



GOALS: Generational Opportunities to Achieve Long-term Success

*A 2Gen Outcomes Study of Families
Experiencing Homelessness*

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GOALS Executive Summary

The Generational Opportunities to Achieve Long-Term Success (GOALS) program is a two-generation (2Gen) community-based intervention that provides comprehensive, residential-based wrap-around services to parents and children in Arapahoe County, Colorado who are currently receiving (or eligible for) public assistance, and who are currently experiencing homelessness or housing instability. Through the provision of residential-based services, GOALS aims to improve child, parent, and family well-being and enhance economic stability, while setting families on a path to break the cycle of poverty.

GOALS is a collaborative effort led by Family Tree, a nonprofit organization, and the Arapahoe County Department of Human Services (ACDHS). In partnership with diverse government and community-based service providers, Family Tree implements the GOALS program and its services, and ACDHS provides key funding, technical assistance, and support for the program.

The GOALS program model incorporates a 2Gen approach by providing services to parents, children, and families. 2Gen services connect both parents and children to achieve outcomes in the following domains: physical and mental health, early childhood education, postsecondary and employment pathways, economic assets, and social capital. Through intensive, wrap-around residential services, GOALS uses motivational interviewing techniques to conduct comprehensive case management, work with families to identify needs and resources, access services from partner agencies, secure permanent safe and stable housing, and create a plan for economic stability and family well-being. Central to GOALS's implementation is the co-location of key service providers on the GOALS campus, including human services and public benefits (e.g., enrollment in eligibility benefits, assistance connecting with childcare, physical and mental health treatment), workforce programs, and an early childhood education center.

GOALS was developed and tested as an intervention designed to address multi-generational poverty among families experiencing unstable housing or homelessness. GOALS keeps families together by serving a broad definition of family type, including single parent households, two-parent households, and multi-generational households.

This report describes the GOALS outcome evaluation, which sought to:

- 1.** Understand whether GOALS residential-based services families achieve housing stability, economic security, and family well-being; and
- 2.** Add to the body of evidence on the effectiveness of a 2Gen intervention to help vulnerable families experiencing homelessness break the cycle of poverty.

Methods

Center for Policy Research (CPR) designed and conducted an experimental outcomes study from September 2019 to September 2024 to evaluate the program's impacts by comparing outcomes of families in GOALS who received residential-based services (treatment group) with those receiving standard services (comparison group). Families were randomly assigned to either the GOALS treatment group or a comparison group, and outcomes were measured at enrollment and again at 12 and 24 months post-enrollment. The study aimed to evaluate the effectiveness of the GOALS program in achieving economic stability, housing, and well-being for families experiencing homelessness or housing instability compared to services available in the community for families experiencing homelessness. Data was collected from multiple sources, including eligibility screenings, baseline surveys, the 2Gen Index, exit surveys, 12- and 24-month follow-up surveys, interviews with program leadership, staff and community partners, and from administrative records. The voices of families experiencing homelessness or housing instability were incorporated throughout the program design, implementation, and through interviews at program end.

The GOALS study demonstrates that families experiencing homelessness or housing instability fare significantly better than families receiving services as usual within the community on several key outcome measures. These outcomes were notably improved for families who successfully completed the program. The successful completers tended to be families with at least a high school education level, African American/Black families, and families with fewer members in the house-hold, highlighting that the program worked particularly well for these families and the effectiveness of the 2Gen program model.

Study Participants

GOALS enrolled a diverse and highly mobile population of families experiencing homelessness or housing instability in Arapahoe County, Colorado. Families in both the treatment and comparison groups were highly mobile prior to enrollment, having moved on average three times in the 12 months prior to enrolling in the study. Study participants were racially diverse: African American/Black families made up 33% of treatment and 36% of comparison groups; Hispanic/Latinx families made up 18% of treatment and 15% of comparison group families; multi-racial families comprised 11% of treatment and 13% of comparison group families. Families faced significant barriers to stability, primarily a lack of stable housing, physical and mental health challenges, lack of childcare, and limited access to education and job training. The study enrolled only families, using a broad definition of family. Most families enrolled in both the treatment and comparison groups were single-parent households (74% of treatment and 77% of comparison group families) with an average of two children and faced high unemployment rates (69% of treatment and 68% of comparison group families). Most households also had low incomes, with 69% of treatment group families and 77% of comparison group families earning \$10,000 or less annually.

Key Findings

Families who participated in GOALS fared significantly better than their counterparts in the comparison group on key outcomes measured over a 24-month period. GOALS sets families on a path to economic and housing stability. The outcome study found that:

ACCESS TO NEEDED SERVICES: GOALS connects families to the critical services and support that they identified they needed most. As a result, families in the treatment group had significantly greater access to services (on- and off-site) designed to help them meet their basic needs. Eighty-nine percent of the treatment group (and 98% of families that successfully completed the program) received referrals to other community agencies for help with housing, food, basic assistance, and other needs, whereas only 36% of comparison families received these services. Treatment group families also had a higher receipt of services across all program areas except food assistance. Significantly higher proportions of treatment group families, compared to comparison families, received greater access to services in the following domains: family support (parenting skills, self-sufficiency planning, etc.), help with money management or budgeting, help signing up for and receiving benefits, tangible work support (e.g., job fairs, hiring events, job leads, etc.), assistance with adult education, and educational support for children.

SAFE AND STABLE HOUSING: GOALS reduces the likelihood of families experiencing homelessness in the 12 months post-enrollment. Over the long-term, treatment group families who successfully complete the GOALS program are more likely to have access to safe and stable housing compared to those in the comparison group. Additionally, GOALS provides housing stability for families experiencing homelessness, significantly decreasing the number of moves in the year post program enrollment.

- Treatment group families (6%) were marginally less likely than comparison group families (17%) to experience homelessness at any point in the 12 months following enrollment. These results suggest that the GOALS program provided housing resources and stability to access those resources for treatment group families.
- Among families found through administrative data in the Homeless Management Information System (HMIS), "successful completers" were marginally more likely to have access to safe and stable housing (93%) than comparison group families (80%) at their most recent update, on average 14.5 months post-enrollment.
- At enrollment, treatment group families were significantly more mobile and more likely to have moved in the past year. However, in their 12-month follow-up interview, treatment group families who successfully completed GOALS reported significantly fewer moves within the last year (1.9 moves) when compared with families in the comparison group (2.8 moves). These findings suggest that treatment group families, and especially those who completed the GOALS program, were substantially more stable in their housing situation following enrollment in the GOALS program.

PUBLIC BENEFITS: GOALS provides benefits-eligible families critical access to and receipt of public benefits. At the time of enrollment, both treatment and comparison group families had similarly high levels of public benefit receipt; however, treatment group families were significantly less likely to receive SNAP, TANF, and medical assistance (despite having similar incomes). Between enrollment and 12 months post-enrollment, treatment group families significantly increased their access to public benefits overall, including TANF, medical assistance, and benefits for their children (whereas comparison group families did not). The GOALS program helped treatment group families increase their access to and

receipt of services for which they were eligible, and by 12 months post-enrollment, they had comparable benefit receipt to the comparison group.

EMPLOYMENT: GOALS provides families with housing stability and employment supports that led to a significant increase in employment rates and stable employment.

Employment status

- Between program entry and program exit, treatment group families' reported concern about their job skills and training, and their barriers to earning a livable wage significantly decreased. Importantly, results were stronger for those who completed the program and exited to safe and stable housing. Those who successfully completed the program reported significant increases in access to childcare while they work, as well as being able to save money for unexpected expenses. These results suggest that GOALS programming provided to the treatment group families had a significant impact on their employment and ability to earn a living.
- During the year prior to GOALS enrollment, 44% of the treatment group and 52% of the comparison group were employed. Between GOALS enrollment and 12 months post-enrollment, treatment group families (+13 percentage points) achieved higher rates of employment compared to their counterparts in the comparison group (+4 percentage points). GOALS families received services directly linked to employment supports at significantly higher rates that contributed to their significant gains in employment status and stability.
- Between enrollment and 24 months post-enrollment, treatment group families demonstrated a 12 percentage point increase in their rates of employment (44% to 56%). The rates of employment were even higher for the treatment group families who successfully completed goals, with a 16 percentage point increase (43% to 59%). Meanwhile, their counterparts in the comparison group had a 2% decrease in their rates of employment (52% to 50%) over the same period.

EARNINGS AND ASSETS: GOALS' services provide families with the support to increase their family earnings and assets. Treatment group families reported significant improvement in their family assets while enrolled in the GOALS program. Compared to families in the comparison group, treatment group families reported significantly greater family self-sufficiency, including the ability to save money throughout the study period, and sufficient earnings to "have enough healthy food to eat." Treatment group families that successfully completed the GOALS program had notably higher annual earnings at 24 months post-enrollment than those in the comparison group.

- GOALS families reported significant improvements in their access to resources at program exit. From enrollment to program exit, GOALS families rated improvements from "needs attention" to "stable, needs improvement." The improved stability in their access to resources was driven by improvements in their access to safe and stable housing and enough healthy food to eat, as well as having enough income to cover their essential expenses. Importantly, results were even stronger for those who completed the program and exited to safe and stable housing.
- Treatment group families noted significantly greater improvements in their financial situations than the comparison group at the 12-month follow-up. Moreover, those who successfully completed the program reported they were significantly better at maintaining self-sufficiency than the comparison group, and those findings were likely driven by their reports that they were "able to save a little bit of money" in the last month.

- The financial support treatment group families reported was likely driven by families' earnings at 12 months post-enrollment: Treatment group families' earnings were slightly (albeit not statistically significantly) greater than comparison groups' earnings (a difference of approximately \$2,000 annually); treatment group families who successfully completed the program had earnings over \$3,500 higher than the comparison groups' earnings.
- Twenty-four months following enrollment, a stronger financial position remained for the treatment group. Although annual earnings for the full treatment group and comparison group were similar (\$14,552.05 and \$13,989.40, respectively), earnings for treatment group families who successfully completed GOALS were notably higher (\$18,213.06). Across the study, treatment group families who completed the GOALS program increased their earnings by approximately \$8,300 annually, translating to nearly \$700 more per month in income.

FAMILY HEALTH AND WELL-BEING: GOALS provides families with significantly greater access to support and resources designed to improve their family's health and well-being. Treatment group families reported significant improvement in their family well-being resources while enrolled in the GOALS program.

- Highlighting the importance of the 2Gen model and community supports while at GOALS, treatment group families reported at significantly higher rates, receiving access to "family support" services such as parenting skills, self-sufficiency planning, and social capital development throughout the study (70%) than families in the comparison group (26%). Likely given the high receipt of family support services while living on the GOALS campus, treatment group families who successfully completed the program reported significant improvements in feeling like they "can manage our child's behavior" by program exit.
- Consistently higher proportions of treatment group families who successfully completed the program reported that their families' (both adult and children) physical and mental health improved within the 12 months following enrollment, when compared to the comparison group. Although none of these differences are statistically significant, they are notable and consistent improvements throughout various measures of health and well-being.

EDUCATION: GOALS directly connects families to services that support their children's educational needs and connected adults to educational services at significantly higher rates than comparison group families.

Child education

- Children's educational needs were addressed at significantly higher rates for GOALS families (26%) and those who successfully completed GOALS (50%) in the 12 months following enrollment, compared to those in the comparison group.
- Both treatment and comparison group families reported comparable increases in the quality of child education and high-quality childcare, with approximately one-quarter and one-third of both groups seeing improvements in these areas. The similarities in improvements for childcare are not terribly surprising because treatment group families noted (at both enrollment and program exit) that childcare was not an area of concern for them. As such, they did not request services in this area frequently.

Adult education

- Throughout the 12 months following enrollment, significantly higher proportions of all treatment group families (46%) and successful completers (53%) received support for adult education than comparison group families (21%). This finding suggests that GOALS provides robust educational services for adults as comparable proportions (19% of treatment group families and 17% of comparison group families) of families reported lack of education as a significant barrier to employment at the time of enrollment.
- Higher proportions of treatment group families (31%) had adults enrolled in education at 12 months post-enrollment when compared to comparison group families (21%), although these differences were not statistically significant.

GOALS 2Gen approach to service delivery is successful in improving families' feelings of social connectedness, access to resources, and supports that lead to employment and housing stability. The 2Gen Index tracked changes in families' needs in areas such as child resilience, family well-being, and employment throughout their participation in the GOALS program. There were statistically significant within-family improvements in measures of "family well-being: resources" and in "livable wages: training and barriers." Results showed even more marked improvements for families who successfully completed the program and exited to safe and stable housing. Specifically, these families reported significant increases in having the job training, minimum education, and skills needed to earn a livable wage, being employed at a livable wage, having access to safe and stable housing and enough healthy food to eat, and having an income that needs essential expenses. Overall, the 2Gen model effectively supported holistic family outcomes by addressing both immediate concerns and fostering long-term resilience across generations.

Reactions to the GOALS program are positive and its impacts are profound. Program staff viewed the GOALS program as a highly effective and unique model for supporting families experiencing homelessness or housing instability, particularly praising its inclusive approach, which accommodates diverse family structures, including single fathers. Staff highlighted the program's holistic, community-focused framework, which integrates services for both parents and children, contributing to the success of the 2Gen model in improving family stability, well-being, and resilience. Referral partners expressed overwhelmingly positive reactions to the GOALS program, describing it as a "beacon of hope" for families experiencing homelessness or housing instability by providing not just shelter but a comprehensive support system aimed at rebuilding lives. They noted that the program's ability to connect families with housing vouchers, employment support, and other essential services significantly contributes to achieving family stability and self-sufficiency. The GOALS leadership team highlighted the importance of the collaborative nature of the program, noting the importance of strong partnerships with community organizations to provide comprehensive support and maintain flexibility in service delivery to address unique family needs effectively.

Results from the GOALS outcome study provide evidence to support the GOALS intervention as a residential-based 2Gen model that leads to housing stability, improved family well-being, and economic stability for families experiencing homelessness. As GOALS continues to evolve and support families experiencing homelessness, lessons from this study can support improvements including expanding upon the services offered both on and off-site and continuous reporting of outcomes to support future programming efforts and replication in other settings.



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Introduction and Overview of GOALS

The Generational Opportunities to Achieve Long-Term Success (GOALS) program is a two-generation (2Gen) community-based program that provides comprehensive, residential-based wrap-around services to parents and children in the City of Aurora and Arapahoe County, Colorado who are currently receiving (or eligible for) public assistance, and who are currently experiencing homelessness or housing instability. Through the provision of residential-based services, GOALS aims to improve child, parent, and family well-being and enhance economic stability. Although the study has concluded, GOALS continues to serve families experiencing homelessness or housing instability in Arapahoe County, Colorado.

GOALS is a collaborative effort led by Family Tree, a nonprofit organization that operates multiple programs for adults, children, and families, and the Arapahoe County Department of Human Services (ACDHS). In partnership with diverse government and community-based service providers, Family Tree implements the GOALS program and its services, and ACDHS provides key funding, technical assistance, and support for the program. ACDHS also oversees the process and outcome evaluations for the program, which is conducted by the Center for Policy Research (CPR), a nonprofit research, evaluation, and technical assistance provider based in Denver, Colorado. Other government and community-based organizations have collaborated with ACDHS and Family Tree to implement GOALS and provide on- and off-site services to families. These organizations include the Center for Work Education and Employment (CWEE), Arapahoe/Douglas Works! Workforce Center (AD/Works!), Aurora Public Schools, and Cherry Creek Public Schools, as well as various early childhood education programs and mental and physical health services available in Arapahoe County, Colorado.

The GOALS program model incorporates a 2Gen approach by providing services to parents, children, and families. 2Gen services connect both parents and children to achieve outcomes in the following domains: physical and mental health, early childhood education, postsecondary and employment pathways, economic assets, and social capital. Through intensive, wrap-around residential services, GOALS uses motivational interviewing techniques to conduct comprehensive case management, work with families to identify needs and resources, access services from partner agencies, secure permanent safe and stable housing, and create a plan for economic stability and family well-being. Central to the implementation of GOALS is the co-location of key service providers on the GOALS campus, including human services and public benefits (e.g., enrollment in eligibility benefits, assistance connecting with childcare, physical and mental health treatment), workforce programs, and an early childhood education center.

GOALS was developed and evaluated as an intervention designed to address multi-generational poverty among families experiencing, or at risk of experiencing, homelessness. The program aimed to disrupt the cycle of poverty by directing services to parents, children, and the whole family unit, while also providing families with access to safe, temporary housing. Through a service plan co-designed by navigators and families, parents worked to overcome barriers to employment and economic stability (e.g., employment services and training, coaching, and resume writing), and develop skills (e.g., financial literacy, work supports) to move families toward safe and stable housing and financial stability. Young children received access to high-quality early childhood education, while older children were connected to K–12 educational supports to set them up for success now and in the future (e.g., tutoring, enrichment programs, transportation to and from school). Families (i.e., parents and children as familial units) received support to improve overall well-being and achieve economic stability (e.g., family counseling, parenting education and support, homeless case management, social capital development). Throughout the process, families' experiences and perspectives have been documented to inform program development and implementation. CPR's evaluation of the GOALS program first involved a Phase I formative evaluation (see research brief [here](#)), which piloted the program with a small number of families, tested key components of the intervention, and finalized the intervention components prior to the full program rollout. To learn more about the Phase I formative evaluation (as a method to develop the GOALS intervention), please read its final report [here](#).

The current report describes the Phase II outcome evaluation. As mentioned, the goals of the Phase II outcomes evaluation are twofold:

1. Understand whether GOALS helped intervention (i.e., treatment group) families achieve housing stability, economic security, and family well-being; and
2. Add to the body of evidence on the effectiveness of a 2Gen approach as an intervention to help vulnerable families break the cycle of poverty.

To evaluate these outcomes, CPR designed an experimental study to compare outcomes achieved from families in the GOALS intervention with those of families receiving regular services and supports available to families who were experiencing homelessness or housing instability in Arapahoe County, Colorado. The GOALS treatment group and the comparison group were generated through a random assignment methodology at program enrollment.

GOALS as a Two-Generation (2Gen) Approach

Theory of Change

2Gen approaches promote family well-being by intentionally working with children and parents/caregivers together. These approaches center on the whole family and aim to reduce chronic stressors that pass from one generation to the next. Because family members are inherently interdependent and interconnected, 2Gen approaches specifically seek to enhance family well-being by simultaneously targeting interventions to both parents and their children, including both children's and parents' voices in program design, and utilizing services that are holistic, integrated, and equity focused. The 2Gen aim is to improve whole family well-being by building social capital within a family's community, improve family members' physical and mental health, grow family economic assets, and enhance family members' education and employment pathways.

The GOALS program seeks to reduce chronic and long-term stressors identified to “spill over” (bidirectionally) between parents and children, such as homelessness, family economic hardship, poor mental health, problematic parenting, and limited access to enriched learning opportunities.¹ When successful, 2Gen programs can positively influence parents to pursue more education as well as more stable and higher paying jobs. In turn, attaining additional education and increased income may improve parents' financial stability, self-esteem, mental health, stress levels, and parenting practices. Consequently, children benefit through better development outcomes, such as school success and social competence. Better educated parents can enrich the home learning environment, serve as academic role models, and have higher educational expectations for their children, helping them become more motivated and successful in their schooling. These types of 2Gen impacts may improve both parent and child well-being by successfully targeting the chronic stressors facing families.

Designing the Approach

A core component of the GOALS program design was to ensure the intervention is responsive to the barriers and service needs of parents and children in families experiencing homelessness or housing instability. According to Ascend at the Aspen Institute, “for two-generation approaches to work, it's essential to partner with families as equals.”² This involves engaging with families experiencing

“We don't just tell them ‘you got to get a job;’ we're learning how to empower families, hear them, meet them where they are, and create plans and goals. The goals are not always just getting a job and going to school, but they're also wrapped around parenting and learning different techniques. For example, next month, something we'll do for Family Voices is have a family field day. We'll be talking about bedtime routines and about family-style dining and why they're important. We're building a whole individual and the whole family. We're teaching them techniques and strategies to use when they leave GOALS, and to keep their family bonded together, keep them whole, and keep them learning how to communicate with one another in an effective manner.”

— GOALS Program Director

homelessness or housing instability to design programs that are responsive to the barriers that families in these circumstances face. As such, GOALS program leadership designed a 2Gen program around families' experiences of the policies and services that do and do not work for them by incorporating their voices into program design and implementation. This “Family Voice” model focuses on self-determination for individuals and families as central to all service provision. Here are the elements of the 2Gen framework that were addressed:

¹ Chase-Lansdale, L., & Brooks-Gunn, J. (2014). Two-generation programs in the twenty-first century. *The Future of children*, 24(1), 13–39. <https://doi.org/10.1353/foc.2014.0003>

² Wildsmith, E., & Alvira-Hammond, M. (2023). Data on families with low incomes across America can inform two-generation approaches. *Child Trends* <https://doi.org/10.56417/1147h453j>

- Family-centered services with integrated support on site;
- Removing barriers and coaching families toward self-set goals;
- Partnering with diverse service providers for comprehensive care on site and off site;
- Committing to racial equality; and
- Measuring family outcomes.

Client-centered, individualized case-management serves as a primary tool for clients to exercise their personal agency and provide ongoing feedback about the program and their needs. As an economic stability program, GOALS provides supportive services to clients in making their own plans, solving their own problems, and creating their own paths. The following excerpt includes examples of how 2Gen approaches, such as Family Voice, were incorporated in program implementation.

For more information on how Family Voice was incorporated into the development of the GOALS intervention, read [CPR's Research Brief](#). The complete GOALS intervention Manual can be found [here](#).



Methods

Study Overview

The GOALS program was designed as a client-centered, strengths-based, trauma-informed program to support families experiencing homelessness or housing instability to support them on a path to achieve self-sufficiency. GOALS is a temporary residential housing program designed to serve families in a residential service setting for up to approximately nine months. It is not a confidential location and not intended as a safehouse from domestic violence.

To determine the impact of the GOALS program on families who received services, CPR designed a study that involved a randomized controlled trial. Families were randomly assigned to either a treatment or comparison group. Treatment group participants received the GOALS intervention and its services, and comparison group participants received “business as usual” services available in the community.

The study used a rigorous research design to generate information on the effectiveness of the GOALS intervention in achieving its key goals and answer the research questions of major interest to program architects, funders, and agencies seeking to address multi-generational poverty among families experiencing homelessness or housing instability. The outcomes reported focus on improvements in the areas of economic stability, housing, employment, health, and well-being. The research questions that guided the outcome evaluation are as follows:

1. Was the GOALS intervention more effective than “business as usual” services available in the community at serving families who experience homelessness?
2. Did the GOALS intervention adhere to the 2Gen model of supporting adults, children, and families on the path to economic stability, ultimately leading to improved outcomes?
3. Did the GOALS intervention lead to long-term (12–24 months) improvements in families' access to stable housing, access to public benefits, receipt of education and employment services, and family well-being, compared to those who did not receive the intervention?
4. Do the evaluation results provide enough evidence to justify replicating this program model in other settings and do the results indicate an opportunity for further rigorous evaluation?

Procedure

Screening and Referral Process

Architects of the GOALS program (i.e., the GOALS leadership team) wanted to ensure the program was available to a broad population of families who were experiencing homelessness or housing instability. As such, the target population was intentionally broad.

Once the sample population was identified, GOALS program staff determined the individuals eligible for the study. Eligibility criteria for program enrollment in both treatment and comparison groups were developed by the GOALS leadership team, program staff, and CPR, based on lessons learned from the Phase I formative evaluation.³

Screening for program eligibility was based on the following criteria and assessed by the referral agency partner. A copy of the screening form can be found in [Appendix A](#).

- To meet “family” eligibility criteria, the household must have included at least one adult member and at least one child (18 years of age or younger) or an expectant child;
- Family must be currently experiencing homelessness or housing instability; and
- Family must currently receive, or be eligible to receive, public benefits in Arapahoe County.

Families who met the preliminary eligibility criteria were screened by referring agency partners who completed the online screening form. The referring agency then completed the release of information and entered the information into the online management information system designed for the program called GOALS-Connect. Once the family was determined to meet the program's eligibility criteria, a safety check was conducted through the Colorado Bureau of Investigation (CBI) and the GOALS program director reviewed whether the family had an open case in the child welfare system.

GOALS program referrals came from a variety of sources, including key public agencies that serve homeless populations in Arapahoe County, Colorado. Primary community partners to the GOALS program were:

- **Arapahoe County DHS:** The Arapahoe County Department of Human Services works to protect children and at-risk adults, to administer financial services, food, and medical assistance to eligible county residents, and to ensure that all children receive the financial and medical support they deserve from each parent.
- **Arapahoe County Division of Child Welfare:** The Division of Child Welfare is composed of a specialized set of services designed to strengthen the ability of the family to protect and care for their own children, minimize harm to children and youth, and ensure timely permanency planning.
- **Arapahoe/Douglas Works!:** Provides no-cost employment assistance services tailored to individual needs, including self-service options like job search tools, resource center amenities, staff-assisted career guidance, and intensive job search support and training opportunities.
- **Center for Work Education and Employment (CWEE):** Offers individual career support, digital literacy training, and job placements, helping participants enhance their job-related skills and secure employment.

³ See findings from the Formative Evaluation here: <https://centerforpolicyresearch.org/publications/generational-opportunities-to-achieve-long-term-success-goals-phase-i-final-research-brief/>

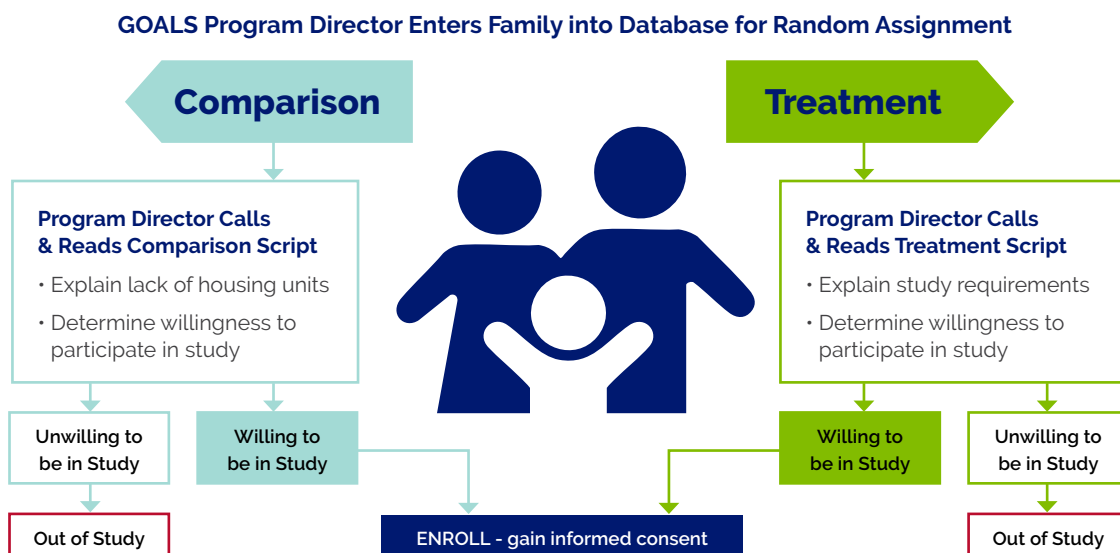
- **Aurora@Home:** A collaborative initiative in the City of Aurora that offers rapid re-housing and homelessness prevention assistance. It provides rental assistance and housing case management, typically for three to nine months, with the goal of helping households achieve long-term housing stability.
- **Aurora Public Schools and Cherry Creek Public Schools McKinney/Vento Liaisons:** Under the McKinney-Vento Act, each local educational agency has a designated liaison to ensure that children and youth experiencing homelessness are identified, enrolled, and provided with equitable opportunities and access to educational and support services.
- **Family Tree:** Family Tree is a nonprofit providing innovative services designed to end child abuse, domestic violence, and homelessness. Family Tree partners with all people to prevent and overcome the interconnected issues of child abuse, domestic violence, and homelessness to promote safety, healing, and stability across generations.
- **Word of mouth:** Once families learned of the GOALS program, referrals through the community and word of mouth spread about the services available and families called the program directly for services.

Random Assignment and Consent to Participate

Random assignment was selected to give all eligible families an equal chance to move to the campus and receive services. However, given the limited number of space available at the GOALS residential services campus (a maximum of 15 rooms, with maximum occupancy of 50 individuals across campus), and the number of families experiencing homelessness or housing instability in the service area, the GOALS team employed a waiting list, whereby families referred to the program would be added to the waitlist but would not be randomized to the treatment or comparison groups until there was space for them to participate. (The waiting list for program entry reached as many as 100 families and was regularly at least 30 families long.) Once space became available, the GOALS Program Director randomly assigned the family. This procedure presented challenges for GOALS staff, as it was often difficult to confirm eligibility and to contact families after a delay between the referral and opening on the waitlist.

Figure 1 shows the group assignment process for families enrolling in the GOALS Phase II outcomes study.

Figure 1. Group Assignment Flow Chart



When space for GOALS housing became available, the Project Director called families on the waitlist and randomly assigned them to either the treatment or comparison group. The Project Director then explained the purpose of the study and detailed their treatment group's access to services, requirements of the study, and garnered their willingness to participate in the study.

Families assigned to the treatment group were offered an opportunity to tour the campus. Given the benefits and flexibility of the residential-based housing, as well as the services offered, many families assigned to the treatment group were eager to participate.

"A lot of families were grateful to have a transitional housing opportunity where they didn't have to think about separating. I heard from several single fathers who said, 'this is the only opportunity that I saw and was able to take to be with my children.' Or families exclaiming, 'WOW, are you serious? It's not just me and the kids, my boyfriend of three years can stay with us while we're trying to transition.' We heard a lot of positive affirmations from families about the setting."

— GOALS Program Director

Part of the screening criteria included two questions about the family's readiness to engage with the program's structure and expectations. Of concern was that families may not buy into GOALS and use the program as a short-term shelter and voluntarily leave before completing the program.

Participation in the study required that families be willing to adapt to the communal living environment that the GOALS program offers, characterized by shared bathrooms and kitchen spaces. It was also crucial that candidates understood and accepted the program's requirements, including the need for

"Identification of potential candidates begins with assessing whether families self-identify as homeless or couch surfing. However, eligibility extends beyond mere identification; it also hinges on the family's willingness to embrace the communal living environment characteristic of the GOALS program, which entails shared bathrooms and kitchen spaces."

— GOALS Program Director

cooperation, humility, and conflict resolution skills, as the program brings together participants from diverse backgrounds. Because inadequate handling of conflicts can lead to participants dropping out or being asked to leave the program, GOALS staff identified the need for enhanced training in conflict resolution and trauma-informed care. As such, to maintain eligibility for the study, families who agreed to participate in the study were required to:

- Agree to follow the rules of GOALS residential services; and
- Participate in GOALS programming.

Some families refused to participate in the study if they were not assigned to the treatment group. Families assigned to the comparison group were to be offered a list of resources and referrals available to families experiencing homelessness or housing instability in Arapahoe County. Case navigators noted that the random assignment process could be frustrating for people who sought shelter for their families but were not offered specialized services.

Verbal or written consent from the adult family members who agreed to participate in the study was obtained. All adults who completed the informed consent process were considered study participants, and all data on that family was collected and reported. Children did not participate in data collection, so assent was not required. Verbal and/or written consent was approved under Protocol #2019/09/9 through Solutions, IRB.

After informed consent was obtained, the baseline survey was completed. Project outcomes were assessed using data collection tools developed during CPR's Phase I formative evaluation and include screening for eligibility and baseline survey completion. Data for both groups of families was collected and analyzed by family unit and presented by adult (parent) and child intervention services and outcomes. Outcomes were collected and measured for families at program enrollment, and again at 12 and 24 months after program enrollment. Families were provided with a \$40 gift card as an incentive for participating in the study, upon completion of the baseline survey and an additional \$40 incentive upon completion of the follow-up telephone survey.

Measures

Researchers collected data on families assigned to both the GOALS treatment group and comparison group across multiple sources and timepoints. Table 1 presents the data source, a brief description of the data source, the respondent, and how often the survey was administered, as well as an overview of the measures collected in each survey.



Table 1. Survey Tools and Measures Used in Outcomes Study Data Collection

Data Source	Description	Respondent	Collection Timeline	Measures
Eligibility Screener	Screener for GOALS eligibility; survey of demographic characteristics	All families screened for participation in intervention	1x: Administered at initial screening (i.e., prior to GOALS program enrollment)	<ul style="list-style-type: none"> - Receiving or eligible to receive benefits - Housing status - Presence of children in the household - Household income - Current case with child protection - Currently fleeing domestic violence - Agreement to terms of GOALS programming - Desired program outcomes Household members' names, ages, contact information
Baseline Survey	Pre-intervention survey of child, adult, and family characteristics	Treatment group; comparison group	1x: Upon GOALS program enrollment	<ul style="list-style-type: none"> - Adult demographic characteristics (name, age, race/ethnicity, presence of children in the household, disability status, pregnancy status, education, marital status, employment and health status, drug use, criminal history) - Adult trauma, self-harm, vaccination use - Adult employment history - Child educational stability, behavioral problems, vaccination use - Family finances and receipt of benefits (employment history, benefit receipt, education and training, employment goals and barriers to employment) - Adult report of self-esteem and optimism (Life Orientation Test) and connection and inclusion (Life Orientation Test)
12-month Follow-up Survey	<p>Mid-intervention* survey of child, adult, and family characteristics</p> <p>*Among families who dropped out prior to the 24-month follow-up, this is considered their post-intervention survey</p>	Treatment group; comparison group	1x: Administered 12 months after family enrollment date	<ul style="list-style-type: none"> - Adult demographic characteristics (name, age, race/ethnicity, presence of children in the household) - Family housing history - Adult employment history and stability - Family access to health and well-being (including healthcare and health services) Adult and child education history and stability - Family self-sufficiency and connections to supports - Family access to help and public services and benefits - Adult life satisfaction - Adult satisfaction with the GOALS program (treatment group only)

Data Source	Description	Respondent	Collection Timeline	Measures
24-month Follow-up Survey	Post-intervention survey of child, adult, and family characteristics	Treatment group; comparison group	1x: Administered 24 months after family enrollment date	<ul style="list-style-type: none"> - Family current situation snapshot (housing status, savings, transportation needs, earnings, employment status access to healthcare (for children and adults), child education - Family receipt of benefits - Family housing and employment stability - Family member use of assistance, arrests, child welfare involvement, education (in the last 24 months) - Possible improvements in the last 24 months: family housing, meeting basic needs, health, access to healthcare, transportation, education - Possible improvements in the last 24 months: child development and well-being, legal support, life stability, community supports, outlook - Support received in the last 24 months: stable housing, children's school needs, childcare, employment, public benefits
2Gen Index	Pre- and post-intervention survey of families' needs regarding children, family support, and employment.	Treatment group	2x: Upon GOALS program enrollment; at program exit (whenever that occurred for families)	<ul style="list-style-type: none"> - Child resilience: education, behavior, assets to development - Family livable wage: employment, training, and barriers to earning a livable wage - Family well-being: family resources/needs, support, cohesion
Exit Survey	Post-intervention documentation of exit, perceptions of GOALS helpfulness	Treatment group	1x: At program exit (whenever that occurred for families)	<ul style="list-style-type: none"> - Reason for GOALS program exit - Pending housing status - Perception of GOALS helpfulness - Pending public housing assistance
Administrative Data	Extract from state administrative records for group comparison and outcomes data	Treatment group; comparison group	3x: Upon GOALS program enrollment; approximately 12 and 24 months after family enrollment date	Administrative record of key outcomes related to public benefit receipt, employment and earnings, permanency and housing, and child support receipt

Participants

Characteristics of Families Screened for the Study

Table 2 presents the results of the screening criteria among families randomized into the treatment and comparison groups. A total of 566 families were screened and referred to the GOALS program during the Phase 2 evaluation, and 150 were randomly assigned and enrolled in the study. As can be expected with random assignment, there were no significant differences among families who were eventually randomized to the treatment and comparison groups.

Table 2. Screening Criteria for all Referred Families

Screening Question	Percentage of Families who Responded "Yes" (n=566)
Initial Screening Criteria	
Adult has at least one child under the age of 18 currently living with you, or is currently pregnant? (n = 558)	96.6%
Currently homeless? (n = 556)	85.8%
Currently has unstable housing/at-risk of homelessness? (n = 549)	98.2%
Eligible to receive benefits in Arapahoe County? (n = 521)	90.0%
Currently receive benefits from Arapahoe County? (n = 520)	52.5%
Is anyone in the household receiving disability benefits? (n = 486)	14.8%
Is the household income less than \$75,000/year? (n = 508)	89.4%
Does the family agree to live in congregate housing? (n = 481)	99.0%
Does family agree to live in a drug-free environment? (n = 481)	99.6%
Desire to Participate	
I've been thinking I might want to change something about myself to improve the quality of my life. (n = 478)	99.4%
I am hoping to participate in a process that will help me to better understand myself. (n = 476)	99.8%

Characteristics of Families Enrolled in the Study

Demographic Characteristics

Table 3 details the demographic characteristics (race/ethnicity, marital and parenting status, employment, and age) among family members in the treatment and comparison groups. A total of 75 families enrolled in the treatment group, and 75 enrolled in the comparison group across the rolling 32-month enrollment period. (As a reminder, housing was available for approximately 15 families at a time and their program length ranged from approximately one to nine months.) The characteristics of the families enrolled in both groups show comparability across the groups at study enrollment.

Table 3. Characteristics of Families in the Treatment and Comparison Groups at Enrollment

	Treatment	Comparison
Household Composition	<i>n</i> = 75	<i>n</i> = 75
Number of adults in the household (average)	1.2	1.2
Number of children in the household (average)	2.1	1.8
Total members in the household (average)	3.3	3.1
Head of household parent marital status	<i>n</i> = 61	<i>n</i> = 30
Single/never married	54%	74%
Single/divorced	20%*	3%
Cohabiting or "common law"	5%	7%
Married	21%	17%
Head of Household Parent Gender	<i>n</i> = 75	<i>n</i> = 75
Female	89%	87%
Male	11%	13%
Head of Household Parent Age	<i>n</i> = 74	<i>n</i> = 61
Average (years)	34.0	34.3
Head of Household Parent Race/Ethnicity	<i>n</i> = 73	<i>n</i> = 53
African American/Black only	33%	36%
White only	27%	28%
Hispanic/Latinx only	18%	15%
Native Hawaiian/Pacific Islander only	4%	2%
Native American/Alaska Native only	4%	4%
Other	3%	2%
Multi-racial	11%	13%
Head of Household Parent Educational Attainment	<i>n</i> = 60	<i>n</i> = 32
Did not complete high school	22%	16%
Completed high school or equivalent	57%	56%
Completed vocational or trade school	3%	3%
Completed some college	10%	22%
Completed college	8%	3%
Child Age (years)		
Average	7.8	6.8
Range	<1 - 18	<1 - 18
<i>n</i> children	155	117
<i>n</i> families	73	63
Child Gender	<i>n</i> = 152	<i>n</i> = 64
Female	40%	38%
Male	59%	61%
Gender nonconforming/nonbinary	1%	2%

Notes: Response rates for multi-adult households were extremely low, and thus, we only report "head of household" data.
 * Indicates a statistically significant difference between treatment and comparison group families at $p < .05$.

The household composition was similar across groups. On average, treatment and comparison group families had approximately one adult, two children, and three total members in the household. However, parents' marital status differed by group. When compared with the comparison group, statistically significantly higher proportions of parents in the treatment group were divorced (20% compared to 3% for treatment and comparison groups, respectively). The proportions of families in single/never married, cohabiting, and married families were statistically similar across treatment and comparison groups.

Despite the fact that some households contained more than one adult, we identified one "head of household" respondent for each family. Among the heads of households in the study, the vast majority identified as female (89% and 87% in the treatment and comparison groups, respectively). Heads of households in both groups were approximately 35 years old, on average.

Heads of households in both treatment and comparison groups most commonly identified as African American/Black (non-Hispanic) (33% in the treatment and 36% in the comparison groups, respectively). Similar proportions of families in both groups identified as White (27% and 28% in treatment and comparison groups, respectively), as well as Hispanic (18% and 15% in treatment and comparison groups, respectively). Smaller proportions of families in both treatment and comparison groups identified as Native Hawaiian, Native American, "other," or multi-racial. There were no statistically significant differences in head of household parents' race/ethnicity by group. At enrollment, just over half of the heads of households had completed high school or their GED. There were no statistically significant differences in parents' educational attainment by group at program enrollment.

Housing

Given the goals of the program — which were to improve child, parent, and family well-being and enhance economic stability among families currently receiving (or eligible for) public assistance and who were currently experiencing homelessness or housing instability — it was important to assess families' pre-program housing situations. Table 4 includes a list of families' housing situations at the time of enrollment. At enrollment, just over half of families in the treatment and comparison groups reported that they were living in situations Family Tree defines as "safe and stable housing," including in a family member's or friend's house (23% and 28% for treatment and comparison groups, respectively); transitional housing, interim housing, or safe haven (19% and 10% for treatment and comparison groups, respectively); and in their own home or with a partner (10% and 21% for treatment and comparison groups, respectively). However, program staff indicated those families noted they were on the verge of getting evicted, could no longer keep up with rent, or were otherwise soon to lose access to their housing. The other half of families lived in housing Family Tree defined as "unstable." Unstable housing included emergency shelter (30% and 31% for treatment and comparison groups, respectively), in a hospital or treatment facility (1% and 2% for treatment and comparison groups, respectively), and homeless (16% and 9% for treatment and comparison groups, respectively). Given the program's eligibility criteria, no families in either group were living in a domestic violence shelter at enrollment, though this is also considered unstable housing. None of the housing situations were statistically significantly different across groups at enrollment. Statistically similar proportions of treatment and comparison group families were receiving housing assistance at enrollment (10% and 20% for treatment and comparison groups, respectively).

Table 4. Recent Housing at Enrollment by Group

Housing and Housing Stability Indicator	Treatment	Comparison
Current Housing Situation	n = 69	n = 58
Safe and Stable Housing	52%	59%
In a family member's or friend's house	23%	28%
Transitional housing, interim housing, or safe haven	19%	10%
In my own home or with a partner	10%	21%
Unstable Housing	48%	41%
Emergency shelter	30%	31%
Homeless/living in a place not meant for habitation	16%	9%
Hospital or treatment facility	1%	2%
Currently Receiving Housing Assistance	10%	20%
Number of moves in the last 12 months	n = 60	n = 57
Average	3.5	3.1
0 moves	0%*	12%
1 move	25%	33%
2 moves	23%	11%
3 or more moves	52%	44%

Notes: Percentages are based on valid responses.

* Indicates a statistically significant difference between treatment and comparison group families at $p < .05$.

High mobility rates and lack of stable housing are characteristics of families who experience homelessness and housing instability and are equally reflected in both groups. In the 12 months before program enrollment, both treatment group families and comparison group families moved approximately three times (3.45 and 3.14 for treatment and comparison groups, respectively). Families in both groups had similar number of moves in the 12 months prior to enrollment; however, treatment group families were statistically significantly less likely to not have moved in the previous 12 months (0% and 12% for treatment and comparison groups, respectively).

Finances and Benefits Prior to Enrollment

The baseline survey collected information regarding families' experiences receiving public benefits and their overall financial situation. Results are presented in Tables 5 and 6 and Figure 2. Results showed the study participants were already well connected to public benefits at enrollment. The majority of families in both treatment and comparison groups reported receiving any public benefits and specifically, any benefits for their children. There were some differences in the receipt of specific benefits by treatment group, however. Treatment group families were significantly less likely than comparison group families to receive Supplemental Nutrition Assistance Program (SNAP) benefits at enrollment (83% compared to 93%, respectively). There were marginally significant differences in treatment group families' receipt of Temporary Assistance for Needy Families (TANF) benefits (64% compared with 77%, respectively) and medical assistance (81% compared with 92%, respectively). However, given that these benefits are means tested and have strict benefits cliffs, it remains important to consider their benefits receipt in the context of their household incomes.

Table 5. Family Benefits Receipt at Enrollment by Group

Public Benefit Indicator	Treatment n = 69	Comparison n = 71
Receiving any benefit	87%	93%
Receiving any benefit(s) for child(ren)	76%	83%
Reported receiving the following:		
Receiving Supplemental Nutrition Assistance Program (SNAP) benefits	83%*	93%
Receiving Temporary Assistance for Needy Families (TANF) benefits	64%~	77%
Receiving medical assistance	81%~	92%

Notes: Percentages are based on valid responses.

* Indicates a statistically significant difference between treatment and comparison group families at $p < .05$.

~ Indicates a marginally significant difference between treatment and comparison group families at $p < .1$.

As shown in Table 6, families in both groups expressed a similar lack financial stability, and there were no significant differences between the two groups in the head of household's wages in the year prior to enrollment, combined family earnings at enrollment, the quality of their overall financial situation, or families' average reports of self-sufficiency (measured on a scale of 0 to 1). Administrative data analyzed from employment and earnings records show that both groups' incomes were extremely low. In the year prior to enrolling in the study, the average employed head of household's earnings were approximately \$9,000 in the treatment group and even lower (under \$7,000) in the comparison group. As noted above (Table 3), approximately three-quarters of households in both groups were single, which suggests these earnings were the household's only source of income. This income would indicate the average family was living well below the federal poverty level, which was \$16,910 for a family of two and \$21,330 for a family of three in 2019.⁴



At the time of enrollment, the majority of families in both groups reported their annual earnings at enrollment were \$10,000 or less (69% of the treatment group and 77% of the comparison group). When we asked families to rate the quality of their overall financial situation, both groups reported their financial situation as "poor" (63% of each group). Less than 10% of participants in each group reported their situations as "good" (9% and 7% in treatment and comparison groups, respectively).

4 <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references/2019-poverty-guidelines>

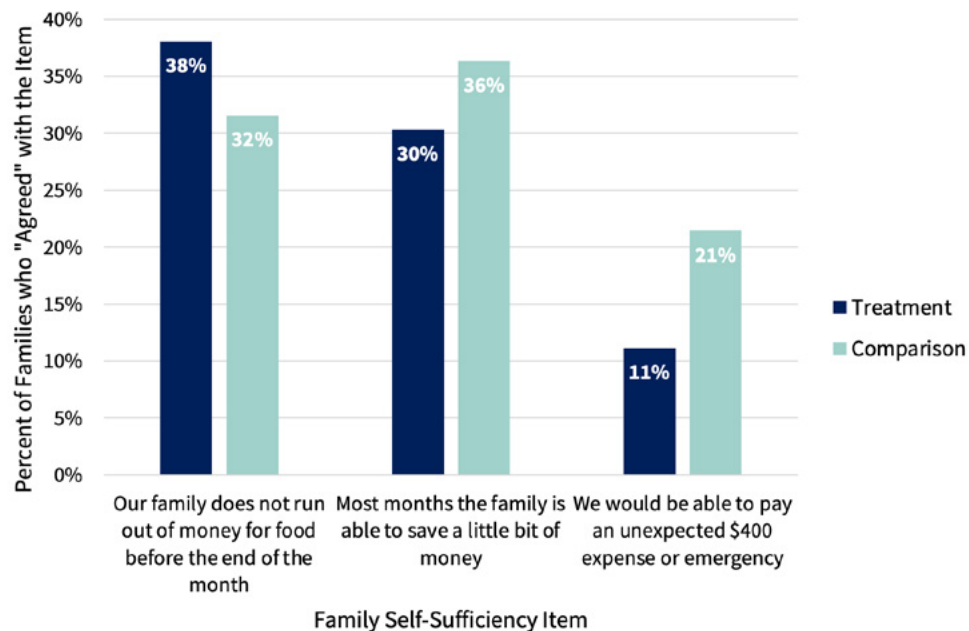
Table 6. Family Finances at Enrollment by Group

Family Finance Indicator	Treatment	Comparison
Head of household's annual wages in the year before enrollment	<i>n</i> = 33	<i>n</i> = 39
Average	\$9,150.34	\$6,716.19
Combined family earnings (annual) at enrollment	<i>n</i> = 70	<i>n</i> = 58
\$10,000 or less	69%	77%
\$10,001-\$20,000	17%	9%
\$20,001-\$40,000	10%	10%
\$40,001 or more	4%	3%
Quality of overall financial situation	<i>n</i> = 70	<i>n</i> = 58
Poor	63%	63%
Fair	29%	30%
Good	9%	7%
Family self-sufficiency	<i>n</i> = 68	<i>n</i> = 58
Average	0.38	0.39

Notes: Wages in the quarter before enrollment are reported only for individuals who were employed. There were no significant differences between treatment and comparison group families.

To gauge families' overall financial situation at enrollment, we asked them whether several statements were representative of their family's current financial situation. Figure 2 and the last row of Table 6 depict families' perceptions of their self-sufficiency, which was rated on a scale from 0 to 1. As shown in Figure 2, similar proportions of families reported that they "do not run out of money for food before the end of the month" (38% and 32% for treatment and comparison groups, respectively), "are able to save a little bit of money" most months (30% and 36% for treatment and comparison groups, respectively), and would be able to pay an unexpected \$400 expense (11% and 21% for treatment and comparison groups, respectively). As shown in Table 6, both treatment and comparison group families reported similarly low levels of self-sufficiency (less than .4 on a scale from 0 to 1 for both groups) at enrollment.

Figure 2. Percentage of Families who Agreed to Each Self-Sufficiency Item at Enrollment, by Group



Employment

When considering families' ability to afford housing and maintain self-sufficiency, it is critical to look at their employment status and stability. Table 7 displays families' employment characteristics and Table 8 depicts measures of families' job stability. Analysis of administrative employment and earnings data demonstrates that approximately 44% of treatment group and 52% of comparison group families were employed (i.e., had any earnings data) in the year leading up to enrollment in the study. Families in both groups were employed approximately six months of the year, on average.

Table 7. Parents' Employment Characteristics at Enrollment by Group

Employment Indicator	Treatment	Comparison
Employment status	<i>n</i> = 64	<i>n</i> = 52
Employed within the last year	44%	52%
Number of quarters employed in the last year	2.2	2.1

Notes: There were no significant differences between treatment and comparison group families.

Table 8 depicts the job stability at enrollment for the families in the treatment and comparison groups. The previous findings on low levels of employment across both groups are in line with families' report of their current job tenure. Families who reported being employed at enrollment reported that the average length of time at their current job was approximately one or two years (2.03 years for treatment group families; 1.22 years for comparison group families). Over half of employed treatment group families had been employed by their current employer for longer than one year, while only 38% of comparison group families had been employed by their current employer for longer than one year. The average number of jobs held in the 12 months leading up to enrollment was between one and two jobs in both treatment and comparison groups. On average, treatment group families held 1.73 jobs and comparison group families held 1.48 jobs in the last 12 months. This difference was not statistically significant. Treatment and comparison group families had similar recounts of their longest length of employment with the same employer (in years), with both groups reporting an average of just under 3 years. Over 40% of treatment group families and over half of comparison group families reported that they had never been employed with the same employer for more than one year.

Table 8. Parents' Job Stability at Enrollment by Group

Job Stability Indicator	Treatment	Comparison
Length of time at current job	<i>n</i> = 14	<i>n</i> = 16
Average (years)	2.0	1.2
Less than 6 months	43%	50%
Between 6 months and 1 year	0%	13%
Greater than 1 year	57%	38%
Number of jobs in the last 12 months	<i>n</i> = 41	<i>n</i> = 44
Average number of jobs	1.7	1.5
0 jobs	7%	9%
1 job	44%	50%
2 jobs	24%	27%
3 or more jobs	24%	14%
Longest length of employment with same employer (years)	<i>n</i> = 32	<i>n</i> = 31
Average	3.0	2.9
Less than 6 months	13%	23%
Between 6 months and 1 year	28%	29%
Greater than 1 year	59%	48%

Notes: "Length of time at current job" was only asked if respondent was employed (through self-report data). There were no significant differences between treatment and comparison group families.

As discussed previously, rates of unemployment were high at enrollment (nearly 70% in both treatment and comparison groups) and job stability was low for both treatment and comparison group families. Heads of households were asked about their barriers to employment at enrollment, and parents selected all reasons that applied. Results are shown in Table 9 and indicate that families in the treatment group identified significantly more barriers to employment (an average of 2.67 compared to 1.97 barriers identified by treatment and comparison families, respectively)...

Table 9. Parents' Barriers to Employment at Enrollment by Group

Barriers to Employment	Treatment <i>n</i> = 52	Comparison <i>n</i> = 35
Total barriers identified	2.7*	2.0
Percentage of parents who identified the following barrier		
Lack of stable housing/Homelessness	58%*	26%
Issues with children	27%	43%
Lack of vital documentation (e.g., SSN)	23%	9%
Disability or serious health issue(s)	21%	14%
Limited work history	19%*	0%
Lack of high school diploma or GED	19%	17%
Challenges with transportation	19%	31%
Domestic violence	19%	9%
Limited English proficiency	12%	6%
Current legal issues	10%*	0%

Barriers to Employment	Treatment <i>n</i> = 52	Comparison <i>n</i> = 35
Lack of job skills	8%	9%
Mental health challenges	8%	9%
Previous incarceration	4%	0%
Issues with drugs or alcohol	2%	3%
Current probation	2%	3%

Notes: * Indicates a statistically significant difference between treatment and comparison group families at $p < .05$.

Among the families who cited any barriers to employment, the most frequently cited barriers in both groups were lack of stable housing or homelessness, issues with children, disabilities or serious health conditions, lack of high school diploma or GED, and challenges with transportation. Significantly more treatment group families than comparison group families reported that the lack of stable housing was a barrier to employment (58% and 26% for treatment and comparison group families, respectively), and this difference was statistically significant. Treatment group families also commonly noted lack of vital documentation (23%) and limited work history (19%) as barriers to employment, though they were not top reasons for the comparison group. Finally, a statistically significantly higher proportion of treatment group, compared to comparison group, families noted "current legal issues" as a significant barrier to employment (10% and 0% for treatment and comparison group families, respectively). Importantly, the lack of stable housing and homelessness and issues with children being so highly reported in both groups underscore the importance of this 2Gen intervention as a mechanism to improve child, parent, and family well-being and enhance economic stability among families experiencing housing instability and homelessness.

Families' Social Connectedness

A key component of the 2Gen model is to build social connectedness (i.e., social capital) within a family's community. At enrollment, parents were asked about the strength of their connections and the support and coping mechanisms that help them to feel optimistic about the future. Results are presented in Table 10 and Figure 3. As shown in Table 10, children were a key point of social connectedness for both groups. However, treatment group families were marginally significantly less likely than comparison group families to report feeling at least "strongly" connected to their children (85% and 95% for treatment and comparison groups, respectively). Both groups reported feeling less connected to their parents (33% and 41% for treatment and comparison groups, respectively), other family members (25% and 39% for treatment and comparison groups, respectively), and community (25% and 44% for treatment and comparison groups, respectively). Significantly fewer treatment group families reported feeling at least strongly connected with their community when compared to the comparison group. Among the families who identified having a partner/spouse, or being enrolled in school, few reported feeling at least very strong connections to their family and community.

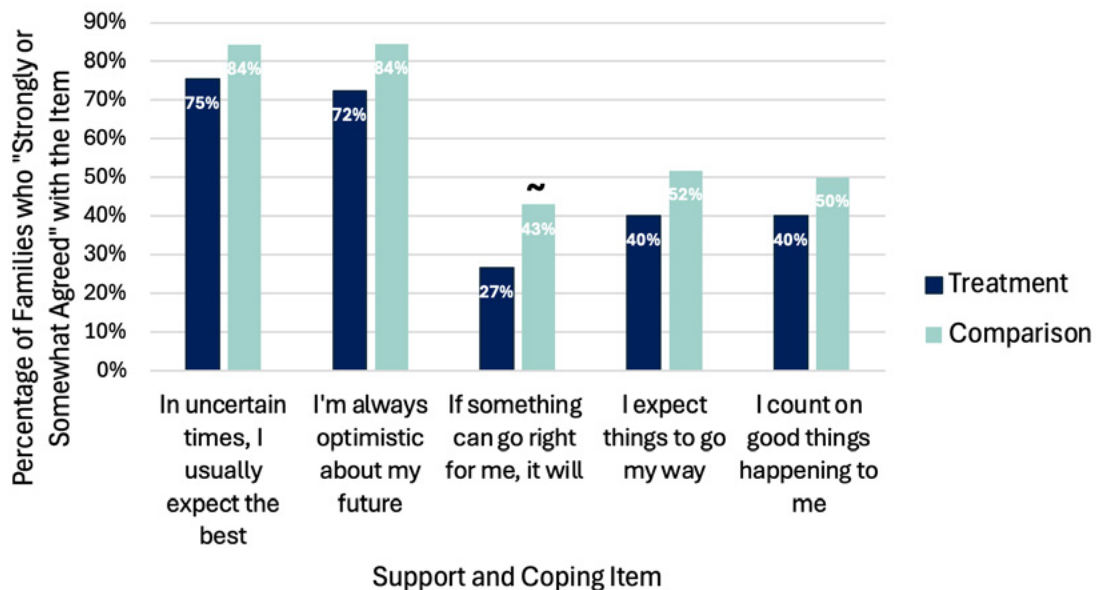
Table 10. Families' Social Connectedness, Supports, and Coping

	Treatment	Comparison
Parents' reports of feeling at least "strongly" connected to the following:	<i>n</i> = 64	<i>n</i> = 44
Child(ren)	85%-	95%
Parents	33%	41%
Other family members	25%	39%
Community	25%*	44%
Partner/spouse ^a	30%	27%
School ^a	38%	53%
Supports and coping mechanisms (0 - 1)	<i>n</i> = 65	<i>n</i> = 58
Average	0.5*	0.6

Notes: ^a Indicates respondents only reported on this item if it pertained to them. Sample sizes for each item may have varied slightly but are not all reported.
 * Indicates a statistically significant difference between treatment and comparison group families at *p* < .05.
 ~ Indicates a marginally significant difference between treatment and comparison group families at *p* < .1.

Families' perceptions of their supports and the coping mechanisms that help them feel optimistic about the future are presented in the last row of Table 10 and in Figure 3. Figure 3 shows the individual items in families' supports and coping. Across all items, treatment group families reported lower optimism and coping than comparison group families, though the scores between groups in each item were not significantly different from one another. The average of these five items together confirmed that treatment group families reported fewer supports and coping skills than comparison group families (0.51 compared with 0.63 on a scale from 0 to 1, respectively).

Figure 3. Percentage of Families who Agreed to Each Support and Coping Item at Enrollment, by Group



* Indicates a statistically significant difference between treatment and comparison group families at *p* < .05.
 ~ Indicates a marginally significant difference between treatment and comparison group families at *p* < .1.

The GOALS program served an intentionally broad group of families experiencing homelessness. Many of the residents had a non-traditional family structure, including male head of households with children. Traditional homeless shelters do not accept minors with adult males in a shelter environment, often requiring families to separate in order to access shelter and services. What makes GOALS unique is the ability to keep families experiencing homelessness together while providing a safe stable place for them to get back on their feet. The example below of "John and Mia" highlights the uniqueness of the program as it describes the story of a single father and his young daughter's experience with the GOALS program.

Case Study: **John and Mia's Journey with the GOALS Program**

"John," a single father, has faced significant life challenges leading up to his enrollment in the GOALS program. Originally from Colorado, John spent much of his life between Colorado and Kansas. He successfully raised two sons, now aged 23 and 19, before the birth of his daughter, "Mia," who is about to turn two years old. John had been managing well, working multiple jobs, but his life took a difficult turn due to domestic violence issues with Mia's mother. When she was incarcerated, John became the sole caregiver for Mia, starting from when she was just three weeks old. This sudden responsibility and lack of daycare options forced him to leave his jobs, eventually leading to their homelessness. Before enrolling in the GOALS program, John struggled significantly with securing stable housing and maintaining employment due to the lack of childcare for his infant daughter. His financial stability crumbled, and without external support, his situation worsened, making



it impossible for him to provide adequately for Mia. At first, John was hesitant to join the GOALS program, concerned about the communal living environment for his young daughter. However, after meeting with the Program Director, he was reassured of the program's benefits and decided to give it a try. Arriving at GOALS during the holiday season, it took some time for them to adjust, but by January, they were beginning to settle in. John started accessing various support services offered on campus, helping both him and his daughter to feel more at home. Housing was John's primary focus, and GOALS played a crucial role in connecting him with resources. Through the program, John linked up with the Salvation Army, which is now assisting him in securing an apartment. "I was connected with a lady through Salvation Army, and they began looking for apartments. They're going to help me pay for my deposit and first month's rent," John said. He also applied for Section 8 housing, which he would not have known about without the program's guidance. GOALS helped John obtain public benefits, a critical support for him and Mia, significantly easing his financial burden. "I wasn't able to get government support at first . . . but coming here helped me to get help from food stamps and stuff like that," he explained.

The program encouraged John to enroll Mia in daycare. Though initially resistant due to their strong bond and her young age, John recognized the program's benefits to support Mia's early education and socialization. John was going through a custody battle, and the GOALS program provided essential support, including assistance with paperwork and guidance through the legal processes. While John did not heavily utilize employment services, as he was waiting for the right time to return to his previous jobs, he did engage with educational opportunities offered through the program, such as college courses from Cross Purpose. John had positive interactions with the navigators and staff at GOALS who made him feel comfortable and assured about the program. Their meetings, held once or twice a week, focused on tracking his progress and ensuring he was utilizing available resources effectively. John appreciated the open-door policy, which allowed him to seek help whenever needed without waiting for scheduled meetings. Despite being somewhat reserved and keeping to himself, John experienced a supportive community environment at GOALS. He attended weekly meetings and participated in occasional community activities, although he often spent weekends visiting his 92-year-old mother.

On-site services, such as assistance with food stamp applications and other government aid, were particularly beneficial due to their accessibility and the supportive staff. John commented on the great support he received specifically from the AD/Works! case manager that he worked with on site. While John was generally satisfied with the services provided, he identified transportation as a key area for improvement. He suggested that providing transportation for off-campus services and events would greatly benefit residents, particularly those without personal vehicles.

Looking ahead, John is optimistic about his future. His primary goal is to regain stability and provide a normal, secure life for Mia. The support from the GOALS program has been instrumental in helping him get back on his feet, and securing an apartment is a significant step toward achieving this stability. John plans to continue utilizing the educational opportunities through Cross Purpose, further enhancing his long-term employment prospects. John's journey through the GOALS program highlights the critical role comprehensive support systems play in helping individuals overcome homelessness and rebuild their lives. The program's multifaceted approach, addressing both immediate needs and long-term goals, has enabled John to move toward a stable and hopeful future for himself and his daughter.

Services Available to Individuals Experiencing Homelessness or Housing Instability

To test the effect of the GOALS program for individuals experiencing homelessness and housing stability in Arapahoe County, Colorado, CPR assessed the differences in outcomes for the treatment and comparison group families. Treatment group participants received the GOALS intervention and its services, and comparison group participants received "business as usual" services available in the community and are described in more detail below.

Services Received: Comparison Group Families

Services available to families in the comparison group were intended to be "business as usual" and provided by community organizations in Arapahoe County, many of whom were referral partners to the GOALS program. These service providers offer a range of support services to individuals and families,

particularly those facing homelessness or employment challenges. While some service providers offer wrap-around services, others offer specific services to support families experiencing homelessness or housing instability.

Families were referred to Arapahoe County navigators for connections to services available to ensure their basic needs were being met. CWEE and A/D Works! provided extensive employment services, such as job skills training and intensive job search support for families experiencing housing instability. For housing services, such as rental assistance and housing case management, families were often referred to Aurora@Home. Family Tree and the Comitis Crisis Center offered a wide range of services including shelter, health, housing, and employment services to women with children experiencing homelessness or housing instability.

Services Received: Treatment Group Families

GOALS Program Model

The program's primary intervention involves housing up to 15 families at a time for stays of up to nine months (unless families were granted an extension) at the Oxford Vista campus operated by Family Tree in Aurora, Colorado. In addition to providing safe, stable, congregant housing and food, resident families have access to diverse services, including:

- Individualized case management
- Employment services
- Early childhood education and support for academic achievement
- Mental and physical health services
- Social network development
- Parenting and family function education

The key elements of the GOALS program identified by families with lived experience and incorporated into the GOALS program model include the following:

- Provide supportive services to clients to make their own plans, solve their own problems, and create their own paths forward
- While there are rules and standards of behavior that are necessary within a communal living environment like GOALS, residents should be involved in the creation of policy whenever possible and avoid unnecessary restrictions
- Family voice will be most effectively expressed within the context of supportive community among the residents and a shared sense of ownership of the program. GOALS should intentionally support the creation of community and ownership among residents for the day-to-day activities at GOALS, such as:
 - Orientation and mentorship of new residents
 - Group recreational activities
 - Weekly, resident-led meetings to address issues related to communal living
- Celebrate milestones and successes (birthdays, job interviews, good grades, etc.)
- Support one another through childcare and meal preparations.

- Create opportunities for residents to “give back” to the GOALS community through service activities such as establishing a community garden, facility improvements, planning recreational activities, etc.
- Request and incorporate formal feedback from residents on program practices and solicit suggestions for improvement
- Create and support a resident advisory board that offers authentic and meaningful guidance on program administration
- Encourage and support leadership development among residents to enhance confidence and the ability to fully engage with family voice — for example, if the resident meetings are routinely led by residents, rotate this responsibility, and establish, with the residents, basic protocol and facilitation expectations for leading the meeting
- Take advantage of program graduates with lived experience as program ambassadors with GOALS partners, funders, and the community at large

The Goals Program Model is detailed through the Theory of Change shown in Appendix B. A more detailed discussion of the key program model components is below.

Safe and Stable Housing and Food

Families could engage in the program and live on the GOALS campus for up to nine months, although 11 families were granted extensions. Extensions were granted to families primarily because of the lengthy process of securing housing. On average, families lived at the GOALS campus for approximately five months (144 days) with a range of less than one month to 14 months.

Families housed at GOALS were given their own room within the facility, and basic needs such as groceries were provided for them so that they could prepare their own food. Families living at GOALS agreed to congregate housing, live on a drug-free campus, follow the facility's rules and policies, and participate in a chore schedule and a weekly community meeting. They were also expected to engage with the GOALS navigator on a regular basis.

“Navigators are here for the families; they work for the families and they're here to help empower families as a whole being. They empower their mental health, they empower them to find safe and stable housing, and they empower them with creating goals and plans to make their dreams possible. The navigator's role here is to support and assist families anywhere they see a need. They also serve as a mentor to help them see things in different perspectives and help support them to understanding different areas that they might not understand in a moment of crisis.”

— GOALS Program Director

Case Management

Case management was an essential part of the GOALS approach. While at GOALS, families and individuals were expected to meet with case navigators on site to set goals, keep case navigators updated on their progress and workshop attendance, and follow-up regarding community referrals.

When providing case management, navigators ensured they utilized a strength-based approach and motivational interviewing by asking reflective questions to build trust with the family and develop a case management plan that worked for the family. All services and case management provided by GOALS were expected to follow a 2Gen framework, take a trauma informed approach, and document within the GOALS-Connect case management system.

Analyses showed that families met with their case navigator approximately two times per week ($n = 2.3$) and spent approximately half an hour ($n = 27$ minutes) in each meeting. Although the vast majority (83%) of meetings took place in person, navigators also stayed in contact with families through phone calls (7%), emails (6%), and text messages (4%). Case management meetings most often took place between a navigator and an adult in the family (89%), but sometimes included a child, either on their own (4%) or with the entire family (7%). In total, treatment group families ($n = 75$) met with their navigator over 3,500 times throughout their GOALS program enrollment, or an average of about 47 times per family.

Establishing and Tracking Goals

Navigators worked with families and individuals to set personalized goals for their case management in the outcome areas of housing, employment, education, or health and well-being. Navigators were expected to work with families to develop a set of goals within the first month of their residency, check in with families on the progress of their goals on an on-going basis, and update periodically to reflect progress on achieving goals and/or revising them.

Referring and Connecting Families to Intervention Services

Families living on the GOALS campus were expected to participate in at least one on-site activity per week, as available. Families enrolled in the treatment group were assessed and connected to relevant services through a case navigator. Services or activities aimed at helping participants improve in the areas of housing, employment, education, and health and well-being. Activities were usually provided one-on-one with families or individuals.

Families living on the GOALS campus had a variety of on-site services provided to them during their stay at the GOALS campus (stays ranged from approximately one- to nine-month intervention periods unless families were provided an extension), such as access to on-site public benefit enrollment and support, recreation, education, employment services, health screenings, childcare, and others. These services were provided to the family, as well as to parents and children individually. On- and off-site services were provided by community partners, such as local workforce programs including A/D Works! and CWEE, Arapahoe County Department of Human Services, Aurora Mental Health, and other public and private agencies.

Table 11 presents the intervention services available to parents, children, and families and whether they are offered on-site at the Oxford Vista campus or off-site in another setting.

Table 11. GOALS Intervention Services and Workshops

Location	Families	Parents	Children
Services available on-site	<ul style="list-style-type: none"> - Parenting education and support - Homeless case management - Social capital development - Enrollment in eligibility benefits - Family counseling - Assistance connecting to childcare - Health and mental health treatment - Clothing, services, food, toiletries 	<ul style="list-style-type: none"> - Financial literacy - Employment services and training, coaching, résumé writing - Health and mental health treatment - Work supports 	<ul style="list-style-type: none"> - Tutoring - Books, supplies, meal programs for students - Enrollment in early childhood education - Developmental screening and intervention - Recreation - Enrichment programs
Services accessed off-site	<ul style="list-style-type: none"> - Transportation assistance - Family counseling, health, and mental health treatment 	<ul style="list-style-type: none"> - Credit recovery - Childcare - Support for overcoming barriers to employment 	<ul style="list-style-type: none"> - Literacy programs - Transportation to school - Tutoring, after-school, and summer programs
Building community through workshops and activities	<ul style="list-style-type: none"> - Cooking workshop - Self-care activities - Holiday celebration activities - Gardening - Coaching - Q&A sessions with a local physician - Meditation - Parenting and fatherhood programs - Financial planning - Children's games activities/recreation - Musical therapy 		

Family Participation in On- and Off-Site Services

As previously mentioned, families were expected to work with their case navigator to establish and track goals and receive referrals to on- and off-site services to help them meet their goals. Because GOALS was designed to provide comprehensive wrap-around services to families in a one-stop location, many services were provided on-site. On-site partners included:

- Arapahoe County Department of Human Services (ACDHS) supports access to public benefits, child, and adult protection staff (CAPS), 2Gen Navigators, child support and childcare assistance. ACDHS also provides direct benefit applications, including a kiosk in the building to apply for benefits. Additionally, they provide parenting services and host a variety of workshops related to safety, parenting, and relationship education.
- A/D Works! provides workforce and employment services.
- Ability Connections provides early childhood education, innovative pathways to employment, and parent-driven family support services for people with special needs and other life challenges.
- Aurora Mental Health provides therapists on-site along with providing parenting time services.
- Arapahoe County provides direct benefit applications, including a kiosk in the building to apply for benefits. They also provide parenting services and host a variety of workshops related to safety, parenting, and relationship education.

On-site services were viewed as incredibly helpful to the families enrolled in the treatment group. The GOALS Project Director noted their value in the following excerpt:

"We had such a struggle with families who don't understand what is needed from them to get benefits, and where we have stepped in and advocated for them. A lot of families don't get benefits, not because they're not eligible, but because they don't understand the process. So having Arapahoe County Human Services down there to help them, to explain that to them, to sit down with them, to understand where they are and where they're coming from is game changing. A lot of our domestic violence clients . . . they didn't want to get TANF because they didn't want to upset the other parent. There are ways around that, but they would never know because no one told them that. So, it's just amazing to have partners on site, to be able to be there for them and to eliminate barriers and to create openness, collaborate, and teamwork to put the client first and help to support them to transition, to get into safe and stable housing, to be independent is ultimately what we want."



A pillar of the 2Gen framework is to provide access to high-quality early childhood education. A priority and guiding vision for the GOALS program was to house an on-site early childhood education center. The vision for this center is to provide onsite access to families on the GOALS campus and the surrounding community with convenient high-quality childcare. The COVID-19 pandemic and funding for the capital improvements delayed the opening of the childcare center until May 2023. The GOALS campus now hosts on-site, high-quality childcare, though the families accessing these services are not included in this evaluation report. The GOALS Program Director explained the importance of on-campus childcare services to the program families and the surrounding community in the following excerpt:

"I think the strength of having a childcare center is amazing. To just be able to walk down and take your kid to school and then go off to work or look for a job, or even, I mean, we say those things, but even when I just experienced a traumatic situation, like being homeless and moving into GOALS and being able to allow my kids to step away from that for a second and go be a kid and go learn and go have fun with their friends. And then we have that break for a little bit. I mean, that speaks wonders. Some of these families are like, what am I going to do with my kid if I go see my therapist, you know? Or, you know, if I have a video call for an interview, what am I going to do with my kid? So, it just alleviates a lot of those barriers for families, especially families that don't have transportation."

In addition to the on-site services available, navigators make direct referrals to a host of off-site community partners, as needed. Off-site partners offer a range of essential services such as education, transportation, healthcare, housing, and employment support to families. Key partners included:

- Cherry Creek and Aurora Public Schools assist with children's education and provides support through McKinney-Vento Homeless Assistance liaisons.
- Hopscotch Drive offers transportation support for families and transportation to and from school for children.
- Stride provides physical and mental health services and is located directly down the street from the GOALS campus.
- Aurora Mental Health supports families with mental health services;
- A/D Works! and Cross Purpose support employment support by helping families with job readiness and placement.
- Community College of Aurora provides post-secondary education.

Should the need arise, navigators were also responsible for connecting families to providers outside of regular partnering organizations. All GOALS service partners were trained in 2Gen approaches and collaborated with each other and GOALS project management to ensure they made coordinated efforts to address the residents' needs.

Families' Need for and Receipt of On- and Off-Site Services

Table 12 outlines the service needs treatment group families reported throughout their time living on the GOALS campus, as well as the percentage of families who received those services by program exit. (Appendix C provides a more detailed account of the various services received by participants during the program.) As shown in column 1, adults' health and well-being (e.g., physical health services, mental health services, parenting skills, self-sufficiency planning), housing, and supportive services (e.g., transportation, legal services, and work support) were among the top three priorities for families. Nearly three-quarters of parents indicated they needed help with children's health and well-being and employment services. These findings are particularly noteworthy because they highlight parents' desire to take care of their own well-being and basic needs to care for their families. These results also align with the program's 2Gen approach.

Table 12. Treatment Group Families' Service Needs and Receipt of Services Throughout the Program

Category	% Reporting Service Need	Of Those Reporting Need, % Received Service
Health and well-being for adults (e.g., physical health services, mental health services, parenting skills, self-sufficiency planning)	97% (n = 73)	96% (n = 70)
Housing (e.g., securing long-term housing, security housing vouchers)	89% (n = 67)	97% (n = 65)
Supportive services (e.g., transportation, legal services, work supports)	89% (n = 67)	96% (n = 64)
Health and well-being for children e.g., physical health services, mental health services, drug and alcohol prevention)	73% (n = 55)	93% (n = 51)
Employment (e.g., job search, addressing barriers to employment, resume help)	73% (n = 55)	86% (n = 47)

Category	% Reporting Service Need	Of Those Reporting Need, % Received Service
High-quality childcare (e.g., help locating child care, on-site child care)	59% (n = 44)	91% (n = 40)
Education for children (e.g., tutoring, school readiness, early childhood education)	56% (n = 42)	91% (n = 38)
Education for adults (e.g., connecting to education, obtaining GED or other degree)	53% (n = 40)	83% (n = 33)
Child development/enrichment (e.g., socio-emotional development, early intervention and screening)	28% (n = 21)	91% (n = 19)

Parents were less interested in receiving services for adults' and children's education and development services. It is possible that either parents felt they already had access to these supports through their community or these were not viewed as a priority given their circumstances and prioritizing "basic needs" that would help them to achieve family self-sufficiency.

Regardless of parents' specific service needs, results in column two indicate that nearly all families who identified a need throughout the program had those needs addressed before they exited the program. No fewer than 83% of families who reported having a need reported having that need addressed through program services, which suggests the program was successful with connecting families to the services they requested.

Workshops and Activities

In alignment with the 2Gen approach, workshops and activities at the GOALS campus were designed to strengthen community bonds, build social capital, and teach valuable skills to residential families. These workshops, which ranged from educational sessions (e.g., cooking classes and job skills workshops) to peer-led initiatives, were a core component of community engagement. All residents were invited and expected to participate in these workshops regularly, allowing them to learn new skills and contribute to a collaborative environment. For example, the job skills workshop was a series of four classes that participants complete in sequence. Other workshops provided on the GOALS campus included parenting and fatherhood programs, coaching, Q&A sessions with a local physician, musical therapy, meditation, financial planning, and holiday planning.

A significant aspect of these workshops was the Family Voice meetings, which were held weekly. Residents came together in the Family Voice meetings to offer feedback to the GOALS staff about the services they found most valuable and the challenges they faced as a community. According to staff, these sessions fostered community-building and collective problem-solving. As one staff member shared, "They come up with some ideas [for workshops] at Family Voice. They wanted to incorporate trees and plants into the building to lighten up the whole atmosphere . . . And I thought that was good, the fact that they even came up with that together. They all came up with the compost idea. They all came up with the greenhouse idea. And I think that right there was like a spark." This collaborative process exemplifies one of the many ways GOALS incorporates both community-building and skills-building through workshop and activities on campus.

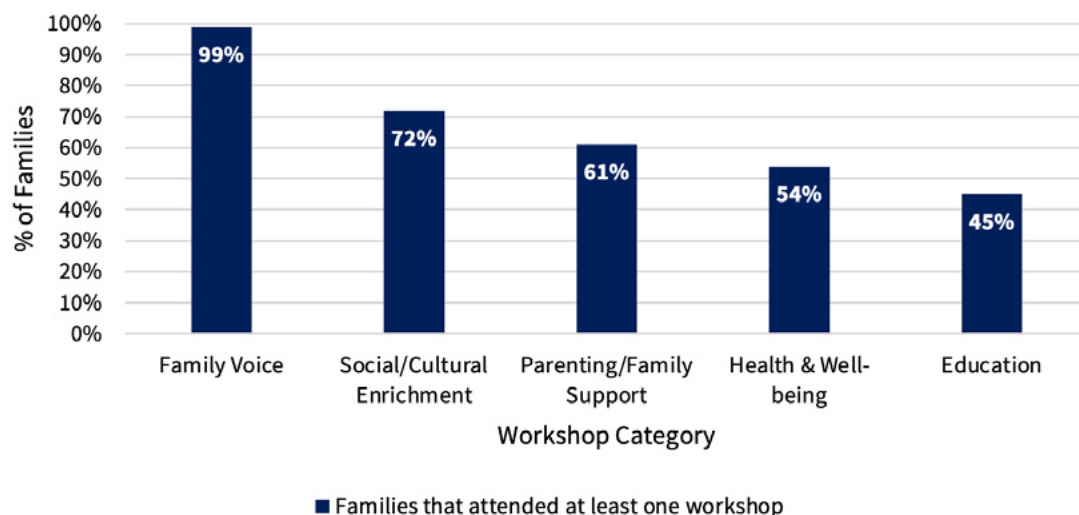
In addition to the ongoing activities associated with the Family Voice meetings, the GOALS program brought in a wide variety of workshops to support programming based on the needs of the families on the GOALS campus. Some examples of those workshops include:

- **Arapahoe County Human Services, Child and Adult Protection Division's** Together Achieving Permanency and Stability (TAPS) program supports GOALS staff and families by providing mentoring and coaching support with a trauma-informed lens.
- **Aurora Mental Health** provides parenting classes aimed at helping parents develop better communication and relationships with their children, especially those affected by trauma.
- **Canvas Credit Union and Wells Fargo** offers financial literacy workshops to help families improve financial management skills.
- **Workshops for Youth Residents** focus on engaging children, especially teenagers, in conversations about their experiences in shelters, helping them understand and communicate better with their parents about their emotions and the circumstances they face.
- **Job Training** workshops and referrals help parents gain skills and certifications necessary for employment, with short-term training programs encouraged to build marketable skills.
- **Self-Care Workshops** focus on self-care practices for both mothers and fathers, offering strategies to maintain their well-being.
- **Holiday Activities** include Christmas and other holiday-themed workshops, such as Christmas cookie decorating, gingerbread house making, and gift giving, which help families bond and engage meaningfully.
- **Routine and Ritual Workshops** focus on family routines and rituals, including discussions on creating family-style dining practices and bedtime routines, emphasizing the importance of structure and communication within the family.

Workshops fell into five general categories: Family Voice (regular community meetings), Health and Well-being (e.g., meditation), Parenting/Family Support (e.g., Nurturing Parenting program), Social Event/Cultural Enrichment (e.g., language exchange), and Education (e.g., financial planning).

Figure 4 shows the total workshop attendance by category. Nearly all families (99%) participated in at least one workshop while enrolled in the GOALS program. Each family attended an average of 13 workshops, and adults and children attended an average of four workshops. Children were heavily involved in all workshops and totaled 58% of all workshop attendees.

Figure 4. Percentage of Families that Attended at Least One Workshop by Category



By far, the most attended workshop is the weekly Family Voice meetings held on campus. Nearly all families (99%) attended these meetings, designed to build community. They discussed rules and built social capital through community building activities often around themes related to the time of year. Every meeting included "open discussion," where families had an opportunity to discuss what was going on in the house, what was in their heart and on their mind, what they could do better in the house, what was working and what was not, what they would like to see in the house, or additional support they would like that was unavailable. The last portion of the meeting was for family activities geared toward what was going on in the community. For example, in spring they planned and worked on the community garden, including weeding, planting, and making compost. They held Easter egg hunts with the Easter Bunny, a community Thanksgiving meal, and holiday celebration. One Christmas was centered around the theme of family games. The project staff described the Family Voice meeting as, "We gave out family games, we played games, we talked about the importance of spending time with families and playing these games. And what does that mean when you are bonded with family or with your children? We also did bedtime routine, and everyone got pajamas." Other topics discussed at Family Voice meetings centered on the importance of bedtime routines, even for adults. They held self-care workshops for moms, dads, and adult caregivers, as well as gingerbread houses and cookie making around the holidays.

Follow-up Engagement

Families who exited the GOALS program continued to receive communication from the Family Engagement Specialist for up to 12 months post-exit. Ideally, the Family Engagement Specialist attempted to follow-up with families who left the program by phone or via home visits at least once a month and provide any needed emotional support, advocacy, referrals, or services to help them establish and solidify healthy patterns. Follow-up services provided to families included rental payment support, assistance navigating legal issues, educational support for children, and assistance with moving into permanent housing for clients who initially moved into temporary or transitional housing. The Family Engagement Specialist reached out within one month following the GOALS program exit to check in with the family and see if additional services or support were needed, reminding the family the GOALS program is there to support the family as needed. Forty-five percent of treatment group families reported receiving follow-up services from GOALS program staff following their exit from the program. To highlight the experience of GOALS, we present "Jane's" Journey through the program below.

Cast Study: Jane's Journey with the GOALS Program

"Jane" is a resilient single mother who relocated from New York City to Denver amidst domestic violence threats from her children's father. She has two sons ages 14 and 10. Her youngest son had been a victim of domestic violence from his father, prompting Jane's decision to flee to Denver for safety, despite having no local contacts or support system. This led her to significant housing instability and financial challenges.

Jane's journey to stability began with a series of challenging experiences upon arrival in Denver. Initially, a friend had promised assistance but failed to deliver upon her arrival. This left Jane and her children stranded until she found temporary shelter at Samaritan House. However, due to overcrowding, she was unable to secure long-term accommodation, eventually leading her to a hotel where she encountered

Child Protective Services. Through the intervention of Child Protective Services, Jane was directed to Family Tree's GOALS program. This intervention proved pivotal, as it provided Jane with stable housing and comprehensive support. She was accepted into Family Tree's GOALS program, offering her and her children a safe environment and access to essential services. The GOALS program provided Jane and her children with stable housing, addressing their immediate need for safe accommodation. Jane received personalized case management from dedicated staff members, including emotional support, guidance on accessing resources, and facilitated therapeutic interventions for her son, who required psychological support following the trauma of domestic violence.



Understanding the unique challenges faced by her older son, who has Down syndrome, and her younger child, who has experienced domestic violence, the program made sure they received the necessary care and resources. At the guidance of the GOALS navigators, the children were connected with a community partner to access specialized services and therapies tailored to their developmental and emotional needs. Beyond immediate needs, GOALS empowered Jane through education on navigating systems, advocating for herself and her children, and planning for long-term stability beyond the program's duration.

Jane received guidance and resources to enhance her job skills and improve her employability, empowering her to seek sustainable employment opportunities. Jane's experience extended beyond individual assistance to include community integration and support. The GOALS program encouraged community integration through weekly meetings, where families could share experiences, seek advice, and foster a sense of belonging. Jane actively participated in these sessions, finding solidarity and practical support from other families and program staff. Engaging actively with other families in the program, Jane participated in community-building activities and shared resources like food and clothing. This mutual support fostered a sense of solidarity among families facing similar challenges. Jane took the initiative in welcoming and integrating new families into the community, emphasizing the program's role in expanding support networks beyond immediate assistance.

Jane's participation in the GOALS program has had a profound impact on her and her family's future; with stable housing and improved financial stability, Jane sees a brighter future for her family. She envisions achieving long-term stability and independence post-program, highlighting her determination to build a secure foundation for her children. The program's holistic approach addressed her family's unique challenges, fostering independence and equipping her with skills to rebuild her life. Her reflections underscored the program's success in not only meeting immediate needs but also empowering participants to envision and work toward sustainable futures.

Jane's journey with GOALS exemplifies the transformative impact of comprehensive support programs on families facing housing insecurity and financial challenges. Through a combination of direct assistance, community support, and personal determination, Jane navigated adversity and positioned her family for a more stable and hopeful future. Her story highlights the importance of holistic support and community engagement in addressing systemic issues and empowering families toward self-sufficiency and resilience.



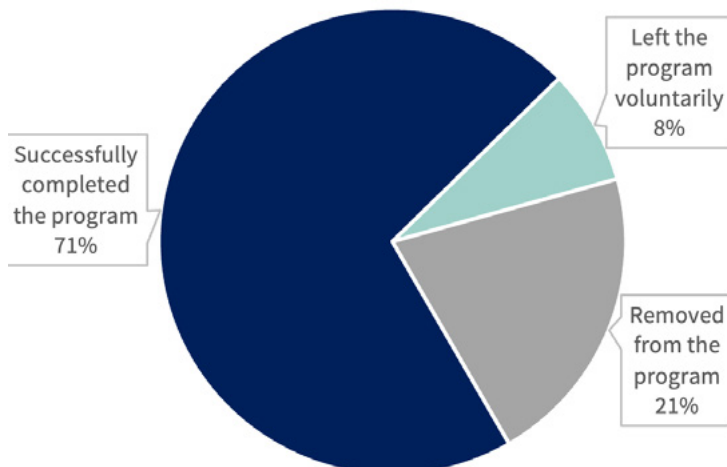
Results

Outcomes at Program Exit: Treatment Group Families

Exit Status: Successful or Unsuccessful Completion

All treatment group families were asked to complete a brief exit survey with their navigator upon program exit. The exit survey was designed to collect information about why families were transitioning out of the program, what their immediate housing plans were, and the impact the GOALS program had on their families. Families exited the GOALS program under one of three circumstances: 1) The family successfully completed the program and exited to safe and stable housing ($n = 53/75$), 2) the family decided that GOALS was not a good fit and left the program voluntarily ($n = 6/75$), or 3) the family violated the community rules and/or became a risk to other families and was removed from the program before completion ($n = 16/75$). Figure 5 shows the proportion of families that exited under each of the three circumstances.

Figure 5. Treatment Families' Completion Status (N = 75)



"[W]hen I first came into GOALS, I just could not imagine how I would be leaving."

— GOALS resident

"I think we provide individualized routine and individualized structure to families that haven't had it, and they want and need that routine, so that they can find some sort of consistency for themselves and their families. I think that's why they stay here, and I believe that's why we challenge them . . . challenge thoughts and challenge behaviors. I think they stay because at the end of the day, families crave that structure and that consistency, whether it's adults or children."

— GOALS Program Director

For families that remained in the GOALS program until completion, their transition out of the GOALS facility was determined in collaboration with their navigator. If a family knew where they would be transitioning to and had a plan in place for moving into stable housing, they would discuss their plan in a one-on-one support session with their case navigator. Once site staff were made aware that a family was working on transitioning out of GOALS, they worked with the family to close out or make sure there was an action plan for any outstanding goals the family had set. Other close-out steps included conducting an exit survey with families, discussing plans for ongoing support after program exit, and working with the family to support their move by ensuring transfer to services and/or assisting with transportation and moving expenses.

Additional analyses of those families who successfully completed the program and exited to stable housing showed the GOALS program worked particularly well for three types of families:

- **Families with a high school diploma or greater education level** were more likely to complete the program and exit to safe and stable housing, compared with those who did not successfully complete the program.
- **African American/Black families** were marginally more likely to successfully complete the program (83%), than not successfully complete the program (17%), which suggests that this program serves African American/Black families particularly well.
- **Families with fewer members in the household** were also marginally more likely to successfully complete the program than those with more members.



Table 13 highlights treatment group families' reasons for GOALS program exit, by their exit status. Because reasons for program exit should vary predictably by treatment families' (un)successful completion of the GOALS program, results are presented separately for these groups. Successfully completing families most commonly reported qualifying for housing assistance as a reason for their transition out of the GOALS program, with 62% of participants having left the program after securing housing vouchers or other forms of assistance. The second most common reason among successful completers was having the ability to pay market-rate rent for housing (20%). Very few families listed both qualifying for housing assistance and having the ability to pay market-rate rent, which suggests that families reported these as mutually exclusive reasons. Unsurprisingly, successful completers were significantly less likely than unsuccessful completers to list conflict with other residents or staff, having challenges related to GOALS residential and other programs, or some other unlisted reason as reason for exiting the program.

Table 13. Families' GOALS Program Exit Status, by Treatment Group Completion Status

Reasons for treatment families' exit from the GOALS program	Treatment Group n = 75	
	Successfully Completed n = 53	Did Not Successfully Complete n = 22
Total reasons listed per family (average)	1.3	1.3
Percentage of families who identified the following reasons^a:		
Qualified for housing assistance through vouchers or other programs	62%*	0%
Ability to pay market rate rent for housing	20%*	0%
Other (e.g., moving out of state, reuniting with a significant other/family, etc.)	18%*	39%
Reached the limit of residential services available at GOALS	10%	0%
Conflict with other residents or staff	6%*	48%
Challenges related to GOALS residential and other programs	4%*	29%
Other opportunities for employment, support, or services	4%	5%
Discomfort with communal living	2%	5%
Difficulties with transportation (transportation help, bus passes, or gas money)	0%	4%

Note: ^aFamilies could select more than one circumstance, so total percentages add up to more than 100.
 * Indicates a statistically significant difference between treatment and comparison group families at $p < .05$.

Housing Destinations

Families in the treatment group showed a statistically significant increase in their access to safe and stable housing (32 percentage points; $p < .001$) between program entry and exit. Results were even stronger for those who successfully completed the program and exited to safe and stable housing, suggesting that the program model — which allows families to choose when they are ready to exit — shows significant promise.

Families' housing destinations at the program exit are displayed in Table 14. By design, "successful" program completers were those families who stayed on the GOALS campus until they had found safe and stable housing or reached the end of the program's time limit (i.e., nine months unless they were granted a GOALS housing extension). At the program exit, 98% of families who successfully completed the program exited to safe and stable housing. Among those families, nearly three-quarters (70%) exited to their own home or with a partner. Similar proportions of families exited to a family member or friend's home, or other interim housing (15% and 13%, respectively). Two percent (albeit only one family) of successful completers exited directly to housing that was considered "unstable." However, it should be noted that unstable housing was not the final housing destination for that family case notes revealed that they moved into an emergency shelter in another state while they waited to receive housing assistance they'd been approved to receive.

Of the 22 families who did not successfully complete the program (the large majority of whom were asked to leave due to rules violations or risky behavior), 50% moved into "safe and stable" housing, and 50% moved into "unstable" housing. The most frequently reported housing destinations were emergency shelters (27%) and "in my own home or with a partner" (23%).

Table 14. Housing Status of Treatment Group Families at GOALS Program Exit

Housing Indicator	Treatment Group n = 75	
	"Successful Completers" n = 53	Did not Successfully Complete n = 22
Post-Program Housing Type		
Safe and Stable Housing	98%*	50%
In my own home or with a partner	70%*	23%
In a family member or friend's house	15%	18%
Interim housing, safe haven, or transitional housing	13%	9%
Unstable Housing	2%*	50%
Emergency shelter	2%*	27%
Homeless/living in a place not meant for habitation	0%	14%
Domestic violence shelter	0%	5%
Jail/corrections	0%	5%
Are you currently receiving money or a voucher from state or county to help you live on your own? (% yes)	60%*	0%

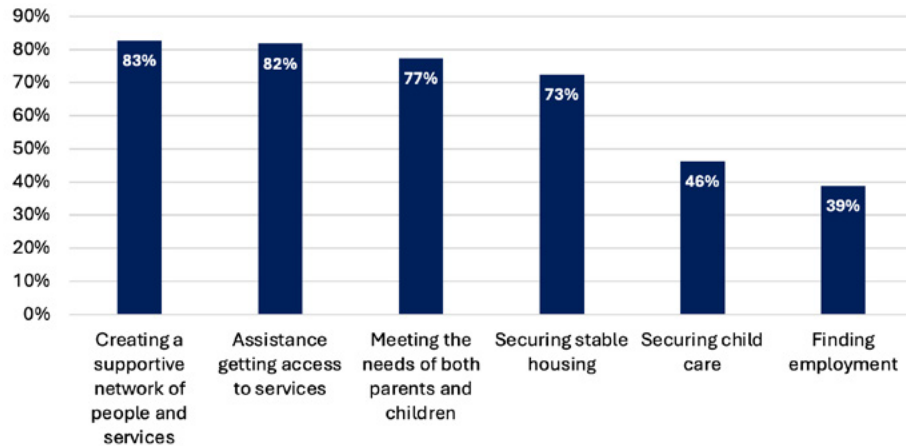
* Indicates a statistically significant difference between "successful completers" and families that did not successfully complete the program at $p < .05$.

Program Services and Benefits

Families were asked about the aspects of GOALS programming that they found "helpful" (compared with "neither helpful nor unhelpful" or "unhelpful") at program exit. Results are presented in Figure 6 and suggest that families appreciated the program design and that it was helpful in meeting them where they were. Families reported they found:

- Creating a supportive network of people and services helpful (83%)
- Assistance getting access to services (82%)
- GOALS services met the needs of both parents and children (77%)
- The services aimed at securing stable housing helpful (73%)
- Services aimed at "securing childcare" helpful (46%)
- Services aimed at "finding employment" helpful (39%)

Figure 6. Percentage of Treatment Group Families who Reported the Following GOALS Services were Helpful

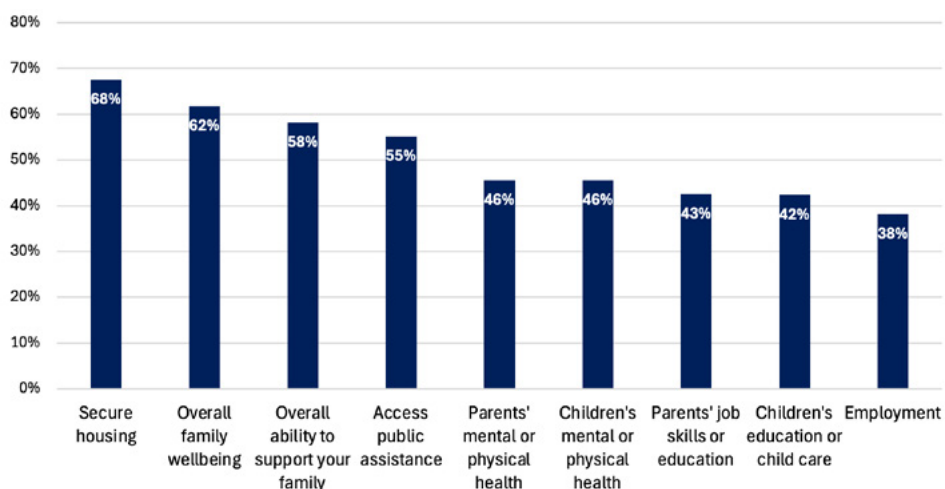


Further analysis of responses to wanting help in the categories of “securing childcare” or “finding employment” revealed a slightly higher proportion of families reported that these services were helpful. Over half of those (53%) wanting help with securing childcare reported those services as helpful. And of the families who reported wanting help with employment services, a slightly higher proportion reported that employment services were helpful (42%). Although these findings highlight the importance of understanding the helpfulness of program services within the context of families’ specific needs, they also show that not all families are in need of all the services offered and carefully tailoring services to the needs of the family are important to achieving each family’s goals.

Families were also asked about improvements in various aspects of their lives as a result of their involvement in the GOALS program at program exit. A detailed list of treatment families’ life circumstances that have improved since entering the GOALS program can be found in Figure 7, with families reporting improved:

- Ability to secure housing (68%)
- Overall family well-being (62%)
- Ability to support their family (58%)
- Ability to access public assistance (55%)

Figure 7. Percentage of Treatment Group Families who Reported Improvements in the Following Areas Since GOALS Enrollment



Importantly, these improvements align with some of the services parents reported they most needed throughout the program (Table 12). As reported in Table 12, parents housing (e.g., securing long-term housing, securing housing vouchers), and supportive services (e.g., transportation, legal services, work support) as two of their primary needs, and alignment on these improvements show important aspects of program success. Moreover, families overwhelmingly showed improvement in areas targeted by the 2Gen and wrap-around program approaches, namely improving overall family well-being and an overall ability to support the family. These improvements suggest marked program success.

On the other hand, despite generally wanting and receiving services in family health and well-being, (e.g., physical health services, mental health services, parenting skills, self-sufficiency planning), a little under half of families reported improvements at program exit. Very importantly, it is possible that not enough time had lapsed for mental and physical health impacts to take effect following service receipt.

2Gen Index: Measuring Family Needs

The 2Gen Index was designed to measure the areas of family need regarding their children, family well-being, and economic security, and track how their needs changed throughout the GOALS program. Families worked with their navigator to complete the 2Gen Index at program entry and program exit and the five major categories measured were 1) Raising Resilient Children: Education, 2) Raising Resilient Children: Assets, 3) Livable Wages: Training and Barriers, 4) Family Well-being: Resources, and 5) Family Well-being: Family Support and Cohesion. Families were asked to rate their situation on five to six specific areas within each category using a scale of 1 to 4 (1 = Area of immediate concern, 2 = Needs attention, 3 = Stable, could improve, 4 = Doing well).

Table 15 details the average ratings families provided on each of the 2Gen Index measures at program entry and program exit. As shown in category 3, treatment group families reported significant improvements in their average ability to earn livable wages between entry and exit.

Specifically, treatment group families identified they felt less concern with their ability to have the job training, minimum education, and/or skills for employment and earning a livable wage. Although these findings were marginally significant among the full treatment group, they were statistically significant among families who successfully completed the program, which suggests the program, when completed as intended, improved the ability of families to earn a livable wage. This finding is supported by a statistically significant increase in families' (among both groups) reports of having less concern about being fully employed at a livable wage.



Table 15. Treatment Group Families' Average Ratings of Concern Across 2Gen Index Measures at Program Entry and Exit

2Gen Index Measure	Treatment Group <i>n</i> = 75		"Successful Completers" <i>n</i> = 53	
	Program Entry	Program Exit	Program Entry	Program Exit
Raising Resilient Children: Education				
1. My preschool-aged child participates in high quality early childhood program.	2.8	2.9	3.1	2.7
2. My child attends school regularly.	3.2	3.5-	3.3	3.6
3. My school-age child participates in after-school and/or summer learning programs.	3.0	3.1	3.1	3.2
4. My child participates in services for hearing, speech, learning disabilities and other issues, as recommended.	3.2	3.1	3.4	3.4
5. I (we) are active in our child's education (communicating with teachers, help with homework, etc.).	3.3	3.4	3.3	3.5
<i>Category Average</i>	3.4	3.4	3.4	3.5
Raising Resilient Children: Assets				
1. My child does not have behavioral issues that interfere with school and/or recreational activities.	3.2	3.4	3.3	3.5-
2. My child has physical or mental health issues that are being treated.	3.2	3.4	3.4	3.6
3. My child participates in recreation and enrichment activities and programs.	2.9	3.0	3.0	3.2
4. My child has positive adult role models.	3.4	3.4	3.5	3.6
5. My child does not engage in risky behaviors (criminality, substance abuse, early consensual sexual contact, etc.).	3.7	3.5	3.7	3.6
<i>Category Average</i>	3.4	3.3	3.5	3.5
Livable Wages: Training and Barriers				
1. I (we) have the job training, minimum education, and/or skills for employment earning a livable wage.	2.8	3.1-	3.0	3.4*
2. I (we) are able to save money for unexpected expenses.	2.1	2.5-	2.3	2.7-
3. I (we) am fully employed at a livable wage.	1.8	2.3*	1.9	2.5*
4. My child participates in childcare while I(we) work.	2.4	2.7	2.5	3.0-
5. My (our) physical and mental health is not an obstacle to having a job.	3.2	3.1	3.2	3.3
6. I (we) do not have legal or other barriers (transportation, equipment) that interfere with having a job.	3.0	2.9	3.0	3.1
<i>Category Average</i>	2.6	3.0*	2.7	3.2*
Family Well-being: Resources				
1. We have safe and stable housing and enough healthy food to eat.	2.8	3.4*	2.9	3.6*
2. My (our) income covers our essential expenses.	2.4	2.9*	2.4	3.1*
3. We have family or other people we can count on for support.	2.6	2.9-	2.8	3.1
4. Our family can manage stress and unexpected setbacks.	3.0	3.1	3.2	3.3
5. We have access to health and mental health care.	3.4	3.6	3.4	3.7-
<i>Category Average</i>	2.4	3.2*	2.5	3.5*

Table 15. Treatment Group Families' Average Ratings of Concern Across 2Gen Index Measures at Program Entry and Exit

2Gen Index Measure	Treatment Group <i>n</i> = 75		"Successful Completers" <i>n</i> = 53	
	Program Entry	Program Exit	Program Entry	Program Exit
Family Well-being: Family Support and Cohesion				
1. I (we) can manage our child's behavior.	3.4	3.6	3.4	3.7~
2. I (we) am confident I can effectively parent my child.	3.7	3.6	3.8	3.7
3. I (we) am able to provide the support my child needs in school.	3.5	3.5	3.5	3.6
4. Our family does things together.	3.6	3.7	3.7	3.8
5. Family members have support for dealing with any trauma they have experienced.	3.1	3.2	3.2	3.4
6. Our family members are able to provide emotional support to one another.	3.5	3.5	3.6	3.7
<i>Category Average</i>	3.1	3.3	3.2	3.5~

Notes: 1 = Area of immediate concern, 2 = Needs attention, 3 = Stable, could improve, 4 = Doing well.
 * Indicates a statistically significant difference between program entry and program exit at $p < .05$.
 ~ Indicates a marginally significant difference between program entry and program exit at $p < .1$.

As shown in category 4, treatment group families also reported significant improvements in their average family resources between program entry and exit, suggesting better access to stable housing, food security, and supportive networks. Among both the full treatment group and subgroup of treatment group families who successfully completed the program, families reported average increases in resources from "needs attention" to "stable, needs improvement." When assessing the resource improvements individually, both the full treatment group and successful completer parents reported statistically significant improvements in their:

- Safe and stable housing and having enough healthy food to eat; and
- Having an income that covers their essential expenses.

As shown in categories 1, 2, and 5, although there were no statistically significant changes to families' ratings in categories regarding their children's education, children's assets, or family support and cohesion, these categories were rated as stable at program entry and not areas of concern. However, in the full sample of treatment group families, families reported a marginally significant increase in not having a concern with regularly attending school between entry and exit. The families who successfully completed the program (but not the full treatment group) reported a marginally significant increase in not having concerns with children's behavioral issues that interfere with activities. The families who successfully completed the program (but not the full treatment group) reported a marginally significant increase in their report of family support and cohesion, with results driven by an increase in their ability to manage their child(ren)'s behavior.

Comparison of 12- and 24-month Follow-up Outcomes: Treatment and Comparison Group Families

A researcher contacted families in the treatment and comparison groups by telephone to complete follow-up interviews at approximately 12 and 24 months following enrollment date. These interviews included questions about their family's experiences since enrolling in the study under the broad categories of housing, employment and finances, health and well-being, and education. These questions were intended to generate outcomes and determine how families were doing one- and two-years post-study enrollment.

Responses to 12-month Follow-up Interviews

Researchers attempted to contact all 150 families enrolled in the study to complete a 12-month follow-up interview. A total of 101 treatment ($n = 53$; 71%) and comparison group ($n = 48$; 64%) families completed the interview, resulting in a 67% response rate. Interviews ranged from 10 to 60 minutes and averaged 34 minutes in length.

The 12-month follow-up interview provided this first opportunity to learn about the services received by both treatment and comparison group families. The differences in services received within the last 12 months are presented in Table 16. Results show important and striking differences in service receipt across the groups. Nearly all families enrolled in the treatment group (89% of the total treatment group sample and 98% of families who successfully completed the program) received referrals to other community agencies for help with housing, food, basic assistance, and other needs. Only 36% of comparison group families received those services. Treatment group families were also significantly more likely than comparison group families to have received services pertaining to family support, help signing up for and receiving benefits, job fairs, adult education, and high-quality childcare assistance. Additional services that were received significantly more often by the successful completers of the program (though not the treatment group as a whole) when compared to the comparison group pertained to money management or budgeting and educational supports for children. Taken together, the GOALS program provided significantly greater support to families who previously experienced housing instability or homelessness than “business as usual” services in the community.

Table 16. Parents' Report of Help Received or Services Accessed (from Another Organization or Agency) in the 12 Months Post-GOALS Enrollment

Help received or services accessed from an organization in the following domain:	Treatment Group		Comparison Group $n = 48$
	Full Treatment Group $n = 53$	"Successful Completers" $n = 38$	
Referrals to other community agencies for help with housing, food, basic assistance, or other needs	89%*	98%*	36%
Family health and well-being services			
Healthcare	45%	55%	38%
Family supports	70%*	68%*	26%
Help with money management or budgeting	26%	34%*	15%
Supportive services			
Help signing up for and receiving benefits	53%*	58%*	26%

Table 16. Parents' Report of Help Received or Services Accessed (from Another Organization or Agency) in the 12 Months Post-GOALS Enrollment

Help received or services accessed from an organization in the following domain:	Treatment Group		Comparison Group n = 48
	Full Treatment Group n = 53	"Successful Completers" n = 38	
Food assistance	79%	78%	87%
Transportation help, bus passes, or gas money	60%	63%	46%
Employment services			
Workforce center	30%	34%	17%
Job fairs, hiring events, job leads, or other work supports	42%*	53%*	17%
Education services			
Adult education (applying for school, job training, GED, classes)	46%*	53%*	21%
High-quality childcare assistance	28%*	24%	11%
Educational support for children	43%	50%*	26%

*Notes: * Indicates a statistically significant difference between treatment or "successful completers" and comparison group families at p < .05.*

Table 17 shows treatment and comparison group families' housing characteristics approximately 12 months after enrollment. Results demonstrate that 93% of treatment group families (and 95% of successful program completers) and 92% of comparison group families reportedly lived in safe and stable housing. The most frequent housing destination reported at 12 months following enrollment in the study was "in my own home or with a partner," followed by "transitional housing," and "in a family member or friend's house." Three families in the treatment group (corresponding to 6% of the full treatment group sample and 8% of the subgroup of families who successfully completed the program) still lived in GOALS housing and were receiving services at the 12-month follow-up. When compared to comparison group families, treatment group families were marginally significantly less likely to have reported being homeless in the last 12 months (17% and 6% respectively). Although both treatment and comparison groups were similarly likely to report that their housing situations improved in the last 12 months, treatment group participants reported a fewer number of moves in the last 12 months (although those differences were not statistically significant from one another). Overall, throughout the 12 months post-program enrollment, treatment group families were reportedly more stable and in safe and stable housing compared to their comparison group counterparts.

Table 17. Housing Characteristics 12 Months Post-GOALS Enrollment by Group

Housing Indicator	Treatment Group		Comparison Group n = 48
	Full Treatment Group n = 53	"Successful Completers" n = 38	
Current housing situation			
Safe and Stable Housing	93%	95%	92%
In my own home or with a partner	56%	60%	44%
Transitional housing	17%	16%	29%
In a family member or friend's house	15%	14%	19%
GOALS campus	6%	8%*	0%
Unstable Housing	8%	5%	8%
Domestic violence or emergency shelter	6%	3%	2%
Homeless/living in a place not meant for habitation	0%	0%	6%
Jail/corrections	0%	3%	2%
Currently receiving money or a voucher from state or county to help you live on your own (% yes)	17%	21%	13%
Last 12 months housing			
Spent time being homeless/living in a place not meant for habitation in the last 12 months	6%~	8%	17%
Reported that housing situation improved over the past 12 months (% yes)	49%	53%	49%
Number of moves in past 12 months	2.1	1.9	2.8

Notes: * Indicates a statistically significant difference between treatment or "successful completers" and comparison group families at $p < .05$.
 ~ Indicates a marginally significant difference between treatment or "successful completers" and comparison group families at $p < .1$.

Table 18 includes public benefit receipt for treatment group families (including those who successfully completed the GOALS program) and treatment group families. Administrative data on public benefits received indicated the vast majority of families in both groups received any public benefits; public benefits specifically for their children; and SNAP, TANF, or medical assistance. There were no differences in the benefits received across treatment groups. Although not included in Table 18, samples were paired with t-tests to examine the within-family changes in benefits received between enrollment (shown in Table 5) and 12-month follow-up (Table 18). Results indicated treatment group families experienced significant increases in the medical assistance they received since enrollment in the GOALS program (increase of 11 percentage points). Treatment group families also showed marginally significant increases in their receipt of any benefits (increase of 5 percentage points), any benefits for children (increase of 9 percentage points), and TANF benefits (increase of 9 percentage points) since enrollment in the program. On the other hand, comparison group families only showed marginally significant increases in their receipt of TANF benefits (increase of 9 percentage points). Although nearly the entire comparison group already received available public benefits at enrollment, the GOALS program helped the treatment group increase their access to and receipt of services for which they were eligible.

Table 18. Public Benefits Accessed by Group 12 Months Post-GOALS Enrollment by Group

Public Benefit	Treatment Group		Comparison Group n = 75
	Full Treatment Group n = 75	"Successful Completers" n = 53	
Receiving any benefit	92%	93%	95%
Receiving any benefit(s) for child(ren)	85%	85%	84%
Reported receiving the following:			
Supplemental Nutrition Assistance Program (SNAP) benefits	88%	87%	95%
Temporary Assistance for Needy Families (TANF) benefits	73%	74%	68%
Medical assistance	92%	93%	93%

Notes: There were no significant differences between treatment or "successful completers" and comparison group families.

Table 19 and Figure 7 detail how families in each group fared on issues related to finances and employment in the 12 months post-GOALS enrollment. Results suggest that 12 months after enrollment, families in the treatment group experienced greater employment and financial stability when compared with those in the comparison group. Although employment rates and the number of quarters employed in the last 12 months were similar across treatment and comparison groups, additional analyses indicated that treatment group families demonstrated significant increases in their rates of employment between enrollment and the 12-month follow-up, whereas the comparison group families did not. Moreover, although families' reports of "improvements" in employment outcomes were similar across treatment and comparison groups, treatment group families who successfully completed the program reported significantly fewer jobs held in the last 12 months than comparison group families, which, paired with a significant increase in rates of employment, suggests greater job stability for treatment group families. In other words, although completing the program and experiencing the full range in employment and workforce services may not have significantly improved families' abilities to find higher-paying work, it helped them find and maintain employment.

Table 19. Finances and Employment 12 Months Post-GOALS Enrollment by Group

Finance Indicator	Treatment Group		Comparison Group n = 48
	Full Treatment Group n = 53	"Successful Completers" n = 38	
Assistance at GOALS helped with financial and employment goals (treatment only)	49%	66%	N/A
Employment Indicator			
Employed within the last 12 months	52%	56%	56%
Number of reported quarters employed in the last 12 months (0–12 months following enrollment)	2.62	2.63	2.60
Head of household's employment situation has improved in the last 12 months	40%	42%	30%
Head of household's ability to keep a job and earn a living has improved in the last 12 months	23%	21%	19%
Average number of jobs held in the last 12 months	1.1	1.0*	1.5

Table 19. Finances and Employment 12 Months Post-GOALS Enrollment by Group

Finance Indicator	Treatment Group		Comparison Group n = 48
	Full Treatment Group n = 53	"Successful Completers" n = 38	
Head of household's financial situation improved in the last 12 months	32%	29%	30%
Head of household's ability to support their family improved in the last 12 months	38%	39%	28%
Quality of current financial situation	*	*	
Good	11%	13%	13%
Fair	62%*	63%*	35%
Poor	26%*	24%*	52%
Current family self-sufficiency	0.35	0.44*	0.27
Family's combined earnings in the last 12 months			
\$10,000 or less	60%	58%	67%
\$10,001-\$20,000	23%	24%	19%
\$20,001-\$40,000	13%	16%	10%
\$40,001 or more	4%	3%	4%
Head of household's reported annual earnings (0-12 months following enrollment)	\$12,406.20	\$13,895.02	\$10,338.50

*Notes: * Indicates a statistically significant difference between treatment or "successful completers" and comparison group families at p < .05.*

With regard to the financial characteristics of families, the GOALS program appears to have helped to improve their financial standing. Although similar proportions of both groups report they had experienced improvements in their financial situations and abilities to support their families in the last 12 months, the 12-month (current) reports of financial security suggests treatment group families have slightly more financial support. Both the full treatment group and subgroup of treatment group families who successfully completed the program reported a significantly better financial situation than the comparison group ($p = .02$ for both groups). Moreover, although similar proportions of treatment group and comparison families reported their financial quality as "good" (11% and 13%, respectively):

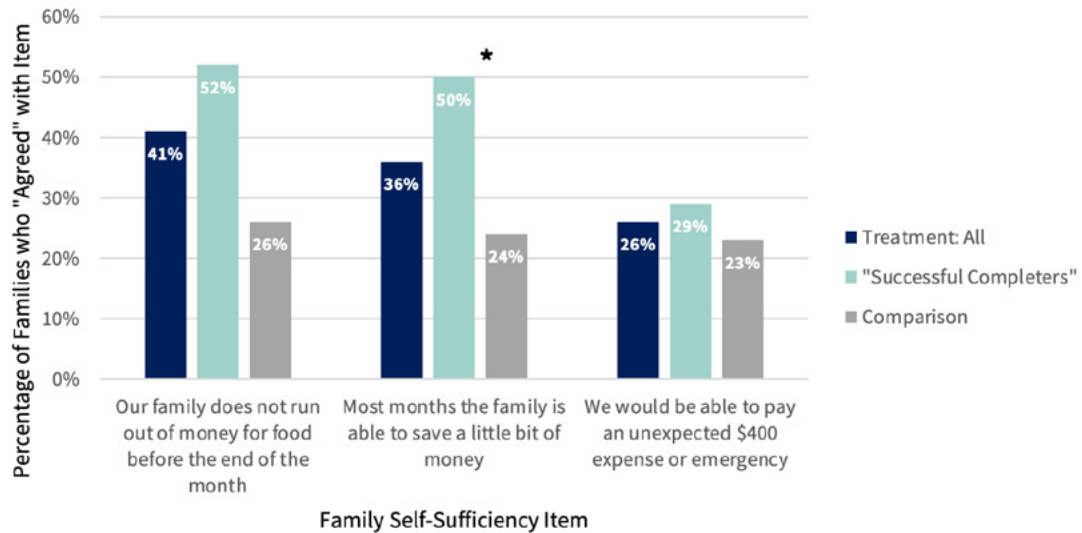
- A significantly higher proportion of treatment group participants reported their current financial situation as "Fair: We take care of some expenses, but sometimes struggle to meet all of my family's needs" (62% compared to 35% of comparison group families); and
- A significantly lower proportion of treatment group participants reported their current financial situation as "Poor: It is often difficult to meet expenses and take care of my family" (26% compared to 52% of comparison group families).

Results are even stronger when comparing the subgroup of treatment group families who successfully completed the program.

Figure 8 further demonstrates treatment group families' financial support. The treatment group families who successfully completed the program show the most self-sufficiency 12 months following enrollment, followed by the full treatment group, and then the comparison group. One statistically

significant difference emerged: the treatment group families who successfully completed the program were significantly more likely than comparison group families to report "most months the family can save a little bit of money."

Figure 8. Percentage of Families who Agreed to Statements on Self-Sufficiency 12 Months Post-Enrollment, by Group



Notes: * Indicates a statistically significant difference between "successful completers" and comparison group families at $p < .05$.

Financial support is likely driven by families' earnings. Despite there being a wide range in the head of household self-reported family earnings both within and across treatment and comparison groups (Table 19), administrative data demonstrates the full treatment groups' earnings were approximately \$2,000 per year more than the comparison groups' earnings. While this difference was not statistically significant, when comparing the treatment group families who successfully completed the program to the comparison group, the findings were significant. The successful completers had significantly higher annual earnings than the comparison group, with an annual difference of over \$3,500. Even though the comparison group families were earning an average of \$2,400 less than treatment group families at the time of enrollment, the 12-month difference in earnings (of \$3,500) indicates the successful completers demonstrated a greater increase in earnings.

People can often neglect their own health and well-being due to pressing issues such as housing instability and financial stress. As such, measures of health and well-being may increase understanding of a family's overall quality of life and their overall stability. See Table 20 for a detailed list of health and well-being measures 12 months post-GOALS enrollment by group. Families in the treatment group were somewhat more likely than families in the comparison group to report an improvement in the quality of their mental health (47% vs 40% in comparison group) and the mental health of their children (40% versus 28% in comparison group) in the 12 months following their enrollment in GOALS, though the differences were not statistically significant. Families in the treatment group also reported greater access to critical physical (73%) and mental (66%) healthcare services when compared with those in the comparison group (63% and 55% of comparison group families reported greater access to physical and mental health services, respectively) after 12 months. Though again, these differences were not statistically significant.

Table 20. Perceptions of Family Health and Well-being 12 Months Post-GOALS Enrollment by Group

Family Health and Well-being Indicator	Treatment Group		Comparison Group n = 48
	Full Treatment Group n = 53	"Successful Completers" n = 38	
Assistance from GOALS has helped with health or mental health goals (treatment only)	51%	63%	N/A
Your family's access to health and mental health services has improved over the past 12 months	32%	39%	29%
General/physical health indicators			
Family's ability to access health services is "good" or "great"	73%	78%	63%
Your physical health has improved over the past 12 months	32%	39%	34%
Mental health indicators			
Family's ability to access mental health services is "good" or "great"	66%	71%	55%
Head of household's mental health has improved over the past 12 months	47%	47%	40%
Your child(ren)'s mental health has improved over the past 12 months	40%	41%	28%

Notes: There were no significant differences between treatment or "successful completers" and comparison group families.

The GOALS program offered referrals to services to support the education of both adults and children, as well as to access high quality childcare for children younger than school age. Table 21 compares the educational outcomes between treatment and comparison group families at 12 months post-GOALS enrollment. Approximately 12 months after enrollment, families in the treatment group (76%) were significantly more likely than families in the comparison group (73%) to characterize their child's performance in school or childcare as "Good: My children go to school most days, are doing well in school, and know how to get help to do well in school when needed" or "Great: My children almost always go to school and are doing well without needing extra supports." While most families indicated at enrollment that childcare and education were not areas of high concern throughout their time on GOALS campus, 37% of treatment group families, compared with 28% of comparison group families, reported their children's education improved in the last 12 months. One-quarter (25%) of treatment group families, compared with 21% of comparison group families, reported their access to childcare or after-school programs improved in the 12 months since enrollment in the program.



Table 21. Family Education 12 Months Post-GOALS Enrollment by Group

Family Education Indicator	Treatment Group		Comparison Group <i>n</i> = 48
	Full Treatment Group <i>n</i> = 53	"Successful Completers" <i>n</i> = 38	
Quality of your child(ren)'s school/childcare performance is "good" or "great"	76%	88%	73%
Your child(ren)'s education improved over the past 12 months	37%	34%	28%
Your family's access to childcare or after school programs improved over the past 12 months	25%	24%	21%
Head of household enrolled in or attended school in the last 12 months	31%	30%	21%

Notes: There were no significant differences between treatment or "successful completers" and comparison group families.

Some parents also invested in their own education following enrollment in the program. Adults in the treatment group (31%) reported enrolling in or attending school more than those in the comparison group (21%) in the 12 months following GOALS enrollment, although the difference was not statistically significant.

24-month Outcomes

Telephone researchers attempted to contact all 89 families who were eligible to be contacted for 24-month post-program enrollment. Of the 150 families in the study at enrollment, 61 families were not contacted for a 24-month follow-up interview because the full 24 months had not elapsed between enrollment and the end of the study (*n* = 51; 34%) or they requested to be removed from the contact follow-up list at the 12-month survey (*n* = 10; 6.7%). Of the 89 families who were eligible to be contacted for follow-up, 57 families completed the survey with a response rate of 64%.

For the 57 families who completed the 24-month survey, project staff collected information on a wide range of outcomes pertaining to housing destinations and changes, family finance and employment, parent and child health and well-being, and parent and child education. However, because over 40% of the sample was not contacted to complete the 24-month survey, families' responses may not be representative of the complete sample. Accordingly, CPR opted to only include the data collected and analyzed from administrative records (i.e., family income, employment, and housing destination). These measures represent a clearer and more accurate picture of the entire study sample and their 24-month follow-up characteristics.

Results for the 24-month follow-up are presented in Table 22. Administrative data acquired through the Homeless Management Information System (HMIS) indicated that, among families who received services throughout the study (i.e., all treatment group families and those in comparison group families who received services), most families exited services with access to safe and stable housing. Specifically, 91% of all treatment group families and 93% of the successful completers, compared to 80% of the comparison group, exited to safe and stable housing. The difference between the families who successfully completed the program (93%) and comparison group (80%) was marginally significant. The most frequent housing destination for all groups was in their own home or with a partner (73%, 81%, and 66% for the full treatment group, subgroup of families who successfully completed the GOALS program, and comparison group, respectively). A much higher proportion of comparison group families (20%)

exited to unstable housing, compared to the full treatment group (9%), although this finding was not statistically significant. However, those differences were marginally significant between the comparison group (20%) and those successful program completers (7%).

Table 22. Administrative Data 24 Months Post Enrollment, By Group

Family Education Indicator	Treatment Group		Comparison Group
	Full Treatment Group	"Successful Completers"	
Most recent housing update (up to 4 years post-GOALS enrollment; on average 14.5 months)	<i>n</i> = 56	<i>n</i> = 42	<i>n</i> = 41
Stable Housing	91%	93%~	80%
In own home or with a partner	73%	81%	66%
In a family member or friend's home	14%	10%	12%
Transitional housing	4%	2%	2%
Unstable Housing	9%	7%~	20%
Emergency shelter, hotel or motel	9%	7%	15%
Jail, prison, or juvenile detention facility	0%	0%	2%
Place not meant for habitation/homeless	0%	0%	2%
Employment and Earnings	<i>n</i> = 40	<i>n</i> = 26	<i>n</i> = 46
Employed between 12–24 months following enrollment	56%	59%	50%
Number of quarters employed in months 12–24 following enrollment (employed only)	2.8	3.0	2.9
Head of household's earnings in months 12–24 following enrollment (employed only)	\$14,552.05	\$18,213.06	\$13,989.40

Notes: ~ Indicates a marginally significant difference between "successful completers" and comparison group families at $p < .1$.

Administrative data extracted on employment and earnings also show treatment group families fared slightly better than comparison group families in the second year following enrollment. Fifty percent of comparison group families, compared with 56% and 59% of full treatment group families and the successful completers (respectively), were employed between months 12 and 24 following enrollment. Employed heads of households in the full treatment group were employed for an average of 2.75 quarters of the year, and that estimate increased to 2.95 quarters when only examining the employed treatment group families who successfully completed the program. Comparison group families were employed for an average of 2.93 quarters out of the year. On average these families, regardless of treatment group, were employed for between 60% and 75% of the year. Although annual earnings for the full treatment group and comparison group were similar (\$14,552.05 and \$13,989.40, respectively), earnings for the successful completers were notably higher (\$18,213.06) than the comparison group in the second year following enrollment. These differences were likely due to the small sample size and were not statistically significant.

To most accurately examine changes in the treatment and comparison group families at the end of the study, we also assessed proportional changes in employment, the number of quarters worked, and annual earnings between enrollment in the study and the 24-month follow-up. The results presented in Table 23 are particularly encouraging for the subgroup of treatment group families who successfully completed GOALS. Between enrollment and the 24-month follow-up, treatment group families

demonstrated a 12 percentage point increase in their rates of employment (44% to 56%). The rates of employment were even higher for the treatment group families who successfully completed goals, with a 16 percentage point increase (43% to 59%). Alternatively, between enrollment and the 24-month follow-up, comparison group families demonstrated a 2% decrease in their rates of employment (52% to 50%).

Table 23. Employment and Earnings Outcomes Between Enrollment and 24 Months Post-Enrollment, By Group

Employment or Earnings Indicator, Timepoint Measured	Treatment Group		Comparison Group
	Full Treatment Group	"Successful Completers"	
Percentage employed			
In the year prior to enrollment	44%	43%	52%
Enrollment – 12m following enrollment	52%	56%	56%
12m – 24m following enrollment	56%	59%	50%
Number of quarters worked (only if employed)			
In the year prior to enrollment	2.15	2.09	2.10
Enrollment – 12m following enrollment	2.62	2.63	2.60
12m – 24m following enrollment	2.75	2.95	2.93
Annual Earnings (only if employed)			
In the year prior to enrollment	\$9,150.34	\$9,906.19	\$6,716.19
Enrollment – 12m following enrollment	\$12,406.20	\$13,895.02	\$10,338.50
12m – 24m following enrollment	\$14,552.05	\$18,213.06	\$13,989.40
Differences between enrollment and 24m			
Percentage employed	+12.0%	+16.0%	-2.00%
Number of quarters worked (only if employed)	+0.6	+0.9	+0.8
Annual earnings (only if employed)	+\$5,401.71	+\$8,306.87	+\$7,273.21

Despite the decrease in the proportion of employed comparison group families throughout the study, these families showed a 0.83-quarter (approximately 2.5-month) increase in the time worked and \$7,200 increase in earnings. These findings may suggest that, although comparison group families were not more frequently employed, employed families were able to work and earn slightly more annually. By comparison, both the full treatment group and successful completers showed increases in both the number of quarters worked and annual earnings. Treatment group families increased the number of quarters worked by 0.6 quarters (approximately 1.8 months) and increased their earnings by approximately \$5,400 annually. As has been shown throughout the rest of the study results, treatment group families who completed the GOALS program and exited to safe and stable housing fared the best among the three groups, with a 0.86-quarter (approximately 2.6-month) increase in the time worked and \$8,300 increase in annual earnings.



Reactions

To generate reactions and lessons learned from the GOALS program, researchers conducted a series of interviews and focus groups with a variety of project leadership, program staff, community partners, and families. An interview guide and focus group protocol were developed to gather information on various topics including GOALS implementation, service delivery, the 2Gen model, and outcomes. The primary objective of the qualitative interviews with project leadership centered around themes related to the benefits and challenges of implementing the GOALS program, reactions to the 2Gen approach to services and the perceived impacts of the GOALS program. Interviews and focus groups with GOALS staff sought to gather feedback on the experiences of serving families in the 2Gen model, challenges with service delivery and referral relationships, and perceived impacts of the program on families they serve. The focus group with referral partner agencies sought to answer questions about the referral process, collaboration with the GOALS program and other community service providers and successes and challenges associated with referring families to GOALS. Focus groups with the referral partners also sought to document the services available in the community to the comparison group families.

Project Leadership and Program Staff

The GOALS leadership team consisted of executive leadership from Arapahoe County Human Services and Family Tree. Virtual one-on-one interviews were conducted with the leadership team and program staff during the final year of the study.

Overall, the leadership team felt that the GOALS program is achieving the overall objectives they set for the program. Across the board, project leadership commented they believed they were being true to the 2Gen model of serving the whole family, that services to families were in place, and connections were being made. Several also noted there was room for improvement, such as, "I think there's some areas we can continue to strengthen and work on. I think that COVID slowed us down and I think there are still may be some challenges in getting some of the services connected and in place on a consistent basis, getting these other partners to the table, and making actual connections so that we can make sure that our adults and kids get served in the way that they need to, especially with the mental health and substance use, some of the school-based services for kids. We still have some work to do there."

One of the challenges of the GOALS model is onboarding and hosting on site partners at the GOALS campus. The on-site services were delayed due to the COVID-19 pandemic. Since then, additional community partners have dedicated office space and hours to support families on the GOALS campus. The Arapahoe County Department of Human Services (ACDHS) was an on-site partner from the beginning, saying: “We leased space at the GOALS campus and have staff from public assistance, child support, child welfare that can be available to assist GOALS families. It’s just a few steps to our main office to make sure that they’re connected to benefits, they’re connected to childcare, they’re connected to child support services. If they need transportation, bus passes, rental assistance, all the things that human services does.”

“The whole concept for the GOALS program was that we can help families move from homelessness to achieving permanent stable housing, using a 2Gen approach that ensures they have the support on site to help them work through those areas in life that need to be improved. One of the things that I’ve always been very proud of GOALS is that we don’t have any programs really in the Denver Metro area that supports fathers. The GOALS program is really one of the only that has a residential type program where fathers can also participate, which is just unheard of anywhere else. Typically, we have a lot of resources for single moms, but not single fathers. So, the GOALS program really addressing the needs for fathers, single fathers and their children, as well as couples with kiddos, single moms with kiddos, and multi-generational families is just such a wonderful model.”

— GOALS Leadership Team member

Additionally, the ACDHS family resource navigators were intentional about building relationships with the GOALS navigators in order to better support families. For example, a navigator notes, “[if] there’s gaps in services and support, we are able to step in and have direct contact where Family Tree can reach out to us and make sure that services are reinstated, and families have what they need.”

While the on-site early childhood education center opening was delayed, navigators connected families to the support available through ACDHS and off-site partners to ensure children were enrolled in high quality early childhood education and/or school based on their age. A navigator said, “They’re also connecting the children to school. And so, the model works because the family can now say to themselves, ‘I have a safe and stable place to live right now, [and] I can regularly go to school. And while I’m at school, I now have the time to see my therapist because I now have transportation to get back to my home where I’m sleeping tonight.’”

In interviews, navigators said the holistic approach and integration of various services make GOALS uniquely effective in addressing many challenges. Toward this end, they highlighted the importance of:

- Staffing the navigator position and providing them with ongoing support
- Coaching navigators to help them understand and meet the needs of clients, including acknowledging the complex traumas clients face and learning how to communicate effectively and build trust

- Acknowledging the wide variety of daily tasks navigators face, ranging from ensuring children have transportation to addressing incidents in the house and conducting family meetings
- Using trauma-informed care to understand clients' mental health needs and support them in achieving stability and setting achievable goals
- Creating a supportive community, involving both parents and children, to help clients break the cycle of trauma and achieve long-term success

Most staff and leaders interviewed agreed that the vision of the GOALS program was being realized and there is room for continuous innovation and improvement.

A theme echoed throughout interviews with leadership and staff was the perceived success of the program for those families who received services on campus. A program director stated that the success of the program "is beyond measure because they [families] can come to a place, not have to worry about paying rent and utility bills and they find ways that they can grow, and kind of stepping out of the poverty . . . and going to school and trying to find ways that they can make more money and achieve different dreams that they have. So I think that Goals is doing a wonderful job, with the 2Gen approach."

"I do think that there's an opportunity to think about how we partner with more organizations that support people with disabilities, physically and mentally. I also think that there's an opportunity to continue to talk about how we can better serve mental health challenges and supports and barriers as soon as we start interacting with clients. I also think there's opportunities to think about expanding our ideas of employment and education outside of meeting families where they're at and start thinking about how we meet families where they dream. So how do we get them connected to more college settings or at least talking about college and hearing about it? How do we get them connected to trades and other opportunities or if they want to own a business, right? They may not own a business while they're there, but we can start planting those seeds. I think those are areas. I think the other area that an opportunity of growth is talking about wealth building. And that can start with more financial conversations, finance management, how to teach our kids how to save, how, what does it look like if we do want to buy a house? Maybe not now, but in the future, how can we plant those seeds so people can get on those paths to wealth building."

— GOALS Leadership Team member

Referral Partners

Referral partners play a pivotal role in identifying families in need and connecting them with the resources and services offered by GOALS. Through direct contact, community outreach efforts, and referrals from other agencies, an array of partners such as Arapahoe County, Aurora Public Schools and Aurora@Home strive to reach families facing diverse housing challenges, advocate for their needs, and persistently navigate bureaucratic processes to ensure access to essential services.

Researchers spoke with community partners who refer families to the GOALS program. Their reactions were overwhelmingly positive with a key partner stating, "The GOALS program has emerged as a beacon of hope for families experiencing homelessness or housing instability, offering not just shelter over their heads but a comprehensive support system aimed at rebuilding lives." Another partner said, "The GOALS program is transitional housing rather than a traditional shelter. It provides stability and support for families to rebuild their lives."

Success stories shared during focus group discussions underscored the tangible impact of GOALS on families' lives, highlighting successful placements and positive outcomes. One focus group participant said, "The program offers significant benefits. These include opportunities to secure housing vouchers, address employment needs, and ultimately achieve stability and self-sufficiency."

Focus group participants also emphasized the importance of advocacy and persistence in helping families access services. They highlighted the types of collaborative efforts needed to improve linkages among different agencies and streamline communication and coordination. As one community partner expressed, "Advocacy and persistence are essential in accessing services. We need to break down silos between agencies and navigate bureaucratic processes to ensure families receive the support they need."

Close collaboration among referral partners was noted as being fundamental to the success of the referral process, with agencies maintaining referral logs to facilitate efficient communication and coordination. The focus group discussions underscored the positive impact of a collaborative approach, with families benefiting from stable placements and access to essential resources, with one participant saying, "We need to work together and share information to ensure families receive the support they need." Focus group participants agreed the referral process is not just about making connections but about fostering a community of care and support for families experiencing homelessness or housing instability.



Summary of Findings

The Generational Opportunities to Achieve Long-Term Success (GOALS) program, launched by the Arapahoe County Department of Human Services and Family Tree, aims to disrupt the cycle of poverty among families experiencing homelessness or housing instability using a two-generation (2Gen) framework. GOALS addresses multi-generational poverty among families experiencing homelessness or housing instability by providing a comprehensive range of integrated services that support both parents and children. This approach offers safe, stable housing, individualized case management, employment and educational support, mental and physical health care, social capital development, and parenting resources, all within a single, supportive community environment. By recognizing the interconnected well-being of both generations, the 2Gen model helps families set and achieve goals related to economic stability, education, and overall well-being while reducing stressors like economic hardship and limited learning opportunities. It also emphasizes the importance of incorporating family voice in program design to ensure services are responsive to each family's unique needs and goals. GOALS empowers families to overcome barriers, build self-sufficiency, and break the cycle of poverty for current and future generations.

Center for Policy Research (CPR) designed and conducted an experimental outcomes study from September 2020 to September 2024 to evaluate the program's effectiveness by comparing outcomes of families in the GOALS treatment group with those receiving standard services in the comparison group. Families were randomly assigned to either the GOALS treatment group or a comparison group, and outcomes were measured at enrollment, 12 months, and 24 months post-enrollment. The study aimed to evaluate the effectiveness of the GOALS program in achieving economic stability, housing, and well-being for families experiencing homelessness or housing instability compared to services available in the community for families experiencing homelessness. Data were collected from multiple sources, including eligibility screenings, baseline, and follow-up surveys, exit surveys, interviews with program leadership, staff and community partners, and from administrative records. The voices of families experiencing homelessness or housing instability were incorporated throughout the program design, implementation, and through interviews at program end.

The GOALS study demonstrates that families experiencing homelessness or housing instability fare significantly better than families receiving services as usual within the community on several key outcome measures, highlighting the effectiveness of the 2Gen program model.

Study Participants

GOALS served a highly mobile population of families experiencing homelessness or housing instability in Arapahoe County, Colorado. On average, the families served moved three times in the 12 months prior to enrollment in the study.

Study participants were diverse:

- African American/Black families (33% treatment and 36% comparison)
- Hispanic/Latinx families (18% treatment and 15% comparison)
- Multi-racial families (11% treatment and 13% comparison) enrolled in both groups

Families faced significant barriers to stability, primarily a lack of stable housing, physical and mental health concerns, lack of childcare, and limited access to education and job training, with both groups facing similar barriers at program enrollment.

The study enrolled only families, using a broad definition of family, including only one child (living or expectant) needed to live in the home. Most families enrolled in both the treatment and comparison groups were single-parent households (74% treatment and 77% comparison) and faced high unemployment rates (69% treatment and 68% comparison). Most households also had low incomes, with 69% of treatment group families and 77% of comparison group families earning \$10,000 or less annually.

Summary of Outcomes

Service Receipt

GOALS connects families to critical services and support.

- Families in the treatment group had significantly greater access to services (on- and off-site) designed to help them meet their basic needs. Eighty-nine percent of the full treatment group (and 98% of the successful completers) received referrals to other community agencies for help with housing, food, basic assistance, and other needs, whereas only 36% of comparison group families received these services.
- Treatment group families also had a higher receipt of services across all program areas except food assistance. Significantly higher proportions of treatment group participants, compared to comparison group, received higher access to services in the following domains: family support, help with money management or budgeting, help signing up for and receiving benefits, tangible work support (e.g., job fairs, hiring events, job leads, etc.), assistance with adult education, and educational support for children.
- Tangible work support (e.g., money for work clothes and transportation assistance) were received significantly more frequently by the treatment group than the comparison group.

Housing

The GOALS intervention significantly improved access to safe and stable housing for treatment group families and reduced the likelihood of families experiencing homelessness at any point in the 12 months post-GOALS enrollment. Over the long-term, treatment group families are more likely to have access to safe and stable housing compared to those in the comparison group. Additionally, families that successfully completed the GOALS program had more stable housing and moved less frequently in the year post program enrollment.

- While there were no significant differences in safe and stable housing at enrollment, and under 60% of both groups reported they lived in housing that Family Tree identifies as safe and stable:
 - At GOALS program exit, the treatment group families showed a statistically significant increase in their access to safe and stable housing (+32 percentage points) between program entry and exit. Furthermore, those increases were driven by the families who successfully completed the GOALS program (98% moved to safe and stable housing).
 - These findings are aligned with the results that those families who successfully completed the program reported significant increases in their access to “safe and stable housing and having enough healthy food to eat.” These families’ resources increased from “needs attention” to “stable, needs improvement.”
 - Treatment group families were marginally less likely (6%) than comparison group families (17%) to experience homelessness at any point in the 12 months following enrollment. These results suggest that the GOALS program offered housing resources and stability for the treatment group families.
- Among families found through administrative data in the Homeless Management Information System (HMIS), “successful completers” were marginally more likely to have access to safe and stable housing (93%) than comparison group families (80%) at their most recent update, on average 14.5 months post-enrollment.

Stability

- At enrollment, treatment group families were significantly more mobile and more likely to have moved in the past year. However, in their 12-month follow-up interview, treatment group families who successfully completed GOALS reported fewer moves within the last year (1.9 moves) when compared with the comparison group (2.8 moves). These findings are particularly noteworthy given that all treatment group families moved in and out of GOALS housing, which treatment group families may have included in their reports. These findings suggest that treatment group families, and especially those who completed the GOALS program, had substantially more housing stability following enrollment in the GOALS program.

Housing assistance

- At the time of enrollment, 10% of the treatment group and 20% of the comparison group reported receiving housing vouchers (although not a statistically significant difference).
- At the 12-month follow-up, although the differences between groups were not significant, 17% of the full treatment group, 21% of the successful completers, and only 13% of the comparison group reported receiving housing vouchers. These findings show that, while treatment group families increased their receipt of housing assistance, comparison group family’s receipt of housing assistance decreased.

Public Benefits

GOALS provides benefits-eligible families critical access to, and receipt of public benefits.

- At the time of enrollment, both treatment and comparison group families had similarly high levels of public benefit receipt; however, treatment group families were significantly less likely to receive SNAP and marginally less likely to receive TANF and medical assistance (despite having similar incomes).

- Between enrollment and the 12-month follow-up, treatment group families significantly increased their access to public benefits (whereas comparison group families did not). It appears that the GOALS program helped the treatment group increase their access to and receipt of services for which they were eligible, and by the 12-month follow-up, had comparable benefit receipt to the comparison group.

Employment

GOALS provided families with housing stability and employment supports that led to a significant increase in employment rates, wages, and stable employment.

Employment status

- Between program entry and program exit, treatment group families' reported concern about their job skills and training, and their barriers to earning a livable wage significantly decreased. Importantly, results were stronger for those who completed the program and exited to safe and stable housing. Those who successfully completed the program reported significant increases in access to childcare while (they) work, as well as being able to save money for unexpected expenses. These results suggest that GOALS programming provided to the treatment group families had a significant impact on their employment and ability to earn a living.
- During the year prior to GOALS enrollment, 44% of the treatment group and 52% of the comparison group were employed. Between GOALS enrollment and 12 months post-enrollment, treatment group families demonstrated larger increases in their rates of employment (+8%) than comparison group families (+4%). It is likely that treatment group families' significantly higher access to tangible work supports through the GOALS program supported their huge improvements in access to employment and employment stability.
- Between enrollment and the 24-month follow-up, treatment group families demonstrated a 12-percentage point increase in their rates of employment (44% to 56%). The rates of employment were even higher for the treatment group families who successfully completed goals, with a 16 percentage point increase (43% to 59%). While their counterparts in the comparison group between enrollment and the 24-month follow-up, had a 2% decrease in their rates of employment (52% to 50%).

Earnings and Assets

Treatment group families reported significant improvement in their family assets while enrolled in the GOALS program. When compared to families in the comparison group, treatment group families reported significantly greater family self-sufficiency, including the ability to save money throughout the study period, and sufficient earnings to "have enough healthy food to eat." Treatment group families that successfully completed the GOALS program had notably higher annual earnings at 24 months post enrollment than those in the comparison group.

- Treatment group families reported significantly less concern about their family having enough resources at program exit compared to at program entry, changing their average rating of concern from "needs attention" to "stable, needs improvement." The decrease in concern about their family having enough resources was driven by improvements in their access to safe and stable housing and enough healthy food to eat, as well as having enough income to cover their essential expenses. Importantly, results were stronger for those who completed the program and exited to safe and stable housing.

- Treatment group families noted significant improvements in their financial situations than the comparison group at the 12-month follow-up. Moreover, those who successfully completed the program reported they were significantly better at maintaining self-sufficiency than the comparison group, and those findings were likely led reports that they were “able to save a little bit of money” in the last month.
- The financial support treatment group families reported was likely driven by families' earnings at 12 months post enrollment: Treatment group families' earnings were slightly (albeit not statistically significantly) greater than comparison groups' earnings (a difference of approximately \$2,000 annually), and treatment group families who successfully completed the program had earnings over \$3,500 higher than the comparison groups' earnings.
- Twenty-four months following enrollment, a stronger financial position remained for the treatment group. Although annual earnings for the full treatment group and comparison group were similar (\$14,552.05 and \$13,989.40, respectively), earnings for the subgroup of treatment group families who successfully completed goals were notably higher (\$18,213.06). Across the study, treatment group families increased their earnings by approximately \$5,400 annually, comparison group families by \$7,200, and treatment group families who completed the GOALS program by \$8,300.

Family Health and Well-being

GOALS provided families with significantly greater access to support and resources designed to improve their family health and well-being. Treatment group families reported significant improvement in their family wellbeing resources while enrolled in the GOALS program.

- Highlighting the importance of the 2Gen model and community supports while at GOALS, treatment group families reported at significantly higher rates receiving access to “family support” services such as parenting skills, self-sufficiency planning, and social capital development throughout the study (70%) than families in the comparison group (26%). This is particularly meaningful because both treatment and comparison group families listed family members' health and mental health, and “issues with children” as significant barriers to employment at enrollment, suggesting that the GOALS program provides significantly better access to these critical support services for families that need them than “business as usual” services available in the community.
- Treatment group families who successfully completed the program reported marginally significant increases in feeling like they “can manage [their] child's behavior” by program exit, likely due to their high receipt of family support services while living on the GOALS campus.
- Consistently higher proportions of treatment group families who successfully completed the program reported that their families' (both adult and children) physical and mental health improved within the 12 months following enrollment, when compared to the comparison group. Although none of these differences are statistically significant, they are notable and consistent improvements throughout various measures of health and well-being.

Family Education

GOALS provided families connections to ensure children's education needs were met and connected adults to education at significantly higher rates than comparison group families.

Child

- Treatment group families that successfully completed the GOALS program were almost 25% more likely (50%) than comparison group families (26%) to access educational services for their children throughout the 12 months post GOALS enrollment. Educational services available through GOALS include school-based services, after-school and summer tutoring, school readiness support, early childhood education, and group activities like reading a book together.
- However, both treatment and comparison group families reported comparable increases in the quality of child education and high-quality childcare, with approximately one-quarter and one-third of both groups seeing improvements in these areas. The similarities in improvements for childcare are not terribly surprising because treatment group families noted (at both enrollment and program exit) that childcare was not an area of concern for them. As such, they did not request services in this area frequently.

Adult

- Throughout the 12 months following enrollment, significantly higher proportions of all treatment group families (46%) and successful completers (53%) received support for adult education than comparison group families (21%). This finding suggests that GOALS provides robust educational services for adults as comparable proportions (19% of treatment group families and 17% of comparison group families) of families reported lack of education as a significant barrier to employment at the time of enrollment.
- Higher proportions of treatment group families (31%) had adults enrolled in education at 12 months post enrollment when compared to comparison group families (21%), though these differences were not statistically significant.

Two-Generation (2Gen) Approach

GOALS 2Gen approach to service delivery was successful in improving families' feelings of social connectedness, access to resources and supports that led to employment and housing stability.

- The 2Gen Index tracked changes in families' needs in areas such as child resilience, family well-being, and employment throughout their participation in the GOALS program. There were statistically significant within-family improvements in measures of "family well-being: resources" and in "livable wages: training and barriers." The category of "family well-being: resources" includes specific measures such as having the income to cover essential expenses and the family's ability to manage stress. Specific measures within the category of "livable wages: training and barriers" range from having the job training, minimum education, and/or skills for employment at a livable wage to not having barriers (such as legal, transportation, etc.) that interfere with employment.
- Results showed even more marked improvements for families who successfully completed the program and exited to safe and stable housing. Specifically, these families reported significant increases in having the job training, minimum education, and skills needed to earn a livable wage, being employed at a livable wage, having access to safe and stable housing and enough healthy food to eat, and having an income that needs essential expenses.

- Although there were no significant changes to measures of child resilience or family support and cohesion, families initially rated these categories as stable at program entry. Overall, the 2Gen model effectively supported holistic family outcomes by addressing both immediate concerns and fostering long-term resilience across generations.

Reactions from Program Staff: Program staff viewed the GOALS program as a highly effective and unique model for supporting families experiencing homelessness or housing instability, particularly praising its inclusive approach, which accommodates diverse family structures, including single fathers. Staff highlighted the program's holistic, community-focused framework, which integrates services for both parents and children, contributing to the success of the 2Gen model in improving family stability, well-being, and resilience. They also emphasized the importance of maintaining strong community partnerships and continuously enhancing service delivery. However, staff identified areas for improvement, such as expanding mental health support, improving trauma-informed care training, and strengthening employment and educational opportunities to better align with families' aspirations. Overall, staff reactions were overwhelmingly positive, underscoring the program's significant impact on helping families move from homelessness toward stability and self-sufficiency.

Reactions from Referral Partners: Referral partners expressed overwhelmingly positive reactions to the GOALS program, describing it as a "beacon of hope" for families experiencing homelessness or housing instability by providing not just shelter but a comprehensive support system aimed at rebuilding lives. Partners highlighted the program's unique approach to offering stability and holistic support, which stands out from traditional shelters. They praised the collaborative efforts between GOALS and various community organizations to identify and assist families facing diverse challenges, from living in motels to facing eviction or homelessness. Referral partners emphasized the importance of advocacy and persistence in navigating bureaucratic processes to ensure families receive necessary services and resources. They also noted that the program's ability to connect families with housing vouchers, employment support, and other essential services significantly contributes to achieving family stability and self-sufficiency. Overall, partners viewed GOALS as a valuable resource in the community that effectively addresses the complex needs of homeless families.

Reaction from GOALS Leadership: The GOALS leadership team expressed strong support for the GOALS program's adherence to the Two-Generation (2Gen) model, emphasizing its effectiveness in serving whole families, including single fathers and multi-generational households. They highlighted that the program successfully integrates services for both parents and children to foster family stability and long-term economic mobility. They also praised the program's holistic approach and its ability to adapt and respond to the needs of diverse families. They appreciated the collaborative nature of the program, noting the importance of strong partnerships with community organizations to provide comprehensive support and maintain flexibility in service delivery to address unique family needs effectively.

GOALS leadership also acknowledged that while the GOALS program has met its core objectives, there is room for further enhancement. They identified areas for growth, such as expanding partnerships with organizations supporting mental and physical disabilities, improving mental health services, and enhancing opportunities for education and employment to meet families' broader aspirations.



Conclusions and Implications for Future Programs

The GOALS program was designed to support families experiencing homelessness or housing instability by offering residential services for a short period (typically up to nine months) while they get back on their feet. The model was designed to provide wraparound services and support to the whole family with the ultimate goal of breaking the cycle of poverty. This ambitious program model was tested through a random assignment study design, showed significant success for families who received the GOALS intervention, and has implications for future programs who wish to replicate this model. While the study found that families who experienced GOALS saw significant improvements in safe and stable housing, access to public benefits and services, positive employment and earnings outcomes, connections to childcare and education for children, and improved family well-being, more research with a larger sample of families would lend additional evidence to support the replication of this model. This study is the first of its kind in that it utilizes a 2Gen intervention with homeless families and has broad implications for the field.

"I also think there's opportunities to think about expanding our ideas of employment and education outside of meeting families where they're at and start thinking about how we meet families where they dream."

— GOALS Program Director

- **Enhancing the 2Gen approach:** The GOALS program's 2Gen model has proven effective in simultaneously addressing the needs of both parents and children, leading to holistic family outcomes. Future programs should continue to strengthen this approach by deepening partnerships with educational institutions, healthcare providers, and workforce development agencies to offer a broader array of services that promote long-term stability for both generations. This integrated approach can help break the cycle of poverty more effectively by ensuring that families have access to a comprehensive support network.
- **Tailored services for diverse family structures:** As evidenced by the success of including single fathers and other non-traditional family structures, future programs should consider flexible inclusion criteria (i.e., a broad definition of family) and service provision models that can adapt to the unique needs of diverse family units. This includes ensuring that support services are inclusive and accessible to all family configurations.

- **GOALS serves a particular demographic well:** Outcomes for those families who successfully complete GOALS and exit to safe and stable housing highlights that the 2Gen model works particularly well for three distinct groups of families:
 - Families with a high school diploma or greater education level
 - African American/Black families
 - Families with fewer members in the household
- **Addressing the trauma of homelessness must take priority:** Families experiencing homelessness or housing instability face numerous barriers that are compounded by the trauma of poverty and homelessness. Families entering GOALS faced significant mental health challenges. Addressing mental health concerns of adults and children was a primary need identified by families, and the GOALS program partnered with community mental health providers and connected children and youth to therapists at their school. Having support in place to provide mental health services to adults and children is critical to move families from homelessness to economic stability. Offering mental health services to the whole family, adult, and child, oftentimes is needed before families can take the step of addressing more concrete concerns such as housing and employment.
- **Buy-in from leadership** at all levels and across community partners was critical for the development of the GOALS program model. Without leadership across all levels continually supporting the program and providing valuable input and guidance on the service model, supporting connections and partnerships with community agencies, the success of GOALS would have been limited.
- **Invest in staffing** through training, onboarding and ongoing supports. The GOALS program director noted that, "It's critically important to have a solid staffing foundation and continue to build up your team and staff first, because that really impacts programming and how we serve clients." Program staff noted that it is important to ensure there staff receive advanced training in conflict resolution and trauma-informed care to ensure sensitive and effective support for families navigating through their challenges.
- **Support staff in their role as a navigator** by requiring training and providing ongoing support. Navigators are trained to meet families "where they are" and support them in achieving their goals and "where they want to be." Navigators need to be supported in working alongside families without any of their own bias and with respect. It can be challenging because navigators serve many roles — they are an advocate, a mental health specialist, a nurse — and not projecting the burden of this complex role can be challenging.
- **Screening at program entry and setting rules and expectations of families living on campus** up front and touring the campus environment prior to move-in supports the community and families living at GOALS. Clear communication of responsibilities and program expectations and rules prior to entry helps set the stage for a successful stay.
- **Set expectations on success** for families in line with the family's definition of success based on their experiences and perceptions. Families experiencing homelessness or housing instability have multiple barriers and challenges that need to be addressed. Just providing a roof over their head, a space for healing and addressing their needs can be a game changer for them. Acknowledging families' own definitions of success can lead to more meaningful and sustainable outcomes. Their definition of "doing well" and success may not align with the professional/conventional benchmarks, and honoring this difference is essential to empower their journey towards self-sufficiency.

- **Use administrative data to track outcomes** and collect data from families on their experiences and outcomes. The use of administrative data to track outcomes, alongside collecting feedback from families about their experiences, is essential for continuous program improvement and evaluation. This data-driven approach will help refine the program and better align it with the needs of families.
- **Ensure sustainability of the GOALS model:** Nearly everyone interviewed agreed that there are ongoing areas of opportunity, primarily centered around flexibility in the length of stay and the follow-up component of the model. Following families for a longer period post-stay would allow program architects to examine the impacts of GOALS over a longer period and across the generations served by the model. What was the longer-term impact for those families who resided at the campus for the full nine months? What was the impact on those who resided at GOALS for a shorter period? Will these families still need services in two or five years from now? The opportunities lie in the follow-up case management approach and the time families stay on campus considering the economy and affordable housing crisis.

Overall, the GOALS program showed significant improvement in the lives of the families who participated. Outcomes showed a sense of improved perceptions of their lives in general, provided a sense of stability and resiliency for families who received services. The GOALS project director summed up her perception of the success of GOALS:

"There is not a lot of sheltered care for families experiencing homelessness or housing instability, but more so, none that shows up in a way that GOALS shows up. I think we're one of a kind. I think that even where we're located and having the campus that we have is amazing. I think that it does wonders for people, especially having outside space to walk and to just get away and be able to breathe fresh air is amazing. I think that the concept of GOALS is amazing. And when families get the opportunity to come into an amazing space, only amazing things can come from that."

— GOALS Program Director

Appendix A: Screening Form



Eligibility Referral for GOALS Referral partners



Print Parent name (Head of Household):		
Date:		
Telephone Number:		
Referring Agency:	1- Arapahoe Douglas Works 2- CWEE 3- Aurora @ Home 4- Aurora Public Schools	5- Cherry Creek Public Schools 6- Arapahoe County Human Services 7- Other: _____
Name of person referring:		
Referring person phone number (for GOALS to contact if questions about referral):		

1. Eligible to receive benefits in Arapahoe county? Yes No
2. Currently receive benefits from Arapahoe county? Yes No
3. Currently homeless? Yes No
4. Currently has unstable housing/at-risk of homelessness? Yes No
5. Adult has at least one child under the age of 18
currently living with you, or is currently pregnant? Yes No
6. Is the household income less than \$75,000/year? Yes No
7. Is anyone in household receiving disability benefits? Yes No
8. Anyone has current case with Child Protection Services? Yes No
9. Currently fleeing domestic violence or being stalked? Yes No
10. Does the family agree to live in congregate housing? Yes No
11. Does family agree to live in a drug-free environment? Yes No
12. Does family agree to participate in GOALS programming? Yes No

Please ask family if they identify with the following statements:

- I've been thinking I might want to change something about myself to improve the quality of my life..... Yes No
- I am hoping to participate in a process that will help me to better understand myself Yes No

Appendix B:

GOALS Program Model: Theory of Change

Generational Opportunities to Achieve Long Term Success (GOALS)

Residential Resource Center Providing Comprehensive Case Management
With Long-Term Follow Up

Program Model

Program Goal: Achieve Two Generational Economic Security for Families Experiencing Homelessness

Preconditions	Family is Healthy and Functional		Parent(s) Earn a Livable Wage		Supports Children's Development of Potential	
	Family's basic needs are met	Family is cohesive and mutually supportive	Parent has the ability and skills to secure and maintain employment	Parent overcomes barriers to securing and maintaining employment	Children participate and succeed in P-12 and post-secondary Education	Children avoid engaging in risky behaviors

Program Objectives		
Improve Family Well-Being	Enhance Parent's Ability to Financially Support Family	Develop Children's Skills for Next Generation Economic Stability
Services to Meet Objectives		
<ul style="list-style-type: none"> • Safe and Stable Congregate Housing and Meals • Parenting Education and Support • Recreation Opportunities • Economic Security Planning Case Management (Residential and Post-Residential) • Social Capital Development • Access to Health Insurance and other Benefits • Family Counseling 	<ul style="list-style-type: none"> • Employment Program, including Job Search, Adult Education, Job Training and Skill Development • Post-Secondary Education • Health and Mental Health Treatment • Financial Literacy Training • Work Supports • Homelessness Diversion • Child Care • Support for Overcoming Barriers to Employment 	<ul style="list-style-type: none"> • Early Childhood Education • After-school and Summer Tutoring • Developmental Screening and Intervention • Social and Emotional Development • Recreation • Health and Mental Health Treatment • School-based Services • Enrichment Programs



Appendix B:

GOALS Program Model: Theory of Change, continued

GOALS: A Comprehensive Two-Gen Case Management & Residential Services Approach with Long-Term Follow-up

Logic Model

INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	MEDIUM-TERM OUTCOMES	LONG-TERM OUTCOMES
<ul style="list-style-type: none"> * Arapahoe County Human Services * Family Tree * Ability Connects Head Start /Child care provider * Aurora Mental Health; Health Care Providers 	Families <ul style="list-style-type: none"> ⇒ Congregate housing and meals ⇒ Family cohesion training ⇒ Social capital development ⇒ Safety planning for DV ⇒ Recreation ⇒ Access to health insurance/ benefits ⇒ Post-residential economic planning case management 	<ul style="list-style-type: none"> ◇ House 15 families 4-9 mo's ◇ Individualized parent, child, family goals related to economic stability ◇ Family safety plan ◇ Targeted assistance to prevent homelessness ◇ Plan for economic security and activities 	<ul style="list-style-type: none"> *Prevent family violence *Decrease individual and family stress and hardship & improve protective factors *Provide safe and secure residential and meal services 	<ul style="list-style-type: none"> *Improve well-being and social capital *No homeless episodes post-exit *Family economic stability *Facilitate transition to stable housing 	Increase family economic stability and break the cycle of poverty for families across generations
<ul style="list-style-type: none"> * Arapahoe Douglas Works and CWEE * Center for Policy Research * Parenting Class Facilitators * School-age service providers * Financial literacy Workshop Facilitator 	Parents <ul style="list-style-type: none"> ⇒ Employment program: adult education, job training and skill development ⇒ Post-secondary education ⇒ Health and mental health treatment ⇒ Financial literacy training ⇒ Work supports ⇒ On-site childcare ⇒ Overcoming barriers to employment 	<ul style="list-style-type: none"> ◇ Participation in parenting classes, early childhood education, services/ programs ◇ Childcare ◇ Receive mental and physical health services ◇ Improved financial skills and creation of a plan for financial future 	<ul style="list-style-type: none"> *Participation, parenting classes *Develop employment goals and reduce barriers to employment *Participation, employment services and/or training *Improvements in mental and physical health issues *Participation in services *Progress towards goals *Attends financial literacy classes and workshops 	<ul style="list-style-type: none"> *Decrease toxic stress *Progress towards goals *Secure employment that meets income needs *Increased enrollment in post-secondary education or vocational / trade schools *Better banked and have financial plans 	
<ul style="list-style-type: none"> * Aurora Public Schools * Cherry Creek Schools * Tri-County Health 	Children <ul style="list-style-type: none"> ⇒ Early childhood education ⇒ After-school & summer tutoring ⇒ Developmental screening and intervention ⇒ Social/emotional development ⇒ Recreation, school-based services, and enrichment programs 	<ul style="list-style-type: none"> ◇ Participation in recreation ◇ Participation in after-school and summer school tutoring 	<ul style="list-style-type: none"> *Participation in services *Progress towards goals *Improved academic performance & attendance, decrease in disciplinary action 	<ul style="list-style-type: none"> *Improved school readiness, *Enhanced protective factors *Improved social-emotional skills 	

Appendix C:

On and Off-site Services Available to Treatment Group Families

Category and Type of Services	On- or Off-site Service	Category and Type of Services	On- or Off-site Service
Health and Well-being Services for Adults		Employment Services	
Physical health services	Off-site	Job search	On-site
Self-sufficiency planning	On-site	Addressing barriers to employment	On-site
Mental health services	Off-site	Work supports (AD Works)	On-site
Family cohesion	On-site	Résumé help	On-site
Parenting skills, education, support	On-site	Other (sharing job openings from previous clients, transportation for interviews/until first paycheck, clothing for interviews, etc.)	On-site/Off-site
Safety planning for DV & IPV	On-site		
Social capital development	On-site	High-Quality Childcare Services	
Health insurance	On-site	Off-site	Off-site
Drug and alcohol prevention	Off-site	Help locating childcare	On-site
Access/engagement in recreation	Off-site	On-site childcare	On-site
Financial literacy	Off-site	Other (general navigator support, coordinate care with other GOALS tenants, referral to community partner for support, etc.)	On-site
Other (general navigator support, completion of tools 2Gen/strengths and challenges)	On-site		
Housing Services		Education Services for Children	
Securing long-term housing	On-site	School-based services	Off-site
Housing voucher	On-site	Early childhood education	On-site/Off-site
Other (general navigator support, referral to another program, security deposit support, moving support)	On-site	School readiness	On-site
		After school and summer tutoring	Off-site
Supportive Services		Other (group activity, transportation to school, providing supplies, etc.)	On-site/Off-site
Transportation	On-site	Child Development/Enrichment Services	
Securing benefits (applications)	On-site	Social/Emotional development	Off-site
Legal services	On-site/ Off-site	Other (general navigator support)	On-site
Work supports	On-site/Off-site	Enrichment program	Off-site
Other (general navigator support, referral to community organization, providing clothing, etc.)	On-site/Off-site	General child development	Off-site
Health and Well-being Services for Children		Developmental screening or intervention	Off-site
Physical health services	On-site/Off-site	Education Services for Adults	
Mental health services	On-site/Off-site	GED/Graduation	Off-site
Recreation and social networking	Off-site	Trade or vocational school	Off-site
Drug and alcohol prevention	On-site/Off-site	Connecting to education	Off-site
Other (general navigator support)	On-site	Post-secondary education	Off-site
		Other (general navigator support, skill courses, providing supplies, etc.)	On-site/Off-site