Community Action Access Points (CAAPs)

Replication Guide

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I. INTRODUCTION

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. MASSCAP's mission is to enable the 24 member Community Action Agencies operating in Massachusetts to pursue their common mission more effectively: to help low-income and working families achieve self-sufficiency through the provision of basic support services, education services, advocacy, and locally based collaborations.

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.

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), 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 replication guide presents the primary elements of the CAAPs model as it has been collectively implemented at the three pilot sites. Much of the information provided in the following pages is taken from the report entitled: “Community Action Access Points (CAAPs), An Exemplary Practice in Benefits Enrollment Coordination and Service Integration, November 2011.” Please see MASSCAP’s website for a copy of the full report, at www.masscap.org.

II. THE NEED

The impetus for launching the Community Action Access Points (CAAPs) system in Massachusetts 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), CSGB 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).

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.

The silos that exist within the CAA network reflect the silos that exist within the state and federal public benefits funding system. For example, Temporary Assistance to Needy Families (TANF) workers who have focused on helping move clients into jobs, often find that in addition to needing basic job skills their clients may face substance abuse, domestic violence or mental health issues that interfere with successfully obtaining and keeping a job. Child welfare workers are increasingly recognizing that in addition to mental health, substance abuse and domestic violence challenges, their clients frequently need economic supports and assistance to more effectively manage their lives and provide adequate care for their children. In order to access state or federal benefits they need, families must often go to multiple locations and interact with a range of rules and regulations and a variety of caseworkers and case plans. Some caseworkers may have inconsistent expectations. Obligations in different case plans or programs may conflict. In addition, public benefits agencies often face limitations (actual or perceived) on the type of services they can fund. The fragmentation and complexity of such service delivery makes it extremely difficult, if not impossible, for many families to obtain the services they need. Ironically, the most vulnerable families, those who need the most help, are the least likely to be able to navigate such a complex, fragmented system. Thus, a number of states and localities have begun experimenting with ways to provide a more family-centered, seamless service delivery system, a system that offers a broad continuum of services and tailors services to the strengths and needs of individual families. The goal is generally to provide services and supports to families to help them move towards greater independence while promoting the health and well-being of all family members. The service array is intended to focus not only on immediate, crisis needs of families, but also to provide prevention and early intervention services that help families avoid reaching a crisis.

III. WHAT IS 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.
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.

V. EFFECTIVE REPLICATION

Research shows that managing replication is an art and, if done well, can lead to continuous quality improvement. A successful replication requires strict commitment, leadership, and sound planning. Implementing a well-designed replication plan will result in:

- substantial professional growth for participating staff members,
- clients/customers achieving higher levels of success,
- increased staff capacity to address higher levels of client needs.

Over the years, a system for guiding the replication process, “Steps to Replication Management (STRM)”, was designed to help systematize and coordinate the efforts of those involved in transferring educational success. The STRM stages are described below and can be used as a guide for replication in many systems or programs, including the CAAPs model;

STAGE 1: Identify Needs

STAGE 2: Match Need(s) with Research--based Program(s)

STAGE 3: Decide to Replicate

STAGE 4: Plan for the Replication

STAGE 5: Provide Professional Development

STAGE 6: New Program is Implemented, Technical Assistance Provided, and Evaluation is Considered.

STAGE 7: Continue and/or Expand the New Program

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1 For a copy of the full Sharing Success Guide for Replication, visit http://www.sharingsuccess.org/code/replication.pdf
V. FINDINGS OF THE CAAPs EXEMPLARY PRACTICES REVIEW

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. 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.

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. 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.”

The following page is a graphic depiction of the CAAPs process.
CAAPs Process for Individuals and Families

Client contacts agency seeking service(s).

Staff who does intake for program opens client file and also conducts pre-assessment.

If no other service needs are indicated, client is enrolled in single service which may include case management.

If more service needs are indicated, client is further engaged for:

- Client to initiate contact for other services or for program staff to initiate contact with the client.
- Case manager to conduct full assessment and help client set goals and access other services.
- Client Service Specialist to help client identify needs and access other services.

Client enrolls in all services for which eligible.

Client found ineligible or decides not to pursue some services at this time.

Outcomes of all referrals are recorded in client file and progress tracked with follow-up, when necessary.
VI.  LAYING THE GROUNDWORK FOR CAAPS

Organizational Change

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. 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.

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.

In order to replicate the CAAPs process, the Community Action Agency leadership should:

- be highly committed to devoting the time and patience to build receptivity to agency change;
- be prepared to identify necessary implementation stages and see through the process;
- determine and communicate the need for the change

Gaining Buy-In

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 need to see how clients would be better served without being restrained by the funding sources. Agency and program leadership should be highly committed to devoting the time and patience to build receptivity to agency change and be prepared to identify necessary implementation stages and see through the process.

In order to replicate the CAAPs process, the agency leadership should:

- Gain early buy-in: Articulate the vision at the start of the process and seek input from staff and Board members on how to achieve it.
Form an agency implementation team that includes senior managers to identify staff training and resource needs and problem solve.

VII. INITIATING THE CAAPs MODEL

Service Integration Team

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.

In order to replicate the CAAPs process, the agency leadership should:

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

Staffing

The CAAPs flow chart on page 10 depicts the process in which a client experiences when seeking and receiving services at a pilot agency. If we follow the process, several positions emerge, including Intake Worker, Case Manager and Client Service Specialist. While each pilot site configured their CAAPs staffing slightly differently, the fundamental duties associated with the model were consistent. Section IX presents the training that was conducted with staff to implement the new process. Job descriptions for the three positions can be found in Appendices B - D.

VIII. DEVELOPING NEW TOOLS AND PROCESSES

Consumer-centered Intake Process: The typical Community Action intake and assessment process, created by a siloed system of funding and reporting requirements, has been fragmented into multiple procedures, creating confusion, frustration and duplication for
Massachusetts’ low-income residents. In the CAAPs model, intake is not treated simply as a clerical function to collect data, but is mindful that this may be a client’s first face-to-face encounter with the agency. 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 authentically assessing the needs of vulnerable individuals and families. 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.

Developing a common tool was key to identifying the needs of clients at the intake process. The pre-assessment tool is integrated into the client intake process to identify client eligibility for all internal and external programs and flags areas for further exploration of need. (See Appendix A for the Client Pre-assessment Tool template).

In order to replicate the CAAPs model, a client-centered process should be implemented which includes the following elements:

- **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 coaches the client if barriers are encountered.
The Right Software

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 CAAPs pilot agencies came to different conclusions as to which software program best suited their needs. MOC and QCAP chose ClientTrack for their agencies. 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.

In order to replicate the CAAPs model, Community Action Agencies should:

Research and experiment the right software programs to meet the specialized needs of each site.

IX. STAFF TRAINING

As suggested by effective change management theory, the Executive Directors of the pilot CAAPs agencies 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. Staff training was implemented to increase knowledge of all agency services, introduce the pre-assessment tools and referral systems, and improve interviewing and case management skills.

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. Subsequent all-staff training days were devoted to providing good customer service training and learning how to negotiate internal and external service referrals.

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.

All front line staff was 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.

Last, but not least, staff received technical training to introduce them to the new software assessment tools and provided ongoing support ensuring the continued use as intended.

In order to replicate the CAAPs model, Community Action Agencies should provide staff training that:

- Builds interviewing and customer service skills and expands knowledge of agency services, makes staff more proficient in assessing needs and making appropriate referrals.
- Provides technical training that introduces staff to the new software assessment tools.
- Provides ongoing training support to ensure that new staff learns the process as well as to provide continuous quality improvement for all staff.

X. SERVICE INTEGRATION AND COORDINATION

All three CAAPs pilot 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. In addition, work groups with participants from all three CAAPs sites developed the pre-assessment questions and intake and case management protocols.

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 is committed to a holistic approach to services to ensure that critical client needs are met to better aid clients in obtaining self-sufficiency.
XI. RESEARCH AND OTHER APPROACHES

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.²

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 is also prepared to assist applicants with follow through. In Franklin County, home to the city of Columbus, a pilot has 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.³

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 education and income supports through one-on-one counseling. The Employment Case

³ ibid
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.4

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.5

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

Sample of ClientTrack/Octopia Pre-Assessment Form

The following questions will help us identify how we can best help you. Depending upon your needs, we may be able to provide additional services or refer you to a different agency for assistance. In some cases, there may not yet be services in place to help you, but your answers to these questions will help us develop those critical services in the future. Thank you for sharing this information with us.

1. Number of adults:  
   Number of children:  
   Age(s) of children:  

2. Are you pregnant?  

3. Are you behind in any of your bills?  

4. Do you have a job?  
   Are you retired or disabled?  

5. Would you be interested in gaining new job skills?  

6. Do you want help finding a job?  

7. Would you like help to improve your English writing/reading/speaking skills?  

8. Education level:  
   O  GED  
   O  HSD  
   O  Some College  
   O  Certificate  
   O  Assoc. Degree  
   O  Bachelor’s Degree  
   O  None of the above  

9. Housing Status:  
   O  Rent  
   O  Rent with subsidy  
   O  Own  
   O  In shelter  
   O  Other  
   O  Live with friends/family  
   O  Homeless & in car or on street  

10. Are you currently behind on your rent/mortgage?  

11. Are you currently behind in your heating or utility bills?  

12. Do you have a termination notice or are you without utilities?  

13. Do you think your housing poses a health risk?  

14. Is transportation a problem for you and your family?
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 B

DIRECTOR OF CLIENT SERVICES/PLANNING COORDINATOR
JOB DESCRIPTION

Basic Function: Oversee internal operations related to client services in accordance with agency’s contractual requirements, mission, internal policies and procedures under general direction of Associate Director. Assist Associate Director in planning, resource development and compliance for the agency. Serve as compliance officer.

1. Oversee the Agency’s Integrated Service Delivery System, CAAPs (Community Action Access Points), by directing the implementation within Agency’s programs of common intake, assessment, referral and case management procedures.
2. Develop appropriate training to successfully implement #1.
3. Provide Division and Program Directors guidance in the design of program service delivery systems that conform with the Agency’s integrated service delivery system.
4. Supervise the Agency’s Housing and Community Services (HCS) staff and manage HCS programs and services.
5. Assist divisions in grant writing for existing programs and new Agency initiatives.
6. Research information and statistics in relation to planning and development functions.
7. Assist Executive Director and Associate Director in developing and monitoring strategic plan for the Agency.
8. Assist Director of Administration and Finance in coordinating program reporting and contract compliance for Agency programs.
9. Any other duties deemed necessary

Qualifications:

1. Bachelors Degree in Business Administration or related human service management degree.
2. Five years of experience in not for profits, including minimum of three years experience in a responsible management position that includes supervisory experience.
3. Ability to develop operating systems and assure agency contract compliance.
4. Excellent communication, writing and computer skills
5. Ability to conduct research and policy analysis.
6. Demonstrated ability in strategic planning, resource development and grant writing
7. Commitment to working on behalf of low and moderate income clients.
APPENDIX C

CLIENT SERVICES COORDINATOR
JOB DESCRIPTION

JOB SUMMARY: Responsible for overseeing process and conducting intakes, pre-assessments and internal and external referrals utilizing the CAAPs procedures.

DUTIES:

1. Oversee intake and pre-assessment process throughout the agency.
2. Complete intake and pre-assessment process on all potential clients, utilizing the CAAPS procedures.
3. Provide internal and external referrals to assist the client in obtaining appropriate services relative to their needs.
4. Schedule full assessment appointments with case managers for all clients as needed.
5. Complete applications for MOC programs and other programs as appropriate. Provide online intake as appropriate.
6. Maintain an up-to-date area resource guide, utilizing the CAAPs pre-assessment referral key.
7. Gather resources concerning available social services, education, training, jobs, and housing.
8. Attend appropriate training’s as needed.
9. Responsible for adhering to the CAAPs pre-assessment policies and procedures.
10. Other duties as assigned.

QUALIFICATIONS:

1. Associates Degree, or two years college in related field or three years experience in related field.
2. Effective interpersonal and communication skills.
3. Proficient with Microsoft Office.
4. Good organizational skills
5. Knowledge of social services delivery system desired.
6. Ability to work well under pressure and prioritize assignments.
7. Bilingual (English/Spanish) preferred.
APPENDIX D

CLIENT SERVICE SPECIALIST
JOB DESCRIPTION

JOB SUMMARY: Responsible for conducting intakes, pre-assessments and internal and external referrals utilizing the CAAPs procedures.

DUTIES:

11. Complete intake and pre-assessment process on all potential clients, utilizing the CAAPS procedures.
12. Provide internal and external referrals to assist the client in obtaining appropriate services relative to their needs.
13. Schedule full assessment appointments with case managers for all clients as needed.
14. Complete applications for MOC programs and other programs as appropriate. Provide online intake as appropriate.
15. Gather resources concerning available social services, education, training, jobs, and housing.
16. Attend appropriate training's as needed.
17. Responsible for adhering to the CAAPS pre-assessment policies and procedures.
18. Other duties as assigned.

QUALIFICATIONS:

8. Associates Degree, or two years college in related field or three years experience in related field.
9. Effective interpersonal and communication skills.
11. Good organizational skills
12. Knowledge of social services delivery system desired.
13. Ability to work well under pressure and prioritize assignments.
14. Bilingual (English/Spanish) preferred.