

**Exploring New Frontiers for Workforce Development programs**  
**Notes from August 8<sup>th</sup> and 9<sup>th</sup> Meeting**

**Day One: 8/8/13**

Initial reactions from video on Building Adult Capabilities

- Can't start over. How do we incorporate new ideas into what we are already doing?
- What we've been doing for families with the most barriers doesn't often work. Is EF the missing piece? Encourage caution and rigorous study of these ideas.
- What about scalability in high volume programs
- What if adults are not ready for intensive coaching?
- This gives credence to what we do
- What are the implications for Workforce Development programs?
- ACF - Eager to support applied research in this area

## **Brain Development and Executive Functioning**

### Dale Farran – EF

- Connections between axon and dendrite get myelinated over time as they continue to get used. Synapses are important too.
- Brain continues to form after birth: Neurons develop until 18 months. Explosion of synapses genesis after birth and at puberty. Some connections not stimulated will die. “Blooming” and “Pruning”
- Use it or lose it!
- Start learning in utero
- Two types of connections in response to experience – experience-expectant synaptogenesis or experience-dependent synaptogenesis. Novel experiences require a lot of brain activity
- There are windows of opportunity and plasticity decreases over time
- Frontal lobe section of brain that controls most of EF
- Limbic system – a group of interconnected structures that mediate emotions, learning and memory. This is what gets affected by toxic stress
- Judgment last to develop
- Caregiving environment can help to serve as a buffer or exacerbate early childhood stress, but not always clear how.
- Nurturance more important than stimulation for adolescence learning
- Learning has to be consistent and more intense at a later age (e.g., to learn French at later ages, we would have to be dropped in Paris and speak no other language)
- The emotional basis of learning must change when looking at later learning
- Self-regulation/executive function – needed for successful lifetime learning
- Executive functions can be trained

### Paul Rubenstein

- Disconnect between thinking and doing
- What vs. how – the “how” is the executive functioning
- Interventions are directed at the clients, but it’s the workers that need the intervention – society has changed; we now have more personal solutions rather than community solutions; we need to change environments to maximize functioning
- Need to be aware and understand the needs of the clients. The environment needs to change
- Have to practice behaviors
- Those with EF deficiencies are perceived to not be paying attention or misbehaving
- Emotional regulation - Need to practice; social environments provide the connection between what you know and what you need to know.
- Social cognitive functioning - Nonverbal cues, peer relationships, perspective taking, empathy.
- Need to building resilience

## Questions/Discussion

### **The role of age**

- Confused about the role of age. How much can you really do with adults?  
Is there any experimental evidence on how to change any of these things for youth and adults?
- Becoming increasingly aware of the plasticity of the brain as we age. The brain responds to the environment we're in. I don't know how to make an individual change without changing the environment (Moving to Opportunity). The circumstance of the change doesn't come from the individual
- I wonder if the answer is not about plasticity than about accommodation.
- Learning causes a change in the brain. The capacity to learn things can keep taking place. Novel situations require a lot of brain activity so if you are working with a population with significant barriers the learning that takes place is inefficient to overcome all those barriers. Protective factors like economic stability can make the difference between a person overcoming EF deficiencies or not
- Research showing we can train the brain. We have cognitively based intervention businesses for adults and the elderly. Intensive coaching can help adults though the evidence is not as strong as with kids, but there have to be opportunities for continued development
- There is a small amount of evidence that stimulation can change the aging brain even though there might be ambivalence on the age. The evidence is changing so rapidly. Funders have the issue on which population to fund services for. I think science is telling us we can work with adults

### **Strategies/Techniques**

- Universal design for learning - provide greatest utility for people. A lot of the thinking has been applied at Harvard. Connect neuroscience with changes in environment. Multiple times and means of engagement. Can we use technology to mediate a lot of this? It is not about retrofitting, but building flexible environments.
- We also have evidence from the Building Nebraska Families project which taught life skills to families in their homes. What we saw in that project for people with the most significant employment barriers was significant increases in steady employment which eventually led to higher earnings and better jobs. We have evidence from our workforce world in a randomized control trial that building these skills significantly improves employment outcomes
- There seem to be techniques and tools that seem to align with each other and more that being developed. Can those be transferred for use in the work place?
- Yes particularly in the parenting frame. Don't know about work place
- Personal and situational intervention. Sometimes there are inadvertent practices that affect metacognition. Need to see the way we are behaving towards people that make them appear non-compliant
- Not doing a lot of this in workforce development.
- Some tools to assess EF in kids and some have been adapted for adults. Not clear if they all work the same or what would work best in practice
- Having strong EF vs EF deficiency? Marshmallow study out of Stanford. People who may have EF deficiencies are actually acting in rational ways for their environment and experience but may not be socially acceptable.

- What I like about the more detailed list than the summary list of EF is that you can see where we and others have skills in certain areas and how people in poverty are very skilled at making money stretch.
- Can we examine practices that don't allow use of meta-cognition skills ( i.e. all appointments at 9AM for poor people.) Are we allowing/helping them to develop these skills?
- How can we plan job search programs to build EF skills?
- Do we accommodate or remediate?

### **Assessment**

- How difficult is it to assess the problems that exist for someone? How much do these problems correlate with each other?
- High differentiation in types of EF, everyone has different levels of capacity
- Tools are available to determine EF - "The Brief" for adults. Asking people how organized they feel, in control in their lives.

### **The Importance of Environment**

- There is high differentiation of EF configuration of capacities. There appears to be consistency around EF and childhood experience of poverty, stress, and trauma. The relationship between parts of the brain behave different for those who have experienced poverty etc.
- Some data on language of parents in poverty is more directive not an independent actor. Families then want to be directed instead of finding out individual wants for themselves. It's what their brains have been trained to do.
- Swamping/high jack - more emotion around stimuli in environment. Used to responding to the environment and not directing the environment. Being a powerful agent for ourselves - What do you want to be/go? - doesn't happen. Type of parenting - directive vs. asking.

## **Building Nebraska Families – Marilyn Fox**

### **Project Results**

- BNF had impacts on steady employment, employment in higher wage jobs and jobs with benefits and earnings for hardest to employ, but not on the full sample
- Most significant impacts on those most challenged on TANF
- Impacts: Ever employed: 29.3 to 45.9 ever employed. Quite high across multiple areas.
- Delayed impacts - saw much higher impacts over time

### **Project Design**

- Asked: How are we going to address the hard-to-employ TANF recipients?
- Home visitation model. Weren't there to teach job skills, were there to teach life skills. Thought life skills training would transfer into the workplace and help recipients overcome their challenges.
- Services provided by Masters-level workers from the University of Nebraska at Lincoln. Used Extension educators.
- Went in with a clean slate, didn't know what they would be doing.
- Caseload size: 12-18 participants per educator.
- Clients lived in rural areas and were visited for one hour per week. Sometimes educators stayed longer, depending on the clients' needs.
- In-home services helped them to individualize the program for each client and see where clients were coming from. Environments that families live in plays a great role in how well they are able to learn, get a job, or follow through on things.
- Workers thought it was important to include spouses/significant others and children.
- They offered group sessions with other groups that were working with the families but felt they were not as successful in the group sessions.
- Developed curriculum based on what the clients wanted, said they needed:
  1. Personal improvement
  2. Family life
  3. Practical life skills.
- This program was very client/participant-based – participants did the activities, not the workers
- When first went into home, did an assessment with clients.
- In making it participant-driven, would ask the client what they wanted to learn about first and would give them a list of the lessons. Parenting usually came out at the very top. So they would start with parenting. What clients didn't know is that they were actually starting in goal setting. They would ask them, what do you want to learn about parenting and they set goals. They followed through with those goals consistently, would start each visit with revisiting the goals.
- It was not only interactive but was very hands-on.
- Helped clients with organizing their lives.

- Were community-based. Partnered with other agencies. Found places in the community where clients could volunteer. Would suggest that parents sat in their children's classroom as a volunteer.
- The program came from a family strengths model.
- Workers mentored participants. Didn't have a formal mentoring/coaching program but would try to show clients the positive behaviors. Educators understood the basics of coaching (e.g., had a participant with a screen door that was ripped. When dog from next door came bounding through the door, the client was going to go confront the neighbor. The educator stopped the client and talked to her about how to handle the situation differently.).
- Curriculum available – Hard copy for \$35. CD = \$20.
- Program ended/too expensive.
- Money management and parenting were the primary areas of focus based on parent requests.
- Techniques used include: Modeling of behavior, scaffolding, teaching, practice, goal setting.

## **Financial Coaching Demonstration**

(Some materials from Financial Coaching Experience are included in Readings)

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### **What is coaching?**

- Structured conversation,
- Assumes people are naturally resourceful
- The coachee directs what is done
- Coaching is strength-based.

Competencies

Outcomes

Action

CHecking

## **BETH BABCOCK: Thoughts on Using Executive Functioning Lens to Improved Family Stability and Economic Mobility Outcomes**

### **Background**

- What is CWU?
  - Designed to help very low income women and families reach economic independence without requiring safety net subsidies.
  - Built on an action-tank model. Is growing rapidly. They house 400 homeless families per year.
  - Mobility Mentoring: are employing within their program structure. 1,400 individuals served per year.
- Families they serve are very challenged. Most have:
  - homelessness history
  - very low-incomes
  - 78% have high school education or less
  - 96% of families are headed by a single parent.
- Their families have experienced significant poverty and trauma:
  - Most are or have been homeless.
  - 40% have a major mental illnesses
  - 43% report history of abuse, trauma, or violence.
  - 35% report a physical, cognitive, or mental health disability that serves as a barrier to work or school.
  - 50% have at least one child diagnosed with special needs.
- Their work tries to create a programmatic framework that allows families to make the changes that they want to make.
- Who we are is a result of our environment and our genes. Human beings adapt to their environments. We are equipped based on our experience. If we are in a set of circumstances growing up where there is a lot of stress, unpredictability, crisis, then we become experienced at reacting, focusing on battling immediate problems, trying to follow what people say we need to be doing.
- What they find with families they work with is that there is significant, or relatively predictable behaviors and thinking that influence how they interact with each other, staff, how they respond to learning or training circumstances, in particular around reacting to stress or potential threat, lots of stimulation or snap judgments and less expectations that doing things over time lead to big things down the road and problems over thinking about multiple options.

## Approach

- Fundamental components of mobility mentoring:
- Mobility Mentoring Framework:
  - Bridge to Self Sufficiency scaffolding
  - Clear goal-setting and outcomes measurement - Must be very CLEAR - goals, how to get there.
  - Tangible rewards
  - EF skill-building coaching
  - Peer support and leveraging social networks
- Everything needs to be very, very clear: what do you want?
- What steps are going to get you there?
- How far do you want to go? Everything needs to be crystal clear.
- Scaffolding/Rules/Tools: multiple approaches to conveying information: auditory, pictures, putting things in writing.
- Building the curb cuts that enable people to be more likely to succeed.
- What are the ramifications of achieving things?
  - Multiple types of rewards because people are motivated by different things.
- Take clients wherever they are, whatever configuration they present to them.
- They look at the bridge and ask them where they think they are and where they want to go. Is executive function processing.
- They provide services on three levels which play out in various ways:
  - Level 1: Drop-in, light engagement: creating very near-term goals – caseload size 60-100 to 1 (Average cost of \$1000 per person)
  - Level 2: deploy these services in their drop-in center sites but also in supported housing locations where they are working with families over longer time, at a minimum 18 months; caseload size: (Average cost of \$3000 per person)
  - Level 3: families have to apply to be part of a five-year plus process where they are moving from an \$11K per year income to a \$50K income with \$10K in the bank in savings; caseload size: 1 to 20 (average cost of \$10,000 per person per year with 40% going to tangible rewards (i.e., incentives and savings match) and 60% to the costs of operating the program)
- A crucial element: once you catalyze agency, you want to keep it going. Want to build up the momentum that keeps people moving as far as they want, based on their own interest and desires.
- Can't coach behavioral change in light touch model; needs to be intensive and long-term
- Are working with over 400 families; have been doing it for four years; have no randomized control trials; are very much learning from all this, these are not proven strategies; have a framework that they believe is showing some good results that they are learning from.
  - Sample sizes:
    - Level 1: 260 families
    - Level 3: 44 families.

- Another 25 families are from another agency. Level 2 families are in between Level 1 and Level 3.
- Key framing that is suggested by executive function science:
  - These are organizationally, “agency-challenged” families. Low threshold, meet families where they are, doing things on a community-basis. Want to bust silos. If you look at any silo-busting with programs, you get better outcomes. Multiple bus stops, logistical problems, all that suggests that the families are time-challenged, if they make a mistake, they don’t have extra time or effort to try again, don’t want to make them navigate all the rules. In UK or Canada, if you become homeless, you get a bundle of services: housing, childcare, and money.
  - Are doing client-directed engagement and eligibility. If they keep helping themselves, they will keep working with them.
- Want to be thinking of ways to foster agency, program models that help people think about what do I want and how do I want it.
- If people make a choice about what they want and are given choice, the outcomes are better.
- Resources are scaled to client engagement.
- Having clients get to the place where they are not only thinking about what they want but are leading, are directing their own content, choosing their own curriculum and shaping it, leading their own work groups. Creates ownership of the pathway forward.
- Can’t coach everybody. Want to create frameworks where the expectations and rules are understood both verbally and in writing. We are lousy about checking on progress and reinforcing/rewarding it.
- Goals contracts are set by clients, in writing. Incentives are in writing. Assessments are done by the client and are in writing.
- We don’t give rewards. Our families obtain their rewards.
- The goals need to be reasonable, clear, time-specified, and measurable. Is critical. The evaluation and reward processes need to be codified. Can’t expect clients to achieve outcomes if they are not allied.
- Need to be aligned at top of organization down to individual levels for clients.
  - Goals frameworks: SMART goals, clear and frequent goals evaluation, clear and frequent goals rewards, outcomes aligned accountability - org/prog/mentor/mentee.
  - We are measuring our families on the same things as our programs are evaluated. Alignment of expectations of everyone in an organization is part of

the clear scaffolding or framework. If you can't measure it for the client, then you can't measure it for an organization either.

- Start with: "What do you want? What areas of the bridge do you want to work on first?"
- From beginning, are asking serve-and-return questions. Creating frameworks where those questions are asked from the beginning, starting to get people thinking about Plan B and what are the other alternatives. Need to build it into program design. Can start coaching even in drop in settings. Catalyzes deeper engagement.
- Building social skills: now/future framework.
- Client-directed programming and leadership: need to stop thinking of ourselves as the actors or purveyors but shift to think of ourselves as the partners. Can tell when you've succeeded when the clients don't want you anymore.
- Promotion of client advocacy: volunteering, promotion of social networking.
- Mobility mentors are Masters trained or Bachelors training with a lot of work experience. Cultural competency - 13 weeks of training for each staff. Entire agency is trained in the mobility mentoring model - even shelter workers, need to know the framework. Kitchen workers, facility staff etc. are all trained. Training is completed by senior staff.

### **Early Results**

- 60% of Level 1 mobility mentoring participants were in school and/or working within six months of "Bridging."
- In CFO, their heavy lift program that is bringing families to economic independence, 80% of families have achieved an associates degree or higher. 27% have a BA or higher.
- 10% of CFOs have purchased their own homes.
- Have set high child-related goals.

## **MOMS Partnership – Megan Smith**

### **Background/Project Theory of Change**

- Project targets EF and Mental health on an individual and community level; also have plans to include workforce development – EF intersects with both Mental Health and
- Effects of depression start in utero and go from there. Many school readiness factors are impacted by mental health as well.
- PTSD and rates of trauma and depression: Clients have a history of early childhood trauma or currently have trauma in their lives. Doesn't allow parents a space to interact with children in a way that they would like.
- Target population: wide range of African American and Latina pregnant and parenting women; majority of mothers are 18-24. Older mothers are in early 40s who are grandparents raising grandchildren.
- Are thinking too about paternal mental health and how that impacts children.
- 40 - 60% of low-income mothers have at least depressive symptoms or depression
- There is a link between EF and Mental Illness – there is a reduction in EF when greater symptoms of Depression but we don't know what causes the link
- Inhibitory control is a trait marker of major depressive disorder;
- Verbal learning, memory, attentional processes etc. associated with severity of depression
- Unclear if EF is product or cause of depression; just know they are associated.
- Features of depressed mothers include: excessive rumination (overloads frontal lobe), abstraction ability, memory problems
- No fundamental deficit but decreased capacity
- Mapped data around New Haven with regard to social isolation, emotional health needs, and other factors.
- Believe building EF skills in mothers will help with parenting
- Asked mothers about own goals – target was hard-to-reach families, many of whom were not connected to services
- Goals of mothers
  - Securing stable employment
  - Making my child proud (I am the voice for my child. I am my child's inspiration. When you don't care of yourself, you don't take care of your child.).

### **Project Approach**

- What happens when you combine mental health interventions with workforce development structures – hoping to get more bang for the buck
- 2 generational theory of change – increase parents' capacity will have an impact on their children
- Is client-driven where target population are equal partners.
- New Haven Moms Partnership: cognitive behavioral therapy intervention, delivered in the community where people live
  - Big part of CBT is teaching EF skills

- Community Mental Health Ambassadors; are hired because they live in New Haven and are mothers -- have a unique understanding of experience language and or culture of low-income mothers.
- Goal is to train a citywide cohort of ambassadors
- Community Mental Health Ambassadors – talk about stress management, not mental health therapy
  - Trained in stress management 101
  - Use a manualized curriculum
- Use Cogstate to measure EF – works for this group of women because it is game-based – most mothers are at a 6<sup>th</sup> or 7<sup>th</sup> grade literacy level
- Placing services in community where families live work learn and play – e.g., placed services in the grocery stores – working with Stop & Shop to build out space for a mental health and workforce program
- Mom’s stress management course - cognitive behavioral therapy intervention – most effective treatment for depression;
  - provided to mothers in public housing; partnership with housing authority in the city
  - any mom can participate; includes pleasant activity scheduling, interpersonal skills training
  - moms are encouraged to shape aspects of their reality to reduce risk and severity of depressive symptoms
    - group therapy
    - PhD or master level clinician and ambassador
    - pleasant activity
    - skills building (identify negative thoughts)
    - Provide incentives (WalMart gift cards for completing the sessions)
    - 2 sessions per week over 8 weeks
- Reciprocal determinism -- we both shape our environment and are shaped by our environment; connecting what we know with what we need to know
- Trying to move toward a bundled payment model
- Developed iphone app – Momba-- to engage young moms
  - 78% use mbile phone/apps
  - Use to build social networks that leads to better health
  - Use behavioral economics – provide incentives through the app for engaging/completing challenges
  - Incentive system is a token system; tokens can be used to earn Walmart gift card
  - Through assessment seeing significant increases in inhibitory control.

### **Early Results**

- Seeing reductions in symptoms, but don’t expect Moms to be symptom-free
- Looking at functioning/intermediate outcomes
- CBT shows outcomes to 18 months

### **Questions and Discussion**

- What will be provided in the grocery store?: we will provide CBT in grocery store. Trying to get license so Medicaid will reimburse. Wanting to integrate workforce development and mental health services and more intensive services for mother and child in supermarket. It will be a

drop-in setting. Thinking about bundle payment of basic needs. Discussed with DSS for moms to get credit for working in the intervention

- Level of assessment?: Assess all levels of mental illness
- Are there deficiencies in certain EF areas more associated with depression?: Research finding depression is similar to dementia. Working memory and inhibitory control closely associated with depression
- Level of commitment to outcome?: Community Mental Health Ambassadors peer relationship sends the message that this is a safe intervention. Discuss universality of stress not mental illness – this is an entry point to further intervention. CBT is 8 weeks but now that completion rate is so high there is a question of what's next. Training moms on how to facilitate conversations with other mothers in neighborhood.
- Working with state to bundle payments?: Wanted to originally get workforce dev, mental health, and basic needs. Diapers example to show that WIC, TANF are not enough to cover diapers and then to leave child at day care. Want to include diapers and prenatal care in bundle.
- Community building and mobile app? How to continue to engage?: MOMBA(?) app to help build social networks. Giving moms iphones and data plans for free.
- Incentives?: originally centered around diapers; now it is with Walmart gift cards \$50 for intake, \$40 for classes additional, \$20 for each class. Tokens to social meet-ups. Some tokens for activities worth more like registering to vote.
- What's behind expectations of success for a 16 week program?: tracking functioning and seeing promising results around intermediate variables.
- Are people engaged in substance of program or in it for incentives?: good qualitative information around the courses and the social networks.
- Is the workforce piece in bundle conventional?: thinking about sequencing and choose from a menu of options after engaging with CBT
- Funding?: Office of women's health grant, NIH, DPH title 5 funding; working out Medicaid funding
- What's next?: Moms in program can be certified and trained as a Community Mental Health Ambassadors; social networks, additional mental health services, hubs – resource centers
- In CBT courses is there any attention to workforce development?: depends on individual's goals
- Hub?: looked at census tracts for hubs

## **Personal Empowerment -- Twin Cities RISE! – Keith Simons**

### **Background**

- Twin Cities Rise! is well-known its Personal Empowerment program. The focus on cognitive restructuring and personal empowerment permeates the organization – all staff go through the personal empowerment program as do all participants.
- The program emphasizes getting participants into higher-paying jobs by preparing them for jobs in two fields: (1) office support and (2) operations.
- Coaching happens in two phases: first with a “foundational coach” (usually takes about 30-40 weeks, until they are ready to look for employment) and then with a “career coach” who works with participants through 2 years on-the-job.
- The program is structured around a curriculum that is delivered in five 10-week sessions. The program and participant revisit their mutual accountability at the end of each 10 week session (see accountability planning tool).
- The program uses incentives to keep participants motivated.

### **Personal Empowerment**

- A hallmark of the personal empowerment program is its focus on changing participants’ belief systems.
- At the core of the program is a curriculum to teach empowerment which Rise! describes as “a set of cognitive and emotional skills coupled with a positive belief system that enable people to manage their emotions, thinking, and behavior to achieve positive, long-term life goals.” (This is also known as “cognitive restructuring.”)
- The personal empowerment class is taught as a series of 2.5 hours classes – the classes meet once a week for eight weeks
- The class is focused on building emotional regulation skills – practicing the skills is important; the class includes lectures, individual exercises, group exercise and video clips
- There are 4 building blocks to emotional intelligence
  - Self-awareness
  - Self-control
  - Emotional regulation
  - Relationship management – relationships are critical as they determine individuals’ quality of life
- It takes the following to be an effective personal empowerment leader
  - Experience in coaching
  - Experience working with individuals to whom you are teaching personal empowerment
  - Need to master self-awareness and exhibit emotional regulation skills
- Rise! operates the Empowerment Institute which is focused on teaching other organizations how to teach personal empowerment in their programs.

## Day Two – 8/9/13

### Reactions and Takeaways – Group discussion

- My takeaway was the question of how these elements of what seem to be effective programs, choices, starting with where people are, how can they be integrated into the current workforce system? My own desire to organize the lessons from neuroscience, what are lessons, what are techniques and tools; I struggled a little bit about how to categorize things.
- We have to take away and study best practices for our larger scale programming. We need to bring the programs to a larger scale to make the most of our executive functioning and brain science. Empowerment, coaching, CBT models had a lot of potential to use practices like that to bring people in to engage them in longer-term interventions like what we're doing at CWU.
- Coming from the Seattle area, many workforce professionals don't get to hear this kind of stuff so how do we bring this to a local level.
- It seems to me that in these comments, we're skipping some important steps. I think it would hard to make information like this fit in, particularly with regard to cost and we need to evaluate it before we move on.
- If you take everything we know about executive function, could it have a real impact on helping people with job search; how can we embed these principles in existing programs? We can do things differently but we are steps away from being able to get there. It's hard to figure out what would an executive function-informed work program look like?
- We're doing a national evaluation of TANF-focused job search programs.
- How do you imbed in this process people who are willing to take risks and do things completely differently?
- What measure determines a successful job search? I would hope that it's not "just get a job" but that there's a piece about retention and fit.
- Yes, certainly placement is critical. Most national evaluations were limited by costs. We haven't decided how long we're going to follow these folks but that's open to discussion too.
- We need to look at case management aspect of this as well.

- The job search literature holds constant the availability of jobs and assumes all of the variation is on the job seeker side in terms of intensity. There is a question here about universal vs. targeted programs. I think that the NH Moms project is much more of a targeted intervention while the RISE model has a built-in component for everyone going through the project. So it goes back to that question of whether there should be more universal design building on this body of work but the concern is the framing of that, the policymakers as well as the participants because if it's framed as therapy or framed in a certain way, it could be problematic not only for participants for take-up but also for the policymakers too. Universal design could be one way of softening the downside of that.
- Yesterday was very enlightening but one of my major takeaways was: how do I take the information and research on brain functioning and EF skills and how do we take this information back to our organization and how do we train our staff to implement it? How do we assess what we're doing and how do we go about updating that curriculum, how do we take these concepts and we can't implement all those areas but what if we can take 6 of the 12 components? How do I synthesize the information, how do I package it and present it to make it palatable first for our staff and then for the population we're serving. How do we take the information and put together evaluation metrics so we can figure out how these are working in our program so we can present that to our policymakers in Illinois and nationally? One of my concerns is that I still have clients that need to work. They have been removed from the workforce because of criminal backgrounds. I know we have to focus, how do we target this information so we can see some impact immediately within our communities?
- My comments follow all these. This issue of how to get these principles into your programs is not unique to workforce programs. People develop programs without principles or other programs duplicate a program without the operational principles. One thing that this group could do would be to develop the principles that would unite the programs so that other programs could use them and evaluate themselves.
- How do you do coaching for some but what is the other thing you need to do so that clients feel a sense of efficacy and empowerment? There's a number of parenting trainings that I don't think anyone is tracking to see if there are any employment impacts and we have DOL doing a program for young parents that doesn't look at all at children's impacts. My one way of trying to break out of "coaching is too expensive" is: could we be thinking about a coaching model for staff as a way to scale up the practice and interventions so that you're using the broad range of practices into the work they're doing? It's hard to find good coaches even to coach staff.
- I'm more optimistic and more concerned than some. Embedding all this into workforce isn't that much of a stretch. I think this notion of asking people what they want and what they want to be doing is not something that we've been doing well in the workforce or the TANF world. In some ways, I think that is the broader leap into the unknown, asking people to develop their own goals.

- A few years ago when we were designing the Center for Working Families, I think the stress reduction piece we talked about serves a couple things – we have to address the stress and trauma issue. The one troubling question I had was: attrition, targeting, raised in my mind the increment of new attachment.
- I have a thought that is probably way out there on the edge. So we've talked about all this and how it may apply to the service side of TANF. I'd be interested in finding out how it applies to the income support side of TANF. Does giving people too little money to pay that month's rent do harm? Do you change work outcomes if people aren't distracted by their lives in crisis. Some of you may know that Greg Duncan and a group of neuroscientists is testing that notion: giving people a modest amount of cash and measuring brain function.
- There's a whole body of literature that is already there on this.
- In federal hearings, they point to the service studies but they did not look at studies that look at providing additional income to people. If you gave people more money that will ameliorate a lot of the issues associated with EF deficiencies? I think what you really want is a test that shows cash versus a service strategy. I think we always go to this service strategy.
- In MN, 1992 was the last year that a cash assistance grant could probably pay the rent.
- Wrong to think of this as either or (service vs. cash)
- In terms of borrowing on other fields and looking at principles of EF that could be put into interventions and programs, a good example has been with trauma-informed care. Can put in place elements of trauma-informed interventions? What's nice is that it's being adapted by states to use in their child welfare system and TANF. If we can think of that along with EF and workforce training, that would be nice.
- From the employer side, I wondered why the people from the big training programs aren't here. We take people that are entry-level and give them these skills and see what happens. It's a place to test it in a real way. My biggest question would be: show me four techniques to see if we can train this quickly and I'll get some guys to do it and we'll see if it works.
- There is a core societal prejudice towards people in poverty. How does that impact the work we do around why people are poor. We punish poor people; we hold them at fault for being poor. What do we do to understand how that affects the people we're serving?

- We don't have problems getting people jobs. We have trouble getting people to retain their jobs. I think the people that we can get hired by mistake; I think that's where we need to focus because those are the people that keep coming back to us. Those are the ones that make us look bad to the employer community. The takeaway that I have from this whole conversation is that we can't keep doing things the way we've been doing them and you'll have all of this evaluation on stuff that we already know doesn't work. This is an opportunity to try something different. Is there a way to work this into our programs universally? How do we get this to where it really needs to be, where it is something that can be effective for everybody and not just 26 moms in Boston or wherever.
- I know this meeting is specifically focused on workforce development but I think we lose sight of the context that creates the environments of the people we work with. These are people that society does not like. Many are people that society does not want to deal with. These are survival skills. If we're thinking about Black men and boys, it's not about a job, it's about dealing with the police. We have to be focused today but I encourage us to look at the context that affects our individual lives and be honest about who are the folks that we are working with and what are their lives like?
- I want to pick up on that theme. Our clients, their high turnover, is in industries where lots of workers are experiencing high turnover. Is welfare really the issue or is it the labor market that is the problem? We see these workers because they actually have children so there's some place to turn when they are spit out of those jobs. So what does EF offer to help cope with that labor market environment? This piece of people hating people we care about, part of the mistake we could make is to say that the solution is to fix them.
- That's what I was going to say. I think we're looking at 2-3 different approaches. How do we give a person we're working with skills, how do we equip our customers coming through the door with skills? And how do we teach out staff? It's about teaching people to manage various relationships.
- I found the EF lens enormously helpful and really opened my eyes to thinking about the issues a little differently but I do worry that we may over-diagnose people with EF problems. There are a lot of EF skills that people are using to survive poverty on a daily basis. It is important to decide whom you differentiate who you provide more intensive guidance and EF-related intervention. It raises the ante on thinking about some guidelines for differentiation and assessment and maybe for a manualization.
- For me, one of the biggest things I've learned from brain science: brain science shows that we learn more and develop more skills around things that we care about. The role of what people come to care about is the area that is the catalyst of being able to

interact and build out of and as you build, as people gain more skills and learn more, our memory is completely tied in to our emotions. We retain what matters to us.

- It's not rocket science to ask people what they want or ask them what makes their job important to them and check in with them on the things that matter to them, related to their job. There was a study in the UK where they tried to find out what were people's "areas of fascination." There was no labor market or earnings effects. I very much appreciate the client-centered strategy but at the same time I'm trying to reconcile that these people needed more direct experience. There has to be some balance.
- I couldn't agree with you more. What the folks from the Harvard B school talk about is about "channeling intent." In our work, we ask the same question: what matters to them but they also ask for information. We then talk to them about intermediate steps (e.g., if they want to be a lawyer, talk to them about being a paralegal to see if they really want to follow the path of becoming a lawyer).
- "Career navigators" should be trained as coaches but also their supervisors, my project managers, and it would be great if the community college instructors could be trained in it too. We need people to keep their eye on the prize which is to pursue a "career job" rather than just going to college.
- I think we're losing track of that these are very different populations. We need to remember that there is a lot of variation in populations who have very different needs and different skill levels. We can't brush over context.
- One thing to think about: is this a program, a model, an approach, a curriculum?

## Opportunities for Change/Innovations

Where are the opportunities? Where are the concrete possibilities of really trying to start this? There is something about feeling like you have the space to be creative and try something new. I'd be curious to know what was the catalyst to get you started on what you did in New Haven.

- For us, it relates back to this space issue. We have a pretty large community of people in both the workforce and employment sector and we have a pretty vibrant child community. For us, it was that people hadn't thought about their parenting and their workforce being tied together by similar constructs of science. Education, work, health: bringing nontraditional partners to the table. The other piece was doing the research across those domains, linking them and an acknowledgement that there is heterogeneity when you look at parenting and workforce by gender, race, ethnicity, and of course by income.

IF I HAD X\$, I WOULD DO X. How would you respond?

- Providing a package of support to families who are willing to invest in their own economic mobility.
- We have to figure out how to focus on families that are ready to move forward but also what to do about what other people who are not.
- Can we identify opportunities for co-investment – getting the state to buy into enhanced and bundled services for those already moving forward?
- What about the danger of focusing on people who are able to move forward and leaving behind those who are not able to move forward?
- Can we figure out a way for the system to stop some of the chaos in clients' lives?
- I don't think that money is the issue. There are a lot of resources out there that are badly spent. We develop these wonderful programs and people don't take advantage of them. Why? We have a grant in SC where we're providing training in the allied health care field, up to an MD, we pay for everything, tuition, shots, books, tutoring. I'm trying to get 16 classes of 16. When you can't even give away a free education, there is some disconnect and I'm interested to find out what that is.
- In practice, it's time, opportunity, consistency, and persistence. It's been about two years on the street, hitting the pavement, so we have moms from the community that we've invested in and we trust their knowledge and competency but over the course of the time, it's just built. We have to be patient with the time it takes and it's hard to be patient when you have to report outcomes to funders but it's the only thing that I've seen that works.

- I think so often we create these programs for the community without the community being present. We think the programs are great but the community may not be interested.
- So in the meantime, we've engaged the community and I want to look at what we can do with EF is: how do I incorporate it with the JRT training with curricula that are already set. Also a takeaway is expanding on the clinical work and being in the community at different sites. I need tools.
- I think with the best of intentions, we think, "If we just build it, they will come." We don't understand the distance that is there for people. We have to be able to create the first step, how to get validity and acceptance deeper into the community. We don't think about what all the steps are and how far it is to just make the decision to just show up. That is the scaffolding: what are the steps along the way that we have to go through. I think it is skills but how do we break down the skills into manageable steps so that they can be competent and have success that allows them to move forward?
- Instead of working with parents directly, I'm working with the youth with job readiness, etc. The example of having to lower rungs on the ladder: for the youth to come to an activity, we know now that we have to just pick them up and bring them. The other thing is, parents who aren't involved in anything else can get involved with their kids but we have these award programs quarterly so if their kids are getting an award, they will come. We will engage them in any way we can.
- Training staff and frontline coaches depends on community organization buy-in
- We need tools to incorporate EF principles.
- With our community colleges, there is opportunity because enrollment is low because Seattle has a low employment rate. There is opportunity to integrate the EF skill building. In some of our classes, we have performance skills that are a legacy of the Annie E Casey soft skills.
- I love the idea of the Community Ambassadors and I think you could give them coaching training.
- Thinking about this from a state agency perspective, we need some sort of travelling show. It would be hard for us to go back and tell everyone. We need a package that can bring the information. We work in a system where it's very hard to bring outside information in. It's hard for us to learn from the outside. We need to start that education from inside the department and we need to open the department up to the information about what is going on in outside organizations (e.g., Jeremiah project). The travelling show might be different for state agencies versus a community organization. It

is also tools to assess how does our program meet the criteria and what signals can ACF send to prime the states to be interested? Because we're very good at reacting.

- There are lots of tools in the early childhood field that provide tools around school readiness that are the same thing as building executive function.
- Less than 10% of our returning veterans are taking advantage of the GI bill. Told story about single heads of household veterans in MA. Are launching a pilot where philanthropy will pick up childcare and transportation costs that the GI bill won't cover. We were seeing other vets that are on more subsidies like SNAP. We also realized that most of these guys don't have a GED. So we asked UMass Lowell to start a rolling GED program. We said we'd pay for that. We'll give you good coaching and we'll help you bring your staff up to a good level. Staff also need to be trained in PTSD and be ready for it when we see it in the workplace. We have a first cohort of co-op employees that started March 1. The three biggest things that we solved for are: 1. Training internally of HR people at the employer site, 2. Retraining the staff at the college level so they would understand the specifics of that constituency (having daycare on site, the transportation issues), and 3. Had veteran ambassadors on the campus to help the vet students to be their coaches on the veteran's side. This is not a randomized control trial and we don't know what the results will be like.
- There are a number of workforce support programs. I think you could imbed some of these pieces and do some evaluation of them or short-term prototypes just to build up knowledge about what works for whom.
- We need to look at what we know and don't know. Being clear on the level of certainty on what we know which can help with staff training. Maybe test out some of these approaches in a Transitional Jobs site.
- There are evaluations being done: Job search evaluation, subsidized job and Transitional Job evaluation, youth jobs in Chicago evaluation (includes a CBT component).
- There might be two or three approaches and do some small and quick evaluations around to generate some knowledge.
- Re-entry community already has 8 effective principles to reduce recidivism. Already Packaged. We know what to do. Can we build on that or come up with our own set of principles?
- Job readiness training – can we develop a prototype – what would an EF-informed program look like?

## Identifying skills – Group Discussion

### *Skills to look for work and keep a job*

- Self-assessment
- Self-awareness
- Knowing your strengths
- Motivation
- Emotional regulation
- Impulse control
- Persistence
- Good listening
- Ability to take someone else's perspective.
- Ability to develop positive relationships – is universal.
- Be able to establish rapport through eye contact, body language.
- Personal and implicit bias around race: Race factors into all of this and our implicit biases affect all of this. Integrating this topic into our curriculum with our clientele. Make them aware of their ability to acquire jobs, attain employment, and advance. Applies to staff and policymakers too.
- Ability to recognize and respond to social injustices. Think about number of people who are incarcerated today or who are on parole. In our community, high numbers are connected to the penal system.
- Personal appearance.
- Having perspective: knowing that the way you look will affect how people respond to you.
- Ability to take direction and follow instruction.
- Have to distinguish between compliance based on strength. But don't want submissive compliance that is not based on strength.
- Stress reduction skills. Being able to calm yourself.
- Being able to evaluate a job you're applying for and assess whether it's a fit for you or not. Seeing if you're a good match for the working environment.
- Decision-making and problem solving skills.
- Observation skills
- Goal setting.
- Ability to initiate tasks, develop a plan and manage time
- Code-switching. Recognizing the difference between neighborhood culture vs. work place culture.
- Ability to ask questions and seek out answers to questions.
- Ability to multi-task
- Courage.
- Have skills to navigate the electronic job searchers that are so prevalent now.
- Ability to take the Unicrew personality test that is a requirement for most corporations these days (Home Depot, Walmart. Etc., any place that has a kiosk-type job application process).

- Skill of agency. People don't think they have the right to ask someone to help them.
  - Size of networks matter and we know that poor people tend to have smaller networks. Building broad social networks matters.
  - Skill in networking, developing a network, and maintaining it.
  - How to manage disappointment. Related to perseverance. When you get constant rejections, what it is that keeps you going? And the mental health component figures in here too as constant rejection can lead to depression and stress.
  - Management of the emotional aspect of coping with change.
  - Knowing your rights is important too (e.g., with regard sexual harassment and other issues). Creating an environment in which staff can function in a caring way can create enough skills to allow improvement in EF skills to happen.
  - If staff can show respect, courtesy, and engagement to clients.
  - Strong worker identity.
  - Need to recognize that the low-wage labor market where workers are dispensable, employers are not flexible, we don't have an economy now that helps people be good workers and good parents.
  - Ability to manage to a goal
  - Strong identity as a worker
  - Good judgment
  - Financial and debt management
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## **Next steps and continuing the conversation**

- Having this conversation at conferences and educate people more broadly
- Raise resources for prototypes and do more of these meetings with a focus on parent, financial management etc.
- Take conversation back to communities
- A productive way to have that conversation: informational conversation with staff then with partners who serve clients
- Create EF videos on adults
- I need to start with kids because our state is focused on kids. Frame in a manner of helping parents of next generation
- When we have the conversations with community but where do we go from there? Tools, frame?
- Hard for find materials for workforce TANF world. Need to think about resources that combine practice and research. Need tools
- There are 2 levels: program and policy level. Always look to other states to see how they are doing it. WA has one staff person who focuses on how to get this framework into different state agencies. First roll out in early ed. Private partners can compete for contracts to develop programs with an EF framework; early education has developed curriculum and is online.