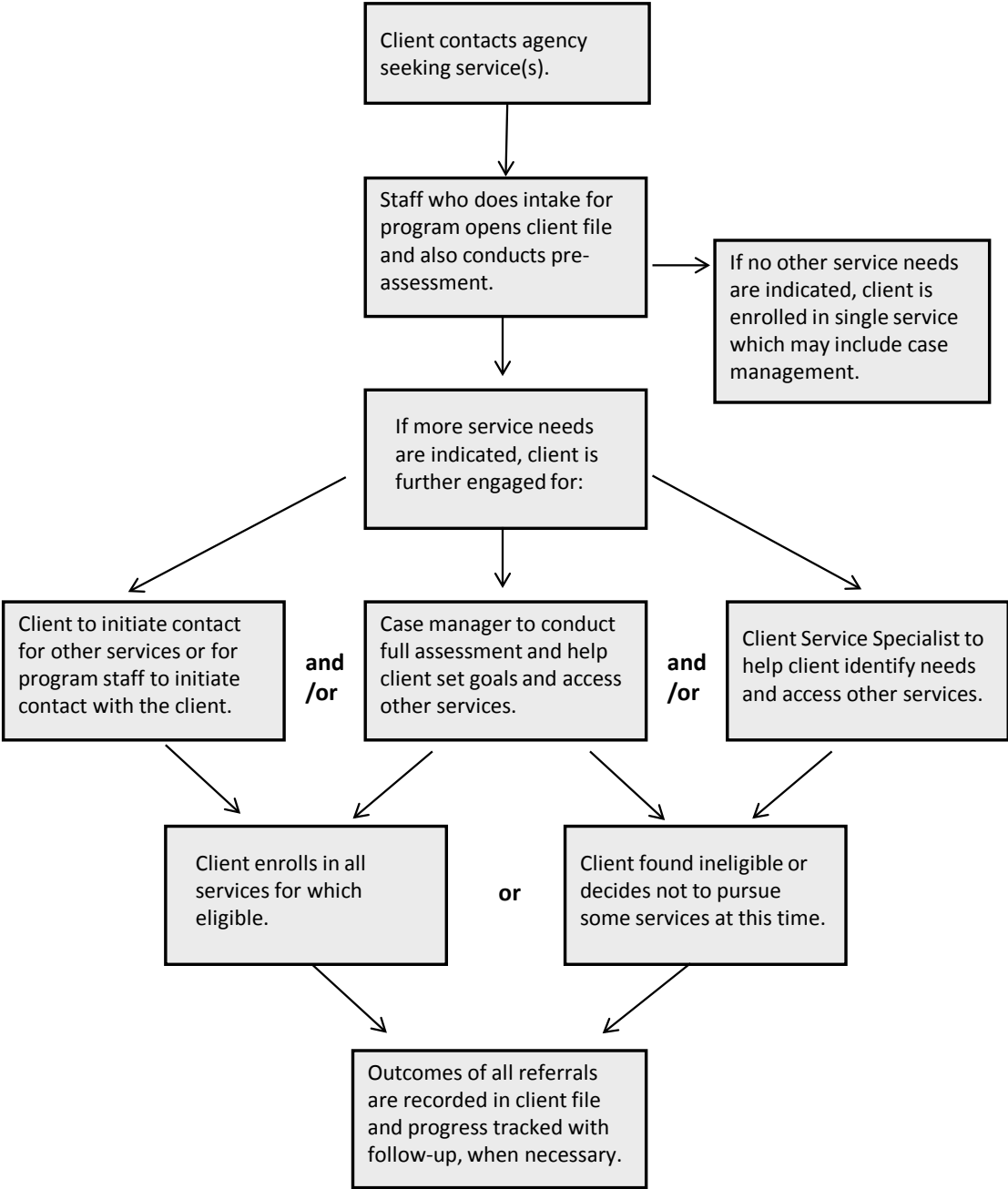
In the “pre-CAAPs” system of service delivery it was hoped and assumed that individuals and families were being referred to the right programs regardless of where they first attempted to access agency services. However, CAAs lacked the tools to systematically conduct assessments and initiate these referrals. There also was no way to document if referrals were happening, nor their outcome. CAAPs has introduced the means to document and track this activity to ensure eligible individuals and families are enrolled in Federal, state and local benefit programs and empowered to become more economically self-sufficient.

Objective evidence is now available as the number of referrals and pre-assessments can be documented through the CAAPs software programs. The Octopia program reports that CTI conducted 2,015 pre-assessments in 2009 with the number rising dramatically each quarter as CAAPs implementation progressed. By 2010 the number of pre-assessments had risen to 4,303. Similarly, resulting referrals to other programs increased from 1,236 in 2009 to 2,012 in 2010.⁵ As no tracking system existed prior to this time, it is not possible to compare this activity to that of the pre-CAAPs years. Overall the most productive period for each of the CAAPs pilot CAAs was from July 15, 2009 to June 30, 2010 when ARRA funds provided additional support for the CAAPs initiative along with other CAA services. During this period the pilot Referral Tracker program reported QCAP staff conducted 2,299 pre-assessments resulting in 2,284 referrals of which 1,731 clients received follow-up and/or were enrolled in a service. At MOC there were 2,007 pre-assessments, 1,942 referrals, and 1,684 clients receiving follow-up and/or enrolling in a service during this period.⁶

⁵ Results provided via March 2, 2011 email from Peggy Shepard, Data Management & Program Development Specialist, Community Teamwork, Inc., Lowell MA.

⁶ Community Action Access Points Progress Summary submitted to the Massachusetts Department of Housing and Community Development, July 15, 2010.

CAAPs Process for Individuals and Families



The engagement of CAAs in the current three-year Strategic Planning process provided the opportunity to augment this quantitative data with client responses to questions included in the needs assessment survey conducted by CTI. Clients who indicated they sought a new service from CTI in 2010 were asked several questions about what service they sought and if they were told of other services for which they could be eligible. The most common need for service that brought the client to CTI was fuel assistance (43%), followed by WIC (21%), and child care assistance (20%).⁷ In response to the question as to whether they were also assisted with determining eligibility for public assistance, 77% responded affirmatively. A similar percent (75%) reported they were assisted in accessing other services also. When asked if getting this information was helpful, 88% responded that it was very or somewhat helpful. Even more telling was the fact that 46% indicated it was unlikely or very unlikely that they would have applied for benefits or other services if they had not received this information and assistance. The most common additional services that clients reported receiving were SNAP (food stamps), child care assistance, fuel assistance and “Flex Funds” or other housing assistance.⁸

The three-year strategic planning process also provided an opportunity for MOC to survey client needs and their experiences when accessing services. While it is not possible to distinguish responses from the clients who were new to the agency since the CAAPs process was implemented and those who first came to the agency prior to that time, their responses are still informative. When asked if they agreed with the statement that staff explained procedures and next steps clearly, the vast majority (87%) stated they did. A similar percent (85%) agreed with the statement that it was clear what documents they needed for eligibility determination. The percent is slightly lower (77%) when asked if they were told about other MOC programs that could help them. This result may reflect the fact that respondents first came to MOC both pre- and post-CAAPs initiation. Almost half of current clients report improvement to their status since accessing services at MOC with 47% agreeing with the statement that they are now more self-sufficient and 51% agreeing with the statement that the conditions in which the family is living have improved.⁹

Timing did not permit the inclusion of survey questions related to the CAAPs implementation in the needs assessment conducted by QCAP for the strategic planning process, but the responses to open-ended questions are revealing. Several individuals reported finding the intake process to be well organized. When invited to comment on QCAP’s service delivery, nearly half (44%) volunteered responses indicating they were very satisfied with the promptness.

⁷ While in many states clients commonly request assistance acquiring health care coverage, this is not true in Massachusetts as only 1.9% of residents remained uninsured by the summer of 2010 according to a report published in December 2010 by the Massachusetts Division of Health Care Finance and Policy.

⁸ Results of raw data provided via May 20, 2011 email from Peggy Shepard, Data Management and Program Development Specialist, Community Teamwork, Inc., Lowell, MA.

⁹ Survey results provided via July 15, 2011 email from Tricia Pistone, Associate Director, Montachusett Opportunity Council, Inc., Fitchburg, MA.

Experiences of Families Newly Seeking CAA Services under CAAPs

Although up until now “Donna” had managed her finances well, she was very concerned that her household was reaching a critical point. At age 43 she had never sought assistance before but unsteady employment had caused her to seek unemployment compensation and her benefits would end in eight weeks following her latest temporary job. She was getting behind in her rent and her phone had been disconnected, but her immediate concern was for the health of her grandchildren-to-be. Both her twin 18-year-old daughters were pregnant. Although one was in college and one working part-time, both were living with her to save money.

Donna had heard about the WIC program and went to CTI to apply on behalf of her daughters. In the past, her WIC application would have been processed and very likely she would have been told where to go to apply for SNAP (food stamps). But now the WIC worker who took Donna’s application had been trained to use the CAAPs assessment process to ask the critical questions that revealed the precarious situation of Donna and her family. First in order was to get in an application for fuel assistance. Then a Client Services Worker coached her in approaching her landlord about a payment plan that would help her keep the apartment that she regards as a “good apartment.” She was told how to apply for food stamps as head of household and coached to get through the complicated process due to her family situation. Because of her daughters’ pregnancies, her household is eligible for a Safe-Link phone to use in emergencies. It was also learned that Donna had been diagnosed as having bi-polar disorder so she was assisted in applying for SSI. Once Donna’s financial situation is stabilized, she wants to learn more about the Individual Development Account (IDA) program so she can save money and be more financial secure in the future. Her Client Services Worker will follow-up with her for next few months to ensure she has all the information she needs and is actually connect to the services for which she is eligible.

As told by a CTI Client Service Worker on May 23, 2011.

“Tina”, a 28 year old single mother of four children ages 2, 4, 6, and 8 years, became a client of MOC when she entered an emergency family shelter in early 2010. A CAAPs pre-assessment was performed by the Client Services Specialist. Referrals were made to WIC, child care and Head Start. While at the shelter Tina received case management services that assisted her with budget/credit counseling and financial education, as well as housing search and information about education and training programs. Tina was interested in furthering her training and researched various programs in the healthcare field. Once stable, Tina was able to move to an apartment in Fitchburg, MA with a short term housing subsidy. At the time of her move, Tina received TAFDC in the amount of \$643 and \$696 in food stamps.

Once her children began school and Head Start services, Tina was able to enter the Nurse Assistant Training Program, which she recently completed. Once she receives her state certification she will begin her employment search. While completing her training with the American Red Cross, Tina also enrolled in classes at Mount Wachusett Community College. Tina remains stably housed, continues to keep in contact with her stabilization case manager on a regular basis, is up to date with her portion of the rent and remains in good standing with her landlord.

As reported by MOC staff on September 16, 2011.

V. Other Approaches to Benefits Enrollment and Coordination

Other CAAs Adopting CAAPs-like Systems

While CTI, MOC and QCAP combined efforts to develop and implement the CAAPs model, they are joined by CAAs across the state of Massachusetts in the determination to transform the intake and service delivery systems into a more holistic, customer-driven approach that better integrates services to aid clients in achieving greater economic self-sufficiency. Agencies such as South Shore Community Action Council, Inc. (SSCAC) in Plymouth, Community Action, Inc. (CAI) in Haverhill, and Action for Boston Community Development (ABCD) in Boston demonstrate the varying degrees to which these efforts have been initiated, as described below.

In smaller agencies serving more rural areas such as SSCAC, a major transformation of agency practice is neither seen as essential for providing good services, nor feasible within the current budget constraints. Familiarity among staff, close proximity of programs within the agency, and strong ties to the community does much to overcome the logistical barriers created by “funding silos.” A comprehensive orientation to the agency and the community upon hiring and frequent exposure to the other programs aids staff in conducting informal assessments and initiating “warm hand-offs” when engaging new clients or helping clients when they encounter new issues. SSCAC maintains an overall holistic and customer-driven philosophy of services that is reinforced through both formal and informal communications from the Executive Director and program heads to staff and the expectations put forward by the Board of Directors. While CAAs such as SSCAC are very effective in serving their clients and fulfilling their mission, they lack the means to ensure there is consistent delivery of services and to document that clients are being introduced to and accessing the full array of services that can help them achieve greater self-sufficiency.

Some CAAs in Massachusetts are in the early stages of implementing their own CAAPs-like initiatives and have consulted with CAAPs Executive Directors in the process. CAI in Haverhill has determined it wants to change its business plan and service delivery system. This decision was driven by a desire to establish and maintain a customer-centered, integrated process for clients to access information and services in order to develop, pursue and complete a path to self-sufficiency. CAI’s intent to initiate this process was outlined in the Strategic Plan for 2009-2011. CAI’s objectives for this initiative are very similar to what was defined for CAAPs. The agency seeks to simplify and speed access to services, prevent duplication of effort for both clients and staff, ensure accuracy in services and record-keeping, improve interagency coordination and collaboration, and clarify decision making.

The effort at CAI began with implementing data management software to enter unduplicated client information using a Windows-based version of Octopia. At first a designated person was responsible for agency-wide data entry for new clients using a hard copy intake form generated by various program staff. Recently, additional staff has been trained to use the electronic data entry system for intake at the program level. This process allows for an informal assessment at intake and the building of a common data base, but lacks the capacity to track referrals. CAI is planning to form an Integrated Services Team to design a pilot program for service integration

that includes conducting pre-assessments and making referrals with ongoing case management services to aid clients in developing a comprehensive plan for self-sufficiency. CAI's efforts are challenged by the same obstacles that CAAPs continues to work to overcome, in that their software is only compatible with some of the service programs and therefore does not permit the creation of a universal data system for intake and ongoing shared documentation of client progress. The Executive Director of CAI is committed to persist with the implementation in spite of the challenges and continues to consult with the CAAPs Advisory Team.

ABCD's "Integrated Demonstration Project" represents another approach to improved benefits enrollment and service integration. ABCD is a large agency, annually serving more than 80,000 individuals and has numerous sites around the City of Boston including 18 Neighborhood Service Centers that provide one-stop access to a number of programs and natural opportunities for service integration. Yet, there is concern that ABCD is not connecting families that live in poverty to the wide array of programs and services that exist internally and externally. It is the goal of ABCD to promote an agency culture of coordination, cooperation and collaboration by building a permanent intra-agency access network.

The last three-year strategic planning process assessment of agency needs completed by ABCD management and line staff concluded that a change was needed in the way clients access services and were helped to reach their goal of self-sufficiency. It was recommended the agency review its reporting and central information management with the development of a universal intake form as one of the objectives. In 2009 a new universal client intake form was introduced using ClientTrack software. Although not intended to be an extensive assessment tool, it begins the process of eligibility determination and identification of service needs and relationship building between the client and worker. Referrals are triggered via case management as the program currently does not have the capacity to electronically initiate or track referrals to other programs. ARRA funds were used to train agency staff to use this new tool.

As a part of the newly launched ABCD Integrated Demonstration Project, it is the goal of the agency to implement a Scales and Ladders-based assessment tool to improve intake and referral and the ability to track data. Over the next two years, all staff will be trained to use this outcome driven approach for tracking client's progress. This will aid ABCD in accomplishing its goal to move more families out of poverty by linking them to multiple services and comprehensive case management. ABCD has also begun to implement an incremental training schedule to teach all staff about each service offered by the agency with the goal of having all long term and incoming staff trained by 2013.

ABCD's Parker Hill/Fenway Neighborhood Service Center has served as a model for the new integrated services initiative. When clients come to the center to apply for services, a staff person enters intake and assessment data into a system that can be accessed by all workers who will be providing ongoing services with the client. A case manager explains the service options and what the client will need to do to access services provided at the center, at other ABCD programs and in the community. Case Managers check with clients to see if they have followed through on referrals or if they have encounter problems. They add their own case notes and updates to the ClientTrack system, also in addition to maintaining hard copies for

back-up. The center staff has weekly meetings to share client updates and strategies for further aiding the client in reaching their goals. If a systemic problem is identified in either the internal or external service system, an agency wide alert is sent out. Next, the center plans to provide more intensive training to staff on goal setting with clients to aid them in developing a plan to help move their family out of poverty toward long term financial stability.

Other Exemplary Practices for Benefits Enrollment and Coordination

Ten states currently operate Benefit Banks and the model is gaining recognition. These Internet-based systems connect low- and moderate-income families to tax credits, assistance programs and work supports. Most extensive of these is the Ohio Benefit Bank which provides counselor-assisted access to more than 20 work support programs and other services through sites operated by over 1,200 community and faith-based organizations with over 5,000 trained counselors in all of Ohio's 88 counties. The Governor's office and other state agencies along with the strong network of faith-based and non-profit organizations widely publicize its availability. As a "low touch" system, highly reliant on volunteers, it is able to serve a large number of families for nominal costs. While not offering case management services, trained volunteers can assist those who may become discouraged in applying for benefits when they encounter problems.

The Annie E. Casey Foundation's Centers for Working Families (CWF) are another more comprehensive model that targets not only benefit enrollment, but also workforce and career services and financial services to increase financial stability among low-income residents. The CWF model offers an innovative framework to help residents secure employment, advance in their jobs, and build assets through savings and homeownership. The CWF concept has been piloted in seven metropolitan areas across the country including neighborhoods in Chicago and New York City. In Chicago, the network of neighborhood CWFs have found that potential consumers typically come seeking employment training and that provides a platform to link them to financial education and income supports through one-on-one counseling. The CWF programs in New York City have found that clients often need to hear about benefits and financial service opportunities three or four times before they actually access these services; thereby requiring ongoing interactions between case managers and clients. (See Appendix F for more information about the Ohio Benefit Bank and the Centers for Working Families.)

V. Exemplary Practices Identified from the CAAPs Review

Elements of a Successful System for Benefits Enrollment and Coordination

Community Action Access Points (CAAPs) initiative has demonstrated numerous exemplary practices although still in the implementation stage. When launched in 2008, it was anticipated that CAAPs would be a multi-year process taking up to five years to fully implement. While some objectives are yet to be achieved, much can be learned from the progress to-date. A new assessment and referral system has been implemented that responds to individual and family

needs in an individualized and comprehensive manner that stabilizes households, and for those that are able, moves them along a continuum towards economic self-sufficiency.

The Executive Directors and staff from each of the three CAAs piloting CAAPs report that the opportunity to work collaboratively has been a significant contributor to the success to-date. Together they jointly identified necessary next steps, trouble shot, problem solved and tested solutions – greatly aiding the implementation process. Working as a team resulted in a sharing of the workload and created opportunities for cross-learning, mutual support and overcoming challenges. The result is stronger products and improved outcomes on which they intend to build over the next few years.

To successfully engage in a process that makes major changes to agency operations, it is necessary to assist leadership and staff in adjusting to the organizational changes and in acquiring the new knowledge and skills needed for the new system. Therefore, to set the stage for successful implementation of CAAPs several intentional and well planned steps were taken as outlined below.

Communication: To introduce the concepts driving CAAPs, the Executive Directors deliberately communicated their vision and intent well in advance of initiating changes. The annual all-staff development day provided the opportunity to introduce a vision of how to better serve clients and engage staff in the discussion of how this could be achieved.

Board Buy-In: The goal setting process for the three-year strategic planning process provided an opportunity to fully engage members of the Boards of Directors early in the process. The Executive Directors have continued to frequently update the Boards on the status of CAAPs at their regular meetings.

Staff Buy-In: Each CAAPs site ensured that line staff had input into designing the changes and piloting different components to get feedback before full implementation.

Teamwork: All three CAAPs sites formed a Service Integration Team for the CAAPs initiative made up of the Executive Director, Senior Management Team and key staff to assist in development and implementation, identify staff training and resource needs, and market CAAPs both internally and externally.

Collaboration: Work groups with participants from all three CAAPs sites developed the pre-assessment questions and intake and case management protocols.

Tools: Developing a common pre-assessment tool was key to identifying the needs of clients at the intake process. Having the right software was seen as critical to implement the assessment and referral system as envisioned. Use of an interim software program for a trial period gave staff time to get familiar with the assessment tool and identify beneficial modifications for the final customized software program.

Technical Training and Support: To prepare staff to use the pre-assessment software tool, in-house training was provided and ongoing technical support is always available. Ongoing training is also provided for infrequent users and new staff and to introduce new features.

Skills Building: All front line staff were trained in effective interviewing skills to be more comfortable and confident when asking sensitive questions. Training was also provided in cultural sensitivity and managing difficult clients. To introduce all staff to the basic features of each agency program and other public benefits and community services, creative methods were used to hold their attention and aid retention of information.

The implementation of CAAPs has resulted in a new approach to benefits enrollment and service coordination that has succeeded in achieving many of the goals of the initiative. Not only has access to and utilization of benefits been improved and duplication lessened, but the approach is more consumer focused and holistic. This is apparent in subtle, yet visible ways. Phones are now answered identifying the agency name, not solely stating the name of the program as commonly happened before. Signage at all locations consistently identifies the agency, not just the program. Most importantly, success is evident in the experience of individuals and families when they come to the agency. Across agency programs, direct service staff are committed to a holistic approach to services to ensure that critical client needs are met to better aid clients in obtaining self-sufficiency. This is demonstrated by:

Client Sensitivity: Intake is not treated simply as a clerical function to collect basic information, but is mindful that this may be a client's first face-to-face encounter with the agency.

Matching Needs to Services: The pre-assessment process helps intake staff identify and assess a household's current situation and needs, as well as identify appropriate and effective means of assistance.

Triage and Intervention: By triaging new cases, it is possible to more effectively determine what cases need more intervention from point of entry into the agency and those who need just a single service. It also can flag if there is need for immediate intervention.

Client Engagement: A consumer-centered intake process presents an opportunity to engage individuals and families in a pro-active way and identify action steps that will move them closer to self-sufficiency.

Relationship-building: The assessment screening is intended to be an interactive process that begins to build a relationship with the client. When there is need for immediate service this may be a "warm hand-off" where a staff person at another program is called to say the client is coming over, or the client is escorted to the new program ensuring the next staff person the client encounters is brought into the newly formed relationship with the agency.

Service Coordination and Coaching: Client Service Specialist positions have been created in some programs that do not have case managers to facilitate the service delivery process that promotes change strategies outlined in a plan and coach the client if barriers are encountered.

Next Steps

The three Massachusetts CAAs that have implemented CAAPs are much closer to their long-term goal of creating a consumer-focused, strength-based system for intake, assessment and case management that employs a holistic approach to services and expands the capacity to track results. However, several challenges still remain.

Although much progress has been made to minimize the effects of the “funding silos” on the client experience, implementation of a universal intake system continues to be challenged by the requirements of different program funders to use mandated software. Staff at QCAP noted that before CAAPs the agency had eight programs with their own respective software systems that could not share intake data. Now there are only three programs where it is necessary to do double entry into the CAAPs ClientTrack system and into the software required by the program funding source. The programs that do not have mandated software have been successfully integrated into ClientTrack. For programs that have mandated software, the intent is to develop code links that bridge to ClientTrack and allow all staff to enter basic intake data that can be shared with a signed client release and then enter the program specific information using the designated software. QCAP and MOC plan to create a ClientTrack User Group to guide the development of this bridge software and intake protocols and hope that ABCD, which is also working toward universal intake using ClientTrack, will join this effort. There are concerns that this effort will face greater challenges in the future as tightening funding with greater demands for accountability within individual programs may intensify the tendency to create “funding silos” and thereby create more obstacles to serving clients in a holistic manner.

It is also evident that it is important to continue the efforts to expand the capacity of the software system to track the results of referrals to other programs both to document status and to identify possible areas for improvement in program policy and practice. Just over half (51%) of CTI client survey respondents reported they were actually receiving the new external services they sought, such as SNAP (food stamps). Reasons for not having accessed services a few months to more than a year after the referral was made can be found in the comments provided by the respondents. Some reported that they decided not to pursue the additional services at this time, while others discovered during a more in-depth income process that they were not eligible for the service, or were placed on waiting lists. However, others are still encountering difficulties accessing the service. Full implementation of the CAAPs system will provide real time knowledge of a client’s success in accessing services and alert the agency if there is a need to intercede, or whether larger practice or policy issues should be addressed.

An additional benefit to having all the data for a client entered into one system with the capacity to keep the records updated will be the ability to identify the full range of services the family has received, what has transpired since they started receiving services from the agency, and to identify what else may be beneficial. This is the realization of the goal for a comprehensive approach to services envisioned with the initiation of CAAPs. It will also make it possible to better document outcomes and progress on national indicators and compile cumulative results beyond standard reporting requirements for each program. To achieve this goal the outcome tracking capabilities of Ocotopia and ClientTrack will need to be more fully developed. It also will be necessary to overcome obstacles created by externally required data

systems that cannot effectively retrieve information. It was noted that the greatest difficulties in this area are with the WIC nutrition program.

There will be further opportunity to access and coordinate services between CAAs and other community organizations in the future as DHCD launches its new Benefit Enrollment and Coordination System (BECS). BECS was developed by DHCD using CSBG ARRA funds made available to the state. It allows users such as CAAs and other select non-profits to check client eligibility requirements for their own programs and those of other users of the system, including state agencies, and to send and receive referrals across programs and agencies. This on-line system includes an assessment tool using the same questions that were developed for CAAPs to identify the service needs of individuals and families. Agency users will establish their own procedures for processing new referrals received via this system and develop their own case management protocols for workers to take advantage of the system on behalf of their clients, much as the three CAAs initiating CAAPs have done.

The three CAAs were aided in launching CAAPs with start-up funds from DHCD and then with ARRA funds. Each CAA currently is sustaining the effort through the annual CSBG allocation and demonstrating that service integration is possible even with limited resources, but they realize they may face more funding challenges in the future. The agencies are committed to continuing to provide CAAPs project oversight and training for new staff, and do not intend to revert back to the old way of doing business when available funding is reduced. Although there has not been an attempt to document savings to-date, it is anticipated that reducing duplication of intake processes and more efficient use of agency services will hold down costs. The ability to determine the average investment in time and effort necessary to achieve individual client goals may help realize savings when planning for future allocation of agency resources. If funding cuts necessitate staff reductions, the cross training of staff already in place will help lessen the impact on service delivery. If it is necessary to consolidate office space, this will be done with the CAAPs' operations in mind. It is also thought that better documentation of service inputs and outcomes may help attract more private funding and make CAAs more competitive when applying for Federal and State grants.

Appendices

- A. Logic Model for Exemplary Practices Review
- B. CAAPs Advisory Team and Research Methodology
- C. Overview of Three CAAs Piloting CAAPs
- D. Organizational Change Management
- E. Sample of ClientTrack/Octopia Pre-Assessment Form
- F. Other Exemplary Practices in Benefits Enrollment and Coordination

Appendix A: MA Community Action Access Points (CAAPs) – IASP Exemplary Practices Review Logic Model

<p>Problem Statement: <i>What makes a practice exemplary?</i> - Practice can be adopted by other CAAs and in doing so improve services</p> <ul style="list-style-type: none"> - Create holistic approach, not treat client as “presenting issue”, but as whole person - Change way interface with client from first point of entry, break down organizational silos, change operating procedures - Prepare and train staff, create tools to operate, provide more intense case management, initiate systems to sustain activity

Exemplary For Whom →	Assumptions →	Strategies/ Activities →	Outcomes →	Measures of Success →	Long-Term Impacts
<p><i>From perspective of:</i></p> <p>Client - reduce intake duplication, achieve economic mobility</p> <p>Staff - trained to offer better services, buy into concept, get more satisfaction from work, use time more effectively</p> <p>Agency - operate more efficiently, better able to measure results, document access to multi-services vs isolated program data</p> <p>MASSCAP – develop and pilot model and id. best practices for other CAAs to replicate</p> <p>DHCD/funders – more efficient use of tax dollar, learn impact of program funding silos on client services</p>	<p><i>What you know and believe about what’s needed and will work</i></p> <p>Multiple intakes and elig. determinations at numerous sites creates hardships for clients</p> <p>Agencies using CAAPs are better able to help low income individuals access public benefits, CAA programs, & other community resources</p> <p>CAAs in MA have may different processes in place for client intake, assessment & referrals that may include elements of CAAPs</p> <p>CAAPs is a strong service model that should be replicated by other CAAs in MA and across the nation</p> <p>Independent research will validate CAAPs as an exemplary practice</p>	<p><i>Activities needed to document exemplary nature of initiative</i></p> <p>Respond to review questions posed by OCS</p> <p>Document strategies and techniques employed by pilots</p> <p>Assess client outcomes at 3 CAAs pre- & post CAAPs to identify changes and compare to non-CAAPs CAAs</p> <p>Research other similar exemplary practices & comparable activities of non-CAAPs CAA (incl. new DHCD benefits enrollment I&R project)</p> <p>Analyze and report findings including key program elements, organizational factors essential for success, & core issues to address</p> <p>Draft replication guide</p>	<p><i>Reasonably measurable year-to-year changes in policies, practices or target group</i></p> <p>Clients seeking service successfully access other CAA services, community resources, and public benefits for which they are eligible</p> <p>Staff demonstrate buy-in to concept through case management practices and general dialogue and expressed perceptive</p> <p>Agency has tools and operating procedures that reflect holistic approach to client services at intake and in case management</p> <p>Provide seamless service delivery to clients, regardless of restrictions of “funding silos”</p>	<p><i>Information needed to show whether initiative is exemplary</i></p> <p>Documentation of what happens when potential client seeks services</p> <p>Able to track client movement from in crisis to thriving in Scales & Ladder type matrix</p> <p>Gauge degree staff committed to service transformation</p> <p>Agency committed to transformation process; become part of agency culture reflected in Strategic Plan goals and Board mtg discussions</p> <p>Able to identify barriers to implementing CAAPS</p>	<p><i>Ultimate outcomes for initiative</i></p> <p>Clients experience increased economic mobility; greater self-sufficiency</p> <p>CAAs are able to monitor and report the movement of clients toward self-sufficiency</p> <p>CAAs use technology as a tool to provide more efficient and effective service integration</p> <p>DHCD and other funders realize the barriers created by program funding silos that hinder holistic approach and reflect this in their planning and policies</p>

Appendix B: CAAPs Advisory Team and Research Activity

CAAPs Advisory Team

Joe Diamond, Executive Director, MASSCAP
Patricia Pelletier, Project Director, MASSCAP
Sandra Venner, Lead Researcher, IASP
Akm Raman, Senior Information and Program Coordinator, DHCD
Kathy McDermott, Executive Director, MOC
Beth Ann Strollo, Executive Director, QCAP
Karen Frederick, Executive Director, CTI

The CAAPs Advisory Team met: 11/10/10, 12/20/10, 1/12/11, 2/22/11, 4/15/11, and 11/18/11

National Conference Calls of OCS Exemplary Practices Project: 1/4/11, 2/2/11, 6/6/11

Site Visits and Interviews Conducted

MA Community Action Agencies Piloting CAAPs

Community Teamwork, Inc., Lowell, MA: 2/25/11, 5/23/11
Montachusett Opportunity Council, Inc., Fitchburg, MA: 3/10/11, 3/14/11, 3/31/11
Quincy Community Action Program, Inc., Quincy, MA: 3/1/11, 4/14/11

Other MA Community Action Agencies

Action for Boston Community Development, Boston, MA: 5/6/11, 6/27/11, 6/30/11
Community Action, Inc., Haverhill, MA: 4/12/11, 5/10/11
South Shore Community Action Council, Plymouth, MA: 5/2/11

Resource Documents Reviewed

Community Teamwork Inc. (2008). *Strategic Plan 2009-2011*. Lowell, MA.
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Massachusetts Department of Housing and Community Development. (August 2006). *Community Service Block Grant Performance Measures Report: Fiscal Years 2004-06*. Boston, MA,
Massachusetts Department of Housing and Community Development. (2011). *Community Action Planning Guide: Fiscal Years 2012-14*. Boston, MA.

Massachusetts Department of Housing and Community Development. (August 2010). *Community Development Block Grant State Plan and Application*. Boston, MA.

Montachusett Opportunity Council, Inc. (2009). *Service Directory 2009 Annual Report 2007-08*. Fitchburg, MA

Montachusett Opportunity Council Inc. (2008). *Community Action Plan 2009-2011*. Fitchburg, MA.

Montachusett Opportunity Council Inc. (2009). *Annual Report 2009: Reducing Poverty One Family at a Time*. Fitchburg, MA.

Quincy Community Action Program Inc. *Referral Tracker User Guild*. Quincy, MA.

Quincy Community Action Program Inc. (2009). *2009-2010 Strategic Plan*. Quincy, MA.

Quincy Community Action Program Inc. (2011). *2010-2011 Annual Report*. Quincy, MA.

Quincy Community Action Programs Inc., Montachusett Opportunity Council Inc. , Community Teamwork Inc. (February 2008). *Community Action Access Points Breaking Down Organizational Silos*. Quincy and Fitchburg, MA.

Quincy Community Action Programs Inc., Montachusett Opportunity Council Inc. , Community Teamwork Inc. (July 2010). *Community Action Access Points Progress Summary*. Quincy, Fitchburg, and Lowell, MA.

Richmond, F. Valentin, M. (2006). *The Accountable Case Manager*. Camp Hill, PA: The Center for Applied Management Practices Inc.

Rodgers, M. O'Brien, S. (2010). *Client Track User Guide*. Quincy Community Action Programs Inc., Montachusett Opportunity Council, Community Teamwork Inc.

Appendix C: Overview of Three CAAs Piloting CAAPs

Community Teamwork, Inc. (CTI) is the community action agency for Greater Lowell area with about 450 employees. CTI serves over 40,000 individuals a year through over 25 programs in the areas of workforce development, energy assistance, food assistance, child care, housing assistance and homelessness prevention, and money management.

With a population of over 103,000, the city of Lowell serves as the hub for the region. Historically, the poverty problems in Lowell and the surrounding towns include elderly people striving to maintain self-sufficiency, families in need because of job losses or family break-ups, and the gap between wages and the true cost of living. The population of Lowell is significantly younger than the rest of the state with a median age of 33.9 years as compared to 38.5 years statewide. Median household income is only \$49,800 in 2009 dollars compared to \$65,500 statewide. The city of Lowell is very racially and ethnically diverse with only 64% of the population being White, 19% Asian, 14% Hispanic, and 6% African American.¹⁰

Community Teamwork, Inc.

155 Merrimack Street, Lowell, MA

Phone (978) 459-0551 <http://www.comteam.org/>

Montachusett Opportunity Council (MOC) has 290 employees serving over 20,000 individuals and families each year in an area that includes 30 cities and towns in north central Massachusetts. The principal urban centers of Fitchburg, Leominster and Gardner form the focus of the region's economy and can be characterized as small industrial cities. The remainder of the service area is comprised of former mill towns and rural communities, some having suburban characteristics. MOC operates programs directly and supervises the work of four delegate agencies in outlying communities. Almost 30 services are provided in the program areas of education, energy, food, child care, housing, money management, health and elderly services.

The median age for the region is slightly older than the median age for Massachusetts while the fastest growing population is the 0-5 year old group. The three urban centers have a significantly higher percent of the population under age five (6.8-7.4%) than the statewide average (5.9%).¹¹ The populations of these target areas are substantially low-income (39% below 200% the federal poverty level).¹² In 2009 dollars, the median household income of these cities is \$51,100 as compared to the statewide median income of \$65,500. Individuals of

¹¹ 2005-2009 American Community Survey, U.S. Census Bureau

¹¹ *ibid*

¹² Montachusett Opportunity Council, Inc. Community Action Plan 2009-2011

Hispanic origin constitute the largest minority group in the area, representing 10.9% of the population in Leominster and 18.6% in Fitchburg.

Montachusett Opportunity Council, Inc.

133 Prichard St., Fitchburg, MA 01420

Phone (978) 342-7013 <http://www.mocinc.org/>

Quincy Community Action Programs, Inc. (QCAP) is a leading private nonprofit organization in the Greater Quincy area dedicated to reducing poverty and helping low-income people achieve self-sufficiency. QCAP's 140 employees serve approximately 20,000 unduplicated people annually in the city of Quincy contiguous to Boston and the towns of Braintree, Milton and Weymouth and other communities in Norfolk and Plymouth counties. Over 20 services are offered in the program areas of education and workforce development; energy, food and housing assistance; child care; and money management.

At over 90,100 residents, Quincy is the largest and most diverse of the communities. The median age is higher than the state average (39.6 years vs 38.5 years) with significantly larger percent of its population over 65 (15.1% vs 13.4%). In 2009 dollars, median household income is \$60,100 compared to \$64,500 statewide. Over 27% of the city's population is non-White with Asians representing the vast majority of minorities (over 21% on the total population).¹³

Quincy Community Action Programs, Inc.

1509 Hancock Street, Quincy, MA 02169

Phone (617)479-8181 <http://www.qcap.org/>

¹³ 2005-2009 American Community Survey, U.S. Census Bureau

Appendix D: Organizational Change Management

Change management is a structured approach to transition individuals and organizations from a current state to a desired future state. It is an organizational process aimed at empowering employees to accept and embrace changes in their current work environment.¹⁴ To effectively implement change and produce desired benefit, organizational change management aims to 1) align the groups' expectations; 2) communicate the reasons for change and its benefits to various stakeholders; 3) manage people training when collective behavior change is necessary; and 4) provide personal counseling (if necessary) to alleviate change related fears.

It is the front-line employees that ultimately execute the new day-to-day activities and make the new processes and systems come to life. Organizational leaders must understand the implications of the proposed change on the employees given their culture, values, history and capacity for change.¹⁵

Organizational readiness for change is a multi-level, multi-faceted construct. Readiness for change refers to organizational members' shared resolve to implement a change (change commitment) and shared belief in their collective capacity (change efficacy).¹⁶ Strategies to create readiness that 'unfreeze' existing mind sets and create motivation for change include 1) highlighting the discrepancy between current and desired outcomes; 2) promoting dissatisfaction with the status quo; 3) creating an appealing vision of a future state of affairs; and 4) fostering confidence that this state can be achieved. Organizational readiness is likely to be highest when organizational members not only want to implement change but also feel they can do so. A shared sense of readiness can be generated through consistent leadership messages and actions, information sharing through social interaction, and shared experience – including experience with past successful change efforts.¹⁷

Resistance to change can be the result of self-interest, misunderstanding, low tolerance for change, and disagreement with the reasoning behind the change. Approaches designed to prevent or minimize employee resistance to change include: 1) education and communication as to the logic of the change effort; 2) participation and involvement of employees in the change process; 3) facilitation and support by management to assist with the transition; and 4) negotiation by offering incentives to not resist change.¹⁸

¹⁴ Hiatt, J. and Creasay, T., The definition and history of change management. Change Management Tutorial Series, Change Management Learning Center. Retrieved on 4/11/11 from <http://www.change-management.com/tutorial-definitions-history.htm>.

¹⁵ *ibid*

¹⁶ Weiner, B. J., A theory of organizational readiness for change. *Implementation Science* 2009 4:67. Retrieved on 4/11/11 from <http://www.implementationscience.com/content/4/1/67>

¹⁷ *ibid*

¹⁸ Ewton, Z., Change Management Theories: Models of Change. Retrieved on 4/11/11 from <http://www.associatedcontent.com>.

15. Do you need child care but cannot afford it?
16. Do you have a child five or younger who is not enrolled in an education program?
17. Do you have enough food right now to feed yourself and your family?
18. Do you often run out of food?
19. Do you receive food stamps?
20. Does everyone in your family have health insurance?
21. Does everyone in your family have dental insurance?
22. Does everyone in your family have a doctor?
23. Do you or anyone in your family need access to counseling or support services?
24. Do you have any immediate health or nutritional concerns that are not being met?
25. Does anyone in your life ever frighten, intimidate, or try to control you?*
26. If answer to 25 is yes, would you like to talk to someone on our staff about options?*

* Questions are only in the Octopia version (used by CTI) of the pre-assessment form.

Appendix F: Other Exemplary Practices in Benefits Enrollment Coordination

Ohio Benefit Bank

The Ohio Benefit Bank (OBB) is an Internet-based, counselor assisted service that connects low- and moderate-income families to tax credits, assistance programs and work supports. It is one of ten state benefit banks established as a project of the National Council of Churches and the Jewish Council on Public Affairs along with other national organizations using a web-based technology platform supported by Solutions for Progress, Inc. Since Ohio Benefit Bank's inception in 2006, it has been supported by a strong network of public and private partners including the Office of the Governor, eight state agencies, county departments, and numerous faith-based and nonprofit agencies and organizations with oversight and administration provided by the Ohio Association of Second Harvest Foodbanks.

The Ohio Benefit Bank provides access to more than 20 work support programs and other services through sites operated by over 1,200 community and faith-based organizations with over 5,000 trained counselors in all of Ohio's 88 counties. At community sites, low- and moderate-income residents can access an online Quick Check application to estimate program eligibility. A volunteer counselor is available to assist with the process. The client provides an electronic signature with the completed application and submits it via Ohio's new E-Gateway (electronic system that replaced overnight transfer of paper applications earlier this year) to the local County Department of Job and Family Service (CDJFS) office. The client also receives a hard copy and a set of instructions to take to the local office to finish the application process. County workers assist potential clients in completing the intake process for the program(s) for which they may be eligible.

In the first four years of operation, 164,000 individuals were referred to services through OBB. The system does not have the capacity to track the outcome of these referrals, but a study conducted by Ohio University reports very promising results. Half of survey respondents indicated it is likely that they would not have applied for benefits without the services of the OBB. Within a month of submitting the electronic application, almost half of the applicants had gone to CDJFS to complete the process of applying for services. Of these individuals, almost three-quarters were approved for benefits within two months of the initial application.¹⁹

Several measures are in place to assist those who may become discouraged in applying for benefits if they encounter problems. Across the state, the AmeriCorp VISTA program provides regional coordinators to help establish OBB sites and train site coordinators and volunteer counselors. In addition to assisting with the initial Quick Check application, they may also assist clients if they have difficulties fulfilling the requirements to complete the application process. In some areas, staff at community action agencies are also prepared to assist applicants with follow through. In Franklin County, home to the city of Columbus, a pilot has

¹⁹ *A Study on the Impact of The Ohio Benefit Bank: Full Summary Report*, Voinovich School of Leadership and Public Affairs, Ohio University, September 2010.

been initiated so that upon electronic receipt of the common application a CDJFS worker conducts a phone interview to inform the potential client what documents should be brought to the appointment at the CDJFS office to aid the intake process for specific programs.

As The Ohio Benefit Bank continues to evolve, the Ohio Association of Second Harvest Foodbanks has targeted several areas for improvement and expansion. In the future, there will be the capacity to electronically submit supporting documents to reduce the burden on clients and CDJFS caseworkers. Unemployment Compensation, Veterans Benefits and other education and training programs will be incorporated into the OBB to better assist returning veterans and laid-off workers. There are also plans for OBB to serve as a liaison for information and services related to health care reform.²⁰

LISC/Chicago Center for Working Families

In Chicago, 12 community-based organizations have joined together to form Centers for Working Families (CWF) intended to increase financial stability among low-income residents in their neighborhoods. Pioneered by the Annie E. Casey Foundation and now supported by other major funders, the CWF model offers an innovative framework to help residents secure employment, advance in their jobs, and build assets through savings and homeownership. The CWF concept has been piloted in seven metropolitan areas across the country.

The CWF approach brings together – or bundles – access to a full range of essential economic supports in a convenient location to help families build self-sufficiency, stabilize their finances, and move ahead. CWFs make it easier for families to tap into all of the services and supports for which they qualify, filling in the gaps and helping them weather unexpected setbacks. CWFs are integrated into trusted community organizations and institutions and work with families on a long-term basis, providing supports to them as their needs change. Consumers usually arrive at a center seeking any one of the three core service elements in the CWF framework:

- Workforce and career services to produce quality jobs with benefits
- Access to publicly available resources such as cash benefits, child care subsidies, and the EITC and other tax credits.
- Financial services and products geared to community and individual needs.

The CWF framework calls for partnerships that help ensure services and supports are delivered seamlessly to families, even when they are referred to other community resources. Technology and innovative case management and coaching techniques help to ensure that families receive services in an effective and efficient way. Efforts to achieve sustainability rely on a combination of public and private resources, as well as through fees for service and partnerships with financial institutions.

In Chicago, the network of neighborhood CWFs have found that potential consumers typically come seeking employment training and that provides a platform to link them to financial

²⁰ ibid

education and income supports through one-on-one counseling. The Employment Case Manager works intensely with the participant until they get into a training program or stabilized in quality employment, focusing not just on job placement, but rather on economic well-being. Financial education counseling is provided by someone from the financial sector. An AmeriCorp worker assists participants in accessing income support benefit and continues to be available to assist the participant until they have successfully acquired desired benefits or are no longer eligible. In 2010, 4,000 individuals were counseled on benefits with over three-quarters pursuing eligibility, resulting in 1,500 families accessing over 2,000 benefits. Overall indicators of success are increased net income and net worth along with increased credit scores and debt to credit ratios.²¹

The CWF programs in New York City have found that clients often need to hear about benefits and financial service opportunities three or four times before they actually access these services; thereby requiring ongoing interactions between case managers and clients. In the case of clients who have a history of negative experiences with government agencies, providing accurate information about benefit availability, eligibility requirements, and application procedures is essential.²²

²¹ Phone interview with Ricki Lowitz, LISC/Chicago Centers for Working Families, 2/28/11

²² CWF Earn-Benefits Evaluation/Learning Paper – December 2005.