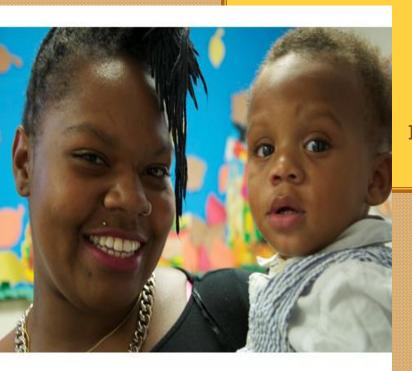
The Elizabeth Ministry (TEM) 2 Gen Program



OFA Regions, I, II, III, and IV
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Dr. Carolyn N. Graham, President/CEO, Presenter

Introduction to the Elizabeth Ministry

- The Elizabeth Ministry (TEM) is a 501(c)3, non-profit organization, organized in 2006, and fully operationalized in 2013 with the acceptance of 15 teen mothers and their children into its community.
- TEM is located in the Far Northeast Quadrant of Ward 7 of the District of Columbia.

TEM's Mission

- **TEM's mission as a 2Gen** body of work is to provide comprehensive, stable, quality housing and social supports to teen mothers who are near aging-out of the child welfare system, and who have transitioned out of the system.
- **TEM's commitment** is to guide and support the young women such that they become loving and nurturing parents, and empowered young women--intellectually, economically, socially, emotionally, spiritually, and physically.
- **TEM's focus** is also upon the healthy development of the children of the young women. Through the AsA Early Learning Academy, TEM provides quality early childhood development programming to the children--6 weeks to 3 years of age--who reside in TEM's Talitha Khoum residential community. Our goals with these children are multi-faceted:
 - 1) we seek to ensure that they are ready to learn when they enter school; and,
 - 2) to reduce the amount of toxic stress that they are likely to be exposed to.

Rationale for our business model: The Data

The Foster Care System

- Children and youth are placed in the foster care system primarily because of abuse, neglect, uncontrollable behavior or dependence, i.e., there is no one else to care for them.
- Foster care is intended to be a temporary service, with a goal of reunifying children with their biological parents whenever possible.

Rationale for our business model: The Data

(cont'd)

- Increasingly, children and youth who enter the foster care system do not achieve reunification with their parents; they live in foster care until they reach the age of majority, i.e., 18 or 21 years of age—in the District youth can remain in the system until they are 21 years of age.
- There are approximately 400,000 children and youth in foster care in the U.S.; approximately 24,000 age-out annually and attempt to live independently.

Rationale for our business model: The Data

(cont'd)

- 2012, the United States approximately,
 - 255,000 children and youth entered care;
 - · 240,000 children and youth exited; and,
 - 100,00 are awaiting adoption.
- The average age of those entering care was 8 years old;
- Average time in care for the vast majority of children was 2.5 years;
- Approximately 18% were in care for 3-5 years
- 25.3% experienced 4 or more placements

Rationale for our business model:

(cont'd)

- 2012, the District of Columbia had approximately,
 - 1,600 children and youth in the child welfare system;
 - 500 entered care;
 - 726 exited care; and
 - 300 were awaiting adoption at the end of the year.
- 52% of those entering care were between the ages of 13-21;
- Average time that children in DC spend in care is 45.4 months or approximately 4 years;
- 28% were in care for more than 5 years;
- 24% aged-out of care at 18 or older.

- 30 years of research suggests and our work supports the contention that many of the young people aging out of care are not prepared for the transition to independence.
- As a group, they fare more poorly than their peers across a variety of domains, including education, employment and housing stability.
- They are more likely to experience adverse outcomes such as early parenthood, criminal justice system involvement, economic hardships, and receive public assistance (Barth 1990; Cook et al. 1991; Courtney et al. 2001).

Homelessness

- TEM's approach has focused on housing as the door through which to enter with its 2Gen work with youth near aging out of the foster care system and those who have aged-out because of the prevalence of homeless and housing instability in this population and the impact that instability has on other risk factors as it pertains to the youth and their children.
- Research and our experience show that safe and stable housing can function as a platform that promotes positive outcomes across a range of domains from education to employment to physical and mental wellbeing.
- Stably housed young people find it easier to access needed health care and social services. Conversely, lack of stable housing can reduce access to badly needed services such as educational services, health care, and meaningful social relationships.

- 3 Key Studies of homelessness and housing instability among former foster care youth:
 - Bradford and English (2004) sampled 213 youth from Washington State who had been in foster care for at least a year; 70% of the baseline sample of 302 were followed-up w/interviews 6-12 months post emancipation: 11% had been homeless and slept in a shelter, car or on the street.
 - Collins, Spencer and Ward (2010) 96 young people from Mass. who turned 18 in 2005 and were at least 18 years old when they exited foster care: Of those studied, 37% had been homeless since age 18, i.e., since exiting care.

• Dworsky and Courtney (2010) Sample of 732 young people from IA, WI, and IL who entered care prior to age 16 and were still in care on 17th birthday; 602 study participants interviewed at age 23 or 24: 30% had been homeless for at least one night; 37% had been homeless or "couch surfed"; 48% had lived in four or more places post-exit.

Two Key Barriers to Stable Housing

- Individual-level characteristics, e.g., poor education, child(ren), no marketable skills, insufficient identification, etc., make it difficult for former foster youth to get a job and earn an income sufficient to cover rent payments.
- The characteristics of the child welfare system leave former foster care youth ill-prepared for living independently, and local housing market characteristics typically limit housing options.

- Individual Characteristics of youth aging-out:
 - Inadequate income and assets—the ability to achieve self-sufficiency is directly tied to success in the labor market. A significant number of youth age out of care without a high school diploma or a GED and then fail to complete high school once out of care.
 - **TEM's population** is between the ages of 16-24 years. There are 11 youth in care with 13 infants and toddlers between them: 3 youth have two children, all others in our in-care program have one child each.
 - In the out-of-care or transitional program, TEM has 7 young adults and 8 infants/toddlers.

- Limited Family Safety Net—Families serve as important resources for young people as they transition to adulthood. Parents and other family members serve as substantial supports to young people and often assist with rent payments. Youth aging out of foster care cannot count on their families for such assistance.
- **TEM'S Population:** A number of the youth still have relationships with birth families; however, economic barriers that many of the families face preclude them from taking on the youth who are in care with children, and/or have aged out of care with children. Nevertheless, TEM encourages and makes provisions for the youth to maintain family relationships while residing in the TEM community—siblings and occasionally mothers of the youth are allowed to stay overnight or spend the weekend.

- Lack of Relationships with supportive adults— Living in foster care makes it difficult for young people to develop lasting relationships with adults who will continue to provide support during the transition to adulthood.
- **TEM'S Population:** Each young woman in TEM's program will eventually have two mentors—one peer mentor and one more senior, who will commit to supporting her development during her transition to adulthood.

- Early Parenthood—The rate of teen pregnancy is much higher among youth in foster care than among other adolescents. Though the rate of early parenthood is high for both young men and young women in care; young women are far more likely to be the custodial parent.
- **TEM'S Population**—Youth in both of TEM's programs (incare and out-of-care) are either pregnant or parenting. The majority of the Resident Families have one child; there are three families with 2 children each. Their infant/toddler children are in TEM's onsite early childhood development program. Parenting classes are offered and required to both parenting and pregnant residents.

- TEM is located on two lots, and in two apartment buildings, with 27 two-bedroom apartments, which were created with a \$7M investment from both the public and private sector. Our operating budget is approximately \$2M annually.
- TEM has two programs on its campus; one program for youth near aging out-of-care; and one for youth who aged out of care in the last year and were facing homelessness.
- Each Resident Family is provided a two-bedroom, fully furnished apartment. They are required to work diligently to keep their units clean and ready for inspection at any time.

TEM's 2Gen Model: Our Property



TEM's 2GEN Model—Typical Kitchen



TEM's 2 Gen Model: Dining/Living Room



TEM's 2Gen Model: Mom's Room



TEM's 2GEN Model: Baby's Room



TEM's 2Gen Model: Bath



TEM's 2Gen Model: Front View of Property



- Each building has a Housemother who maintains a relationship with the young women in her building and works closely with them pre- and post-intake, and when emergencies occur, especially when they are transported to the hospital for delivery.
- TEM's Psychosocial program component is staffed by a group of professionals who support the young women with school enrollment, employment/ workforce development, financial management /literacy, health and wellness classes, mentor identification and assignments, and counseling.

- TEM is both developmentally-based and outcomes driven.
- We help the young women in our care to dream big, and work aggressively with them to achieve concrete goals.
- We are a non-smoking facility with zerotolerance for drugs and alcohol.
- TEM sets a very high bar, both for community-based norms and successful outcomes.

TEM's Logic Model 2016 Benchmarks and Outcomes Matrix

Resident will participate in education and/or training programs in order to gain employment and work readiness knowledge, experience and skills to eventually attain economic self-sufficiency through education and employment.

EDUCATION AND TRAINING PROGRAM

Career and Education Planning	Goals	OUTCOMES	IMPACT
Employment	 a. Participants will develop a career plan. b. Participants who are not enrolled in education program will apply for/obtain part-time temporary jobs in the community. 	 a. Have a written career plan with action steps, resources, and time frames. b. Identify at least two jobs for which to apply. c. Apply for at least two jobs each quarter 	
Education Planning	Participants will develop an educational plan Participants will enroll in GED, vocational or other educational/training program.	 a. Create an educational plan, which includes time frames, goals, and resources needed. b. Identify the level and type of education/vocational training program needed to achieve employment goals. c. Make application to and/or enroll in training program 	

TEM's Logic Model 2016 Benchmarks and Outcomes Matrix

Resident will participate in parent training workshops in order to gain, knowledge, experience and skills in good parenting, build healthy relationships with their children, have strong parenting relationships, and avoid negative behaviors/outcomes such as child abuse. This will also help develop healthy relationships with their families and the children's father, increasing and fostering strong family relationships.

PARENT TRAINING & FAMILIAL RELATIONSHIPS

Child Development and Familiar Relations	GOALS	OUTCOMES	IMPACT
Child Development	 All dependents will be compliant with annual medical appointments. Participants will participate in monthly parenting activities or classes. Practice story-telling for young children using developmentally appropriate books, CD's and DVD resources. 	 a. Participants will attend three parenting classes per month; b. Dependent child will have an annual physical, dental visit and required shots, if required. c. Attend one meeting with child's teachers to discuss child's developmental progress per month. d. Read nightly to child with the goal of completing one new book weekly. 	

TEM's Logic Model 2016 Benchmarks and Outcomes Matrix

Resident will participate in spirituality and healthy development workshops in order to gain knowledge, skills and experiences and increasing achievement pertaining to healthy spiritual development.

SPIRITUALITY AND HEALTHY DEVELOPMENT

Self-Care Skills	GOALS	OUTCOMES	IMPACT
Health Care	1. Participants will maintain healthy lifestyle and take steps to maintain health. 2. Knows and understands the medical/ dental coverage available.	 a. Attend annual health appointments (doctor/dentist appointments). b. If prescribed, attend all individual and/or group mental health appointments. c. Attend at two health trainings per month. d. Schedule preventive health and emergency appointments. 	
Spiritual Development	 Learns and understands the difference between religion and spirituality. Willingness to connect to opportunities to grow spiritually 	 a. Participates on a sustained basis in Sister Circle Activities (two meetings per month) b. Participates in two events annually that requires attendance at unfamiliar worship services; c. Develops a spiritual discipline of meditating and journaling as part of the Sister Circle experience d. Participates in two retreat(s) designed to explore questions about spirituality and life challenges e. Develops 'vision boards' for themselves and their children that point the way to futures where they are making social contributions 	

TEM's Logic Model 2016 Benchmarks and Outcomes Matrix

Resident will participate in life skills and household management workshops to help develop External Development Assets (Support, Empowerment, Boundaries and Expectation and Constructive Use of Time) and increase overall self-efficiency.

LIFE SKILLS AND HOUSEHOLD MANAGEMENT

Daily Living:	GOALS	OUTCOMES	IMPACT
Food & Nutrition	1. Is able to plan a simple nutritious meal with and without supervision. 2. Is able to plan a week of nutritious and economical meals with supervision. 3. Knows and understands ways to grocery shop economically and how to evaluate grocery items for freshness, nutritional value, and economy. 4. Knows and understands the importance of maintaining kitchen equipment and appliances.	 a. Attend two food preparation trainings per month. b. Prepare nutritious meals at least twice a day and understands how to prepare food safely. c. Create a shopping list specifying the items and quantity for a 7 day menu. d. Calculate the cost of a 7 day menu. e. Compare the costs of cooking and eating out. f. Purchase food for the week within one's budget. g. How to use available appliances in a safe manner (e.g., oven, toaster, microwave, dish washer) and how to keep kitchen appliances clean. h. Demonstrate how to prepare foods for refrigeration, freezing, and/or storage, including how long stored foods can be kept. 	
Household Maintenance	Can maintain a clean living space and can develop and maintain household cleaning routine.	a. Attend three life skills trainings per month. b. Demonstrate proper:	

TEM's Logic Model 2016 Benchmarks and Outcomes Matrix

Resident will participate in personal finance courses and workshops in order to gain knowledge, skills and experiences pertaining to life skills, household and financial management, overall increasing self-sufficiency.

PERSONAL FINANCE

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10000000000000000000000000000000000000	Housing and Money Management	GOALS	OUTCOMES	IMPACT
	Budgeting & Spending Plan	1. Keeps track of a weekly allowance and maintain a monthly spending plan. 2. Can develop and maintain a realistic spending plan for one month and develop a routine for paying monthly expenses.	 a. Attends at least three financial education trainings each month. b. Maintains a weekly and monthly expense diary to track all expenditures. c. Create a list of spending plan categories (e.g., food, clothes, and leisure activities). d. Identified and selected a strategy for paying monthly bills 	
	Saving Money	Develop a savings plan. Open and maintain a savings account.	 a. Establish a saving goal (e.g., long-term and short-term). b. Create a savings plan to achieve a goal (e.g., special savings account). c. Two strategies for saving (e.g. pay-yourself-first, automatic payroll deduction, percentage of one's income). d. Balance register with statement monthly. 	
	Shopping	1. Knows how to make a purchase using cash. 2. Knows how to comparison shop for a big purchase (e.g., bicycle, computer, stereo, TV). 3. Knows and understands ways to shop on a budget and can shop economically for everyday items (e.g. personal care products, food, school supplies).	 a. Calculate discounts (e.g., how much is a \$10 book after a 15% discount?). b. Count money correctly for the purchase. c. Count money received in change after purchase. d. Describe two ways one's shopping habits impact one's spending plan. e. Identify and prioritize the essential qualities of the item to be purchased (e.g., compare several bicycles). f. Collect information about the choices available on the market. 	

- Upon acceptance into TEM's program, each young woman signs a Covenant Agreement, and makes a commitment to her own development and the development of her child.
- An individual development plan (IDP) is developed soon after she arrives. The IDP outlines her goals and the timeline that she intends to achieve them.
- Where Resident Families cannot commit to their development and stay on task, they are placed on probation, and are closely monitored during their probationary period.

- Resident Families in both programs must attend life skills classes that cover financial literacy—and banking; home management; the value of healthy nutrition, and healthy cooking, parenting and values formation.
- Each family is rewarded for their attendance and participation in the classes. The family with the highest rate of attendance is rewarded with a gift card, certificate and a bouquet of beautiful flowers.



- During their screening for the program, Resident Families are introduced to the child development center.
- If the child is accepted by the Center, s/he is assessed at about 3-4 months old. We use the information to baseline the child's development potential. S/he will be assessed again after one year. This process continues twice a year while the child is with us, so that when s/he leaves, we are able to share with parent's information about the child's learning readiness skills.
- Our curriculum is the Abecedarian curriculum, which is an evidence-based teaching/learning model that places emphasis on the interaction between the child and his/her caregiver.

- The AsA Early Learning Academy is designed for infants and toddlers.
- Children of our residents can enter at 6 weeks of age and stay with us until they are 3 years old.
- Their tuition which averages about \$50.00 per week is covered by a voucher, which is supported by TANF through the Office of the Superintendent of Education in the District.

- Parents engage monthly with the Center staff as volunteers, and are shown ways to interact with children in ways that acknowledge them as little evolving, inquisitive people with a learn.
- TEM introduced a *Mommy Will You Read to Me* program about a year ago, which encourages the mothers to read to their children nightly from a book furnished weekly by the Center.
- Parents attend parenting classes in the Center on a weekly basis. The classes are designed to appropriate ways to discipline children so that they are not traumatized; ways to play and laugh with children so that they understand the value of play and laughter; and ways to teach children how to be patient and persistent in learning how to problem solve.

