



# FAMILIES MOVING FORWARD

*A Three-Year Pilot Report | 2023*

CAMBRIDGE, MASSACHUSETTS



# Executive Summary

## Introduction & Purpose

Families Moving Forward (FMF) is a three-year program that advances economic justice for low-income Cambridge families with young children. Based on the EMPath Mobility Mentoring coaching<sup>1</sup> model, FMF provides participants with a mobility mentor to help them assess, establish, and achieve families' goals in self-sufficiency, health, housing stability, and economic independence.

The FMF pilot was funded by the Cambridge Community Benefits Advisory Committee. Just A Start is the lead FMF agency, in partnership with Cambridge Housing Authority, Cambridge Health Alliance, Community Action Agency of Somerville (particularly their Head Start program), Institute for Health & Recovery, and Bridges Homeward (formerly Cambridge Family & Children's Services).

The positive outcomes of the FMF program demonstrate the power of community collaboration. By breaking down the silos between the various agencies providing support with housing, medical care, behavioral health, childcare, financial education and support, and disability services, the non-profit sector can much more effectively address parents' needs. Our participants are at the center of the work with all of these providers. Just A Start and our partners function like linebackers to remove obstacles in participants' paths, and mentors work as both coaches and cheerleaders urging them forward, but our participants are the ones actually making the play. Above all, Families Moving Forward is about real, personal, and powerful relationships, and the ways in which such relationships help us grow and evolve towards our higher potential.

[1] At or below 50% of Area Median Income

## Demographics

The FMF pilot engages 25 Cambridge residents who are parents of at least one child under 18, and who were at or below 50% of Area Median Income when the program began in 2020. 24 families in the cohort are led by single mothers. 68% speak a language other than English at home. 20% of the families have a disabled household member.

### Participant Race/Ethnicity

64% Black  
20% Hispanic  
20% Other  
12% White  
12% Unknown  
4% Asian

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<sup>1</sup>At or Below 50% of Area Median Income

## Logic Model / Methodology

- Coaching as the primary form of service delivery.
- Monthly meetings are held between participants and their coaches (called “Mobility Mentors”).
- Participants attend every-other-month community meetings with presentations by partner organizations and other support agencies.
- A modified version of the EMPATH Bridge, called the Bridge to Stability and Resiliency, is used as a framework and an assessment tool.
- Mentors refer participants to needed services.
- Participants receive matched savings and financial incentives for completing goals.
- Just A Start holds bi-monthly Advisory Board meetings with partner organizations.
- Data - including participant financial data, engagement data, meeting attendance, goals set, and successful referrals - are collected and shared.

## Findings

### Financial Stability

- Aggregate income increased from \$300k to \$800k, and average income increased by \$25,000.
- Participants with no earned income decreased from 9 to 3.
- \$110,000 in matched savings were distributed: \$44,000 in participant savings and \$66,000 in match funds.
- Participants with at least one month’s expenses saved increased from 20% to 70%.
- Participants receiving SNAP benefits increased from 8 to 11.
- Participants with a credit score of at least 500 increased by 21%.
- Participants with better attendance and a higher goal completion rate had significantly higher savings than the other members of the cohort.

### Employment

- Employment increased from 17 to 20 participants.
- Participants receiving unemployment insurance decreased from 3 to 0.
- 6 participants went from no employment to at least part-time employment.
- 6 participants moved to a full-time role or a different full-time job with higher income.

### Housing Stability

- Number of participants facing eviction proceedings decreased by 66%.
- Number of participants listing housing as an area of need decreased from 22 to 2.
- 11 participants moved to housing in a newer building, with better disability accommodation, more room for their children, or other substantive improvements.
- Market-rate renters decreased by 1.
- 3 additional participants secured subsidized housing.
- Mental Health
  - 12 participants and 8 of their children started mental health therapy.
  - 21% of participants reported increased knowledge of where to go for mental health help.

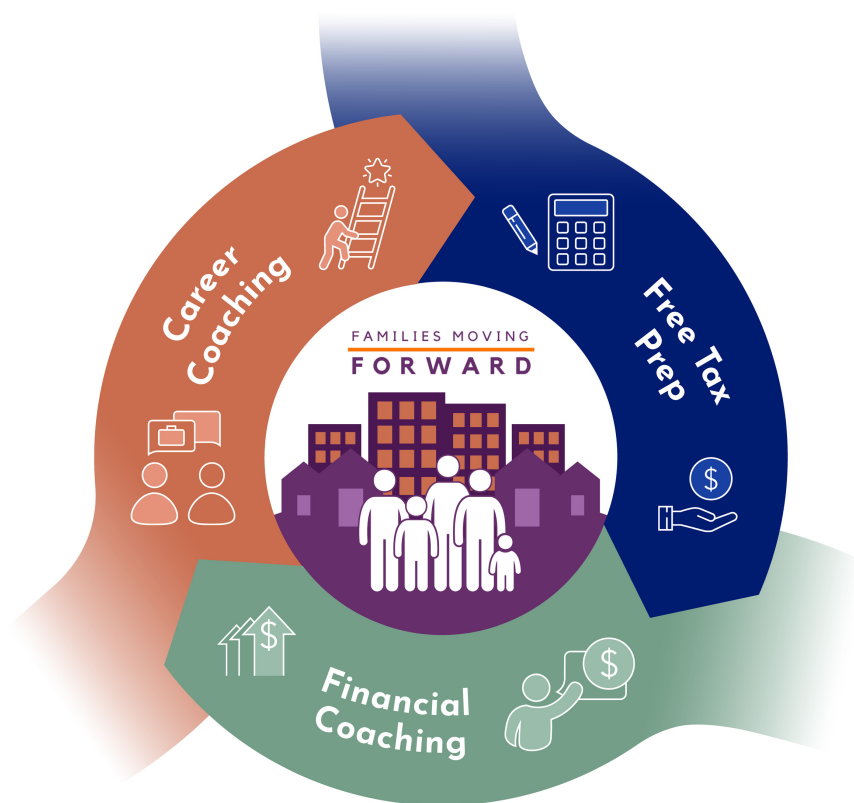
## Conclusions

The Families Moving Forward pilot measurably helped very low- and extremely low-income families achieve greater financial, employment, and housing stability. Much of

this success can be attributed to one-on-one coaching delivered consistently over an extended period of time. Participants had a tremendous appetite for this level of support: Our initial goal was 300 coaching sessions per year, and we conducted approximately 450 per year.

The relationships built among participants was another important element of the program's success. Attendance at cohort meetings was 85%, and many participants cited the sense of community and solidarity as critical to their ability to see what was possible for their families, set goals accordingly, and achieve them.

At a systems level, the FMF pilot successfully demonstrated the power of a partnership model. In addition to meeting regularly with our partner organizations for case conferencing and program input, we were able to develop a robust network of informal connections between staff across all partners.



*Families Moving Forward Model - Heidi Carrier, Opus Design | Social Innovation Forum*

# Families Moving Forward Program Evaluation

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# Table of Contents

<b>3</b>	Introduction & Purpose
<b>3</b>	Abstract of Findings
<b>5</b>	Program Parameters
<b>6</b>	Participant Demographics
<b>6</b>	Logic Model
<b>8</b>	Methodology
<b>9</b>	Relative to Funder Goals
<b>11</b>	Engagement, Incentives and Goals
<b>13</b>	Relative to the Logic Model
<b>17</b>	From Theory to Practice
<b>19</b>	Conclusions
<b>20</b>	Appendix
	<i>Bridge to Assessment Tool</i>
	<i>Organizations in Partnership</i>

## **INTRODUCTION & PURPOSE**

Families Moving Forward is an EMPATH-inspired program (see Logic Model for more information) designed to work with parents over three years, with Just A Start as lead agency in conjunction with five partner agencies: Cambridge Housing Authority, Cambridge Health Alliance, the Community Action Agency of Somerville (CAAS) and particularly their Head Start program, the Institute for Health & Recovery, and Bridges Homeward (formerly Cambridge Family & Children's Services). Our Mobility Mentors meet monthly with participants to evaluate their needs, to set goals related to those needs, and upon accomplishing their goals, to celebrate their efforts and reward them with a financial incentive. In addition to their individual work, participants attend a bi-monthly community meeting and we maintain a matched savings account for each participant. To learn more about Just A Start and our partners, please see the Appendix. This pilot program was originally funded by the Cambridge Community Benefits Advisory Committee (CBAC), following a request for proposals which included a funded planning year. The program was designed to address the top needs identified in a Cambridge community needs assessment: housing stability, financial stability, and mental & behavioral health. This white paper will be used to report back to staff and program participants the efficacy of our work together, to the CBAC for their continued work on the top tier needs of Cambridge residents, and to seek additional funding for continuing our work.

The Families Moving Forward program provides a comprehensive and focused approach to link parents of minor children with incomes at or below 50% of AMI to knowledge, resources, and tools with which they can overcome their challenges. 25 families, mostly single mothers, are supported by a total of 6 nonprofits for a total of three years to achieve their goals around finances, work, education, housing, and more. Our program was extended to a fourth year due to the delay in roll-out of the program in March 2020. The Mobility Mentors in the Families Moving Forward program supports the participants to break down goals into manageable steps and to list barriers and approaches to overcoming them. This method has helped participants achieve their goals, which include items such as completing a degree or certificate program or finding childcare so they can reach their goal of increased wages. In Families Moving Forward, we encourage participants to save by matching their savings. With 50% of Americans having difficulty dealing with an emergency \$400 expense, we know emergency savings are key to self-sufficiency and financial resilience.

## **ABSTRACT OF FINDINGS**

Our program sought improvement for participants in the following areas: housing and housing stability, financial stability, and mental & physical well-being and substance use. At the beginning of our program, 22 participants listed housing as one of their areas of need, and at the time of writing only 2 participants continue to list housing as a need. One participant began the program unhoused and couch surfing, and she now lives with her daughter in JAS housing. 11 participants have moved to what they would consider better housing, for reasons

including disability accommodation, an appropriate number of bedrooms for their children, to get into compliance with the housing authority by listing someone who was living there on the lease, or a newer building. Over the life of the program, the number of participants facing eviction proceedings was reduced by 2/3rds, and in the case of 4 participants, we intervened before an arrearage developed into an eviction process.

Regarding financial stability, 9 began the program with no earned income, and that was reduced to 3. Of our participants who improved their employment, 6 went from no employment to at least part-time employment, while 6 moved to a full-time role or a different full-time job with higher income. 1 participant moved to a role that she finds much more fulfilling. This has translated to an average income increase amongst our participants of \$25,000 over the life of the program, and aggregate income for the cohort is up over \$500,000. Participants began the program with an aggregate savings of \$8800. At present, aggregate savings are above \$63,000, with over 50% having more than 1 month's savings.

In the area of mental & physical health, we used a measurement tool called the Well-Being Scale, which was adopted into the 6-month family surveys by the City's monitoring & evaluation firm, Health Resources in Action (HRiA). Well-Being Scale measurements largely held steady for our participants over the course of the program without significant improvement. 14 of our participants have some form of chronic health issue, which were disclosed over time to us as we gained peoples' trust, including weight, cardiovascular & pulmonary, and neurological issues. One participant has a progressive condition which is likely to be disabling in the near future. Another had a severe Covid case and was hospitalized, with long term health effects and disability. In the context of broad societal declines in both mental and physical health during the pandemic, we consider this stable measure of well-being to actually represent a success. One participant self-reported quitting both cannabis and alcohol, which was especially important because of an exacerbating health condition. 12 of our participants and 8 of their children started mental health therapy during the course of the program. During one of our community meetings, the participants, who are largely women of color, discussed the resistance and cultural barriers they often have to overcome to seek mental health help. We consider nearly half of our participants seeking therapy a major success for this reason. We also recorded a 21% increase in people knowing where to go for mental health help. Two participants were court involved at the start of their work with us. Those cases are now resolved. One of these participants went through a very challenging experience of removing someone from their personal network who had previously involved them with the legal system. These varied and complicated barriers to well-being were much more approachable to participants through working with Families Moving Forward.

Regarding program efficacy, we were able to differentiate, with caveats about the small sample size, that participant engagement correlated to greater improvement in major indicators. People who attended their monthly meetings and at least 12 of the community meetings had a 52% greater increase to their income relative to participants with lower attendance. These participants also saw a \$3100 increase to their savings relative to no increased savings for those with lower community meeting attendance. Those who completed



55% or more of their goals also had significantly higher savings relative to their peers who completed less than 55% of their goals.

A correlation between attendance and better outcomes is not exclusively attributable to our program's activities. Philosophically, we would not ascribe positive outcomes to Just A Start's work in the particular, but rather those positive outcomes represent the power of collaboration between our staff and our participants. Through their relationship with one of our Mobility Mentors, through our assistance in navigating systems with them, and through the leverage our network and experience provides in removing obstacles and connecting them to resources, the participant is able to use our structure as a tool in their own work. Just A Start and our partners functioned like a linebacker to remove obstacles in our participant's path, our mentors worked as both coaches and cheerleaders urging them forward, but our participant was the one actually making the play. In one example of our complex work, a participant had been told by her long-time childcare provider that she would no longer be able to offer her service, because the family daycare provider was told by her affordable housing owner that it was not allowed going forward. Loss of childcare would have been destabilizing for our participant's new employment and for other community members using the daycare. We mobilized to work with the housing owner and provider. We cleared up a misunderstanding to show the provider was licensed and it would be in the best interest of the community for it to continue despite possible increased liability risk to the owner. Her childcare was ultimately preserved, without interruption to service. Involving us in this issue demonstrated strong self-efficacy for the participant, who felt empowered to tell us about the issue and problem-solve with us.

## **PROGRAM PARAMETERS**

The Families Moving Forward program was a response to a request for proposals (RFP) from the Cambridge Community Benefits Advisory Committee. The purpose of the Committee is to identify the needs of Cambridge residents, aligning them with the priorities of the City Council, to then solicit and evaluate applications for distribution of Community Benefits Funds, in the form of grants and contracts to provision services to the community. Community Benefits Funds are collected by the City as a result of real estate development agreements, in order to offset some of the destabilizing or gentrifying effects of that development. The CBAC operates under several guiding principles, namely to frame needs thoughtfully, build on existing assets and programs, to promote holistic innovative approaches and collaborations, and to ensure a straightforward application process.

The 2018 RFP was geared towards "moving the needle" on poverty in the city regarding the three top tier needs identified by the Committee's community needs assessment. Those needs were and continue to be:

- Affordable Housing and Homelessness
- Financial Security
- Mental Health, including Behavioral Health and Substance Abuse

Just A Start was attracted to this particular RFP for a number of reasons. First, it was an opportunity to work with people for a longer term. We had noted in our other work that short-term, transactional service delivery is often less effective than longer lasting wraparound supports. It was also an opportunity to develop relationships with both our participants and

with other agencies and partners. The monitoring and evaluation component also meant we would have a chance to track and see change & impact. Our partnership would also give us exposure to other aspects of service delivery that we had not traditionally worked in, such as family systems, resources for children, and mental & behavioral health.

The FMF partnership group was selected for the Planning Round of funding in 2018, which provided a \$30,000 grant to build out a logic model and implementation plan for three years of funding, with an optional extension at the end of the term at the Committee's discretion. We were selected as one of four programs for implementation, with recruitment to begin in 2019 and official program launch slated for 2020, to run through March 2023. Our program was funded each year with a \$250,000 grant for staff and other program expenses. Families Moving Forward features a matched savings component which the City would not fund using Community Benefits Funds, so as part of our agreement, Just A Start sought separate and additional funding for that program component that we believed to be vital. Recruitment was slated to begin in March 2020. We had conducted outreach to potential applicants and to staff at our partner and other agencies who work with potential applicants during the planning phase. Due to Covid, we could not do any additional in-person recruitment, but were able to leverage all of our contact lists and those of our partners to get the word out that we were now taking applications. Recruitment was conducted through November of 2020, when the program began operations.

That was, of course, also the month where Covid-19 truly landed in the US, significantly disrupting all major functions of our organization and the country at large. Just A Start shut down its office and moved all staff to remote work, and shifted significant resources and energy to mitigating effects of the pandemic. At this time, we implemented our Safe & Secure fund to assist Cambridge residents with critical small dollar expenses up to \$500, for issues related to Covid-19, began work on a number of new rental assistance and housing stabilization programs, and assisted people in applying for unemployment and pandemic benefits. As a result of the pandemic, the FMF program start date was shifted from March 2020 to November 2020, at which time we began operations remotely. Ultimately, the CBAC chose to extend our funding to a fourth year as a result of these delays, placing our official program end date at March 2024.

## **PARTICIPANT DEMOGRAPHICS**

Families Moving Forward serves 25 families with starting incomes below 50% AMI. They are all mothers of minor children, many single parents, and of the 25 families, 16 (64%) identify as Black, 5 (20%) Hispanic, 3 (12%) white, and 1 (4%) Asian.

## **LOGIC MODEL**

The Families Moving Forward program consists of a cohort of 25 women with children from Cambridge, whose initial income was 50% of area median income (AMI) or less. Participants have a monthly meeting with their EMPATH trained Mobility Mentor to establish goals, learn

more about or receive referrals to a variety of services, and to develop a trusting relationship. Every other month, participants attend a community meeting with presentations with information relevant to challenges participants face. Staff meet with our partnership agencies through bi-monthly Advisory Board meetings to case conference and resource share.

Families Moving Forward was designed with coaching as the primary form of service delivery. We wanted an existing and well-researched model. We chose the EMPATH model, Coaching for Economic Mobility, based on their proven track record of client success, the availability of staff training, and longitudinal program support as a partner organization. EMPATH Mobility Mentoring is a professional practice of partnering with participants so that over time they acquire resources, skills, and sustained behavior changes necessary to attain and preserve their economic independence. The model consists of four main elements: Coaching for Economic Mobility, the Bridge to Self-Sufficiency®, Goal Setting, and Recognition.

The practice of Coaching for Economic Mobility, as defined by EMPATH, approaches coaching as a participant-directed one-on-one partnership. Coaches work with participants to strengthen their decision-making, persistence, and resilience over time. Coaching staff (known as Mobility Mentors) act as “human scaffolding” for building the skills and mindsets necessary for the complex task of moving out of poverty. This correlates to our Habit Change model, where supportive accountability plays a key role in facilitating habit change. The Bridge to Self-Sufficiency® is a visual tool used to help a program participant chart a path to economic self-sufficiency. It acts as both a framework for the participant and an assessment tool for the mentor. For the Families Moving Forward program, we developed a Bridge assessment tool that in many ways parallels the EMPATH model, but geared towards the specific outcomes defined by the original RFP. Goal Setting and Recognition are both affected through the use of goal setting worksheets, where the financial incentive is defined at the same time as the achievable goal. Goals were tracked through a Salesforce database.

FMF was also developed to include five important partner agencies within the local community:

Through this wide-ranging partnership, we were able to provide wrap-around services to our participants, and in accordance with the CBAC guiding principles, build on existing assets and programs through innovative collaboration. A detailed logic model is included in the appendix of this paper, but the essential elements are summarized below, including some changes that occurred during implementation:

### Activities

- Participants complete a Bridge assessment (included in the appendix) every 6 months, to identify needs in the major areas outlined by the Bridge.
- Mentors and participants hold monthly one-on-one coaching meetings
- Participants set goals for themselves and their families
- Mentors refer participants to needed services
- Participants earn incentives and recognition for goals achieved

- Participants save and earn matched savings
- Participants complete a feedback form every 3 months. *In implementation, we found the feedback form redundant to community meeting interactions and the individual feedback that participants were providing to the program manager.*
- JAS holds bimonthly community meetings among all participants where partner and non-partner agencies are invited to provide programming and education about important issues. JAS also seeks feedback from participants about the program.
- JAS holds bimonthly Advisory Board meeting with partner agencies for case conferencing and partnership management
- Data collection and sharing with partners

### Outputs

- Meetings, services, and resources attained
- Surveys, assessments, and case notes produced and recorded in Salesforce

### Outcomes

- Strengthened housing stability
- Increased income
- Increased savings
- Increased family well-being
- Increased financial skills
- Increased educational attainment
- Enhanced goal setting habits
- Enhanced awareness of needed resources and where to get them, from agencies, friends & family, and government sources.
- Ongoing improvement and evaluation for the program

### Impact

- For participants: increased self-sufficiency, self-regulation, and assets
- For service providers: increased access to services and cross-sector collaborations in Cambridge, data driven conclusions about successes and opportunities for improvement

## METHODOLOGY

We will approach this evaluation relative to two sets of criteria: the goals of our funder and the goals of our own logic model. From analysis, we will derive lessons learned and points for program improvement.

In judging the success of the Families Moving Forward program in achieving its goals, data from the participants was analyzed. This included surveys conducted by both Just A Start and HRIA every six months; participant financial data, including income and savings amounts; as well as data indicating engagement with the Families Moving Forward programs, such as meeting attendance, goals set, and successful referrals. Using Python, these different sources of

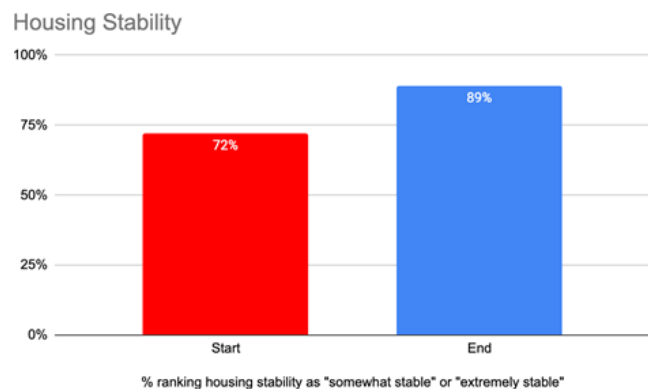
data were linked, producing a data profile for each of the participants in FMF. Through these data profiles, the impact of different elements of the FMF program can best be evaluated.

One key factor that this analysis does not consider is the underlying impact of the COVID-19 pandemic on the outcomes achieved by participants, with housing stability, economic stability, and mental and behavioral health all impacted by the pandemic. In their initial survey responses, 24% of participants reported that they were laid off or furloughed from their job as a result of the pandemic, with an additional 24% reporting that they were working fewer hours than before the pandemic. In addition, 25% of participants reported that their housing was less stable than it was prior to the pandemic, 22% reported their physical health had gotten worse, and 39% reported their mental health had gotten worse. Due to the difficulty of finding reliable month by month community data in these categories and the lack of pre-pandemic data from participants, this analysis does not include the impact of the pandemic on observed results. We know that nearly half of the cohort began the program recently laid off or with reduced hours, facing unstable housing and with both physical and mental health challenges. Future research in this area may be valuable to separate outcomes as a result of the Families Moving Forward program with those resulting from the pandemic recovery.

## RELATIVE TO FUNDER GOALS

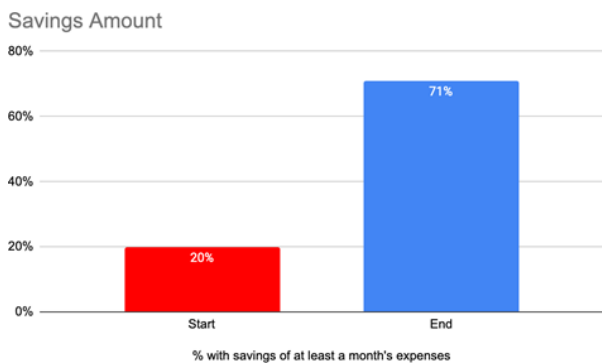
First is understanding whether or not the Families Moving Forward program succeeded in moving the needle within the three key pillars of housing stability, financial stability, and mental & behavioral health. The key sources of data in answering these questions are the Bridge Scores, collected collaboratively between participants and Just A Start staff over the course of the program, as well as the collected financial data.

Within the pillar of housing stability, the key metrics measured included the tracking of any eviction notices and rent as a percentage of income. Over the course of the program, the percentage of participants who had their landlords start eviction proceedings for any reason within the past year dropped by 2/3rds. On the other hand, over the course of the program, there was



little movement in terms of rent as a percentage of income, with consistently around 53% of participants having rent less than 30% of gross household income. In terms of self-reported housing stability, though, the percentage of participants stating they understood the housing issues facing their family increased from 72% to 89% throughout the program. Finally, the percentage of participants ranking their housing situation as somewhat or extremely stable increased from 62% to 79%. In these ways, both the material and self-reported housing stability of participants showed substantive improvement over the course of the Families Moving Forward program.

The pillar of financial stability also saw substantive increases cohort-wide. Through the Bridge Score assessments, data indicates that the percentage of participants making minimum payments on all debts increased from 80% to 90%. In a larger shift, with the Families Moving Forward savings matching program, the percentage of participants with savings of at least a month's expenses increased dramatically from 20% up to 71%, with 38% having savings of at

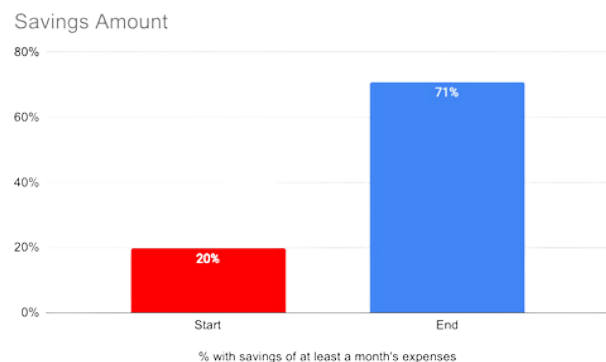


least 3 month's expenses as compared to just 10% originally. Similarly, the share of participants with a credit score of at least 500 rose from 60% to 81%. In terms of financial data, the average income across the cohort increased by nearly \$25,000 with savings also increasing by \$2,600 on average. By the end of the program, 68% of participants rated their family's financial

situation as somewhat or extremely stable, as compared to just 41% at the start of the program. However, it is important to consider these financial statistics, as with all statistics for the cohort, within the content of the COVID-19 pandemic that spanned the length of the Families Moving Forward program. Despite this limitation of some of the data, the results are still clear in the increased financial stability of the cohort.

The final pillar, mental and behavioral health, showed limited to slight improvements across the cohort over the course of the program. Through the Bridge Score assessments, the percentage of participants who stated their physical and mental health did not get in the way of work, school, and family life increased from 35% to 52%. However, measures of children or family needs getting in the way of other concerns showed little change over the three-year timespan nor did participants' description of their comfort in their social networks. However, when asked if they knew who in Cambridge to ask, should they have an urgent mental health or behavioral

health-related problem, the percentage of participants who answered "yes" increased from 42% to 63%. This is evident of the Families Moving Forward program's success in connecting participants to necessary mental and behavioral health resources in the Cambridge area. During the course of the program, we learned about a number of serious, long-term health problems that affect



participants' ability to work, which were not apparent during the intake. In some cases, these health problems may have been exacerbated by the stress of the pandemic. They also may not have been disclosed due to perceived stigma or underestimation by the participant of the impact it could have on their life. In some cases, the health problems were undoubtedly genetic. In other cases, social determinants of health, such as past trauma and housing & family instability, often associated with intergenerational poverty, may have played a large role. We attempted to work with impacted participants to get the services they need, but most of these issues were outside the scope of this project. In future iterations, we may consider a targeted partnership around physical and medical health matters.



**PARTICIPANT STORY**

My journey through this program is a story of empowerment. Prior to joining Families Moving Forward, I felt aimless and needed resources to help me find my way, which is why I came to the United States over 5 years ago; to start again and have a better life. When I was accepted into the program, it felt like I had won the lottery. From the very first day of the program, my mentor was there for me and my family, holding my hand and guiding me towards my goals for a better life. There was never any judgment. Three years ago, I felt a lot of discouragement. Now, I am so much more confident, optimistic and less frustrated. At the beginning, it felt really challenging to think about goals and all of the ways I needed to improve, but my mentor stuck by my side. We worked on my application for housing and my finances. We were able to get mental health counseling for my children, along with access to services they had not been previously receiving. Another benefit of the program was the community I found in our program meetings and understanding the power of good habits, which can be life changing. For me, they were. I have big plans for my future, including increasing my savings and owning my own vehicle, so I don't have to rely on public transportation. This program has empowered me to feel my best and because of that, I know my family is feeling their best too. Every day is a new start with my family moving forward.

## **ENGAGEMENT, INCENTIVES, AND GOALS**

Over the course of the program, in addition to the collection of the Bridge Score assessments and other surveys, participants were able to attend community meetings, received referrals to partner organizations, participated in the FMF savings match program, and received financial incentives for completing goals set with Just A Start. Participants received over \$35,000 in these incentives for goals, with 611 goals set and 329 (53.8%) completed. The meetings saw substantial attendance, with the cohort and community meetings seeing around 85% attendance and the average participant attending 11.2 meetings. Bridge Scores also showed substantive increases throughout the program, as indicated by the aforementioned in several of their subcategories. These scores, measured on a 0 to 100 scale, increased by an average of 8.6 points for participants.

Administrative trackers, collected monthly, indicated the areas of need for the participants. For the three pillars of the FMF program, of the 25 families at the program's onset, 22 had housing needs of some kind, 25 had economic or employment needs, and 19 required behavioral health support. By the end of the program, 2 families were still receiving housing services through partnerships, with 9 families listed as still requiring housing needs. In the category of economic stability, 5 families continued to have needs addressed through the partnership, with 24 still facing economic needs, primarily support for saving money and decreasing monthly expenses. In the pillar of mental and behavioral health, 2 families were receiving support through the partnership at the program's conclusion, with 14 families continuing to require behavioral

support. Outside of these three key pillars, the area of support most families required was physical health support, with 14 families requiring support as compared to just 5 at the beginning of the program. Over the course of the program, 5 participants had successful referrals in the category of housing stability, 5 had successful economic referrals, 1 had a successful behavioral health referral, and 1 had a successful referral addressing other needs.

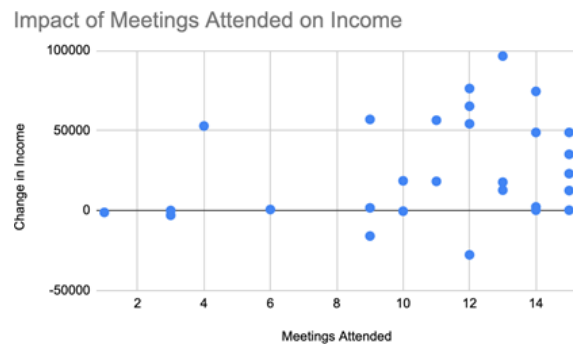
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In looking at the impact of engagement with FMF's programs on outcome, the relatively small number of participants must be kept in mind. That being said, in splitting the 25 participants into a group of 15 who attended at least 12 of the community meetings and the remaining 10 who attended fewer than 12 meetings, the group that attended those meetings saw an average increase in income of \$29,000, as compared to \$19,000 for those who did not and an average increase of more \$3,100 savings as compared to no change in savings amongst the other group. The correlation is less strong when dividing participants based on goals completed or set, little overall shift in financial outcome is observed, though this is once again difficult to ascertain given the limited sample size. Participants who completed a higher percentage of their goals set, on the other hand, did appear to have better success in increasing their savings. The 15 participants who completed at least 55% of their goals had an average increase of savings of \$2,700 as compared to just \$600 amongst the 10 participants who did not. Finally, for referrals, participants who received referrals in different areas, to both organizations within or outside of the partnerships, show limited changes in economic outcome, though changes in income or savings are limited in determining the value of referrals on participants. Overall, in looking at the impact of engagement with elements of the FMF program on economic outcome, the area of biggest impact appears to be attendance at the community meetings.





## RELATIVE TO THE LOGIC MODEL

The desired impact of our logic model was for our participants to achieve increased family and economic stability, as well as enhanced child and adult resiliency. Our partnership sought to achieve some amount of systems-level change in the City of Cambridge, where partner agencies increased their capacity to support participating families relative to the three main needs of the community (affordable housing/homelessness, behavioral health, and financial stability), through the medium of our partnerships improved coordination and integration of services. Despite the late start imposed by Covid-19, the Families Moving Forward program implemented all of its planned efforts and activities (though remotely in the beginning, rather than in-person throughout) and produced the outputs we had initially planned. Our use of Salesforce to record data during the program allows us to measure outcomes relative to the key indicators we initially set out to measure, detailed in the chart below:

INDICATOR	CHANGE OR TOTAL
Coaching Meetings	~450 meetings per year
Bridge Scores	Increase of 8.6 points (out of 100) per participant
Incentives Earned	\$35,910 total incentives
Matched savings earned	\$24,500 total matched savings
Increase in savings	\$1,839 per participant
Increase to income	\$25,194 per participant
Goal completion rate	53.8% (329 completed out of 611 set)
Self-efficacy scale	Decrease of 0.44 points (out of 40) per participant. Little to no real change, held steady around 31 out of 40.

Well-Being scale	Increase of 1.1 points (out of 16) per participant. Small increase over time.
<ul style="list-style-type: none"> <li>• # of referrals to partner</li> <li>• # of referrals to non-partner services, % of referrals made where participants received services from that organization</li> </ul>	<ul style="list-style-type: none"> <li>• 11 total referrals for 7 participants to partner agencies, all of which would be considered successful warm-hand offs. All partner agencies were represented at various times.</li> <li>• 19 total referrals for 9 participants to 6 different non-partner agencies, where 14 were considered successful warm hand-offs, a success rate of 73.6%.</li> </ul>
Community meetings	11.2 attended per participant (of 19 total)
% of participants attending community meetings	85%

We conducted significantly more coaching meetings per participant than the required 300 each year to meet the once a month goal. Our community meeting attendance was generally high, especially through the format of remote community meetings. Our participants earned incentive money and made contributions to their matched savings accounts, with an average increase in savings of a little over \$1800, prior to the end of program bonus. Our participants significantly increased their income over the course of the program, and completed over half of their goals set. We had only small increases to the well-being scale measurements over their time with us (relating to aspects of mental and behavioral health), and negligible change to the self-efficacy scale. In the first point, the Covid-19 pandemic had far-reaching mental and physical health effects on most people. While small movement in that measurement is disappointing, it is not surprising. The second point merits further discussion. Many of our participants rated themselves very highly on their ability to find and access resources in Cambridge on the initial assessment. As we worked with them to achieve their goals, many learned about the complex and fractured local support structure. On the subsequent assessment, self-efficacy scores dropped dramatically across all of our participants, and then rose steadily over the course of the program. This pattern generally aligns with the Dunning-Kruger effect, where people tend to overestimate their knowledge or ability in an area when they know little about it, and as learning increases, they will rate themselves lower until a more solid foundation of knowledge and ability is actually established. Low movement in the self-efficacy scale rating is therefore not worrisome to staff, as our participants have developed functional skills for navigating local bureaucracies and their perceived ability aligns more closely with their actual ability.

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## PARTICIPANT STORY

Despite being born and raised in Cambridge, I did not know a lot about programs and services in the area. Prior to joining Families Moving Forward, I did not have stable housing for me and my family or the support I needed to continue living here. I had the desire to find schooling for myself and family and knew I wanted to stay. With the helpful guidance of my mentor, I was able to achieve important goals, including a safe and stable home, schooling and a job that I wanted. The community of support among other participants was also really important in learning that many of us were going through the same thing. That helped me to remain focused on my goals, which had always been a challenge.

While this program helped me to achieve my goals, the other benefit that came was a lot less stress in my life. The stress would intensify other aspects of my personal well being and make it nearly impossible to stay focused on my goals. My mentor's check-ins, communication, as well as the community meetings have allowed me to move forward. That's what this program truly does for people; helps them to move forward.

Our partnerships were instrumental in providing services to participants. We had 11 total referrals for 7 participants to partner agencies, all of which would be considered successful warm-hand offs. Each of our partner agencies were represented at one time or another during the program. The Institute for Health & Recovery (IHR) was critical for getting our participants access to therapy during the limited availability for such professionals from 2021 to present. With one participant, we are actively collaborating on an on-going case of family therapy. IHR clinicians also presented at a couple of the early cohort meetings and helped establish these as safe, engaging learning and supportive spaces. Cambridge Health Alliance and the Cambridge Housing Authority assisted with a variety of services, as each has a large number of programs and resources under their umbrella. The Cambridge Housing Authority was crucial in recruiting participants to the program. The Cambridge Health Alliance now employs two participants. With Bridges Homeward, one of our participants learned about an open position through the partnership, got the position and earned an 'employee of the month' award after working just a few months. They assisted another participant with receiving DDS services for her child with autism. The Community Action Agency of Somerville assisted extensively with our recruitment process through their Head Start preschool program, as well as with items such as food distribution early in the Covid-19 emergency. CAAS held two information sessions with parents during the recruiting process and assembled a list for our digital outreach efforts. All of the partner agencies have been regular and insightful contributors to our program design and adjusting implementation as we proceeded along. It was this partnership group that pushed us to think further about encouraging the formation of the cohort and peer networking.

Outside of our partnership we had 19 total referrals for 9 participants to 6 different non-partner agencies. We would consider 14 of these to be successful warm hand-offs, where we

know the participant made contact with the agency and had at least one meeting around services that they offered. This is a success rate of 73.6%, much lower than amongst our partner agencies, but also within reason in the context of the pandemic. We referred people to the Cambridge Employment program for assistance in their job search, the Cambridge Multi-Service Center for rental and utility assistance, the Cambridge Economic Opportunity Committee for assistance in applying for public benefits and for assistance with moving apartments, the National Alliance for Mental Illness for help with a child facing a mental health challenge, the City of Cambridge Community Development Department and their inclusionary housing program, and De Novo for legal assistance in a divorce proceeding. The Cambridge Employment Program (CEP) is by far the stand out star of our non-partner referrals. They worked with eleven of our participants to obtain more gainful employment, and succeeded in several cases. All of our warm hand-off referrals to the CEP were successful, at least in the sense of the connection being made and at least one meeting transpiring.

Within Just A Start itself, we referred 7 participants to our Financial Opportunity Program, who received one-on-one financial coaching services with our coach Jenny Komatsu. The coaching method used in this program parallels the method of the Families Moving Forward program. This program offers free financial education, tax preparation, and one-one-one financial counseling for low- to moderate-income clients. The program's goal is to empower clients to maximize their financial resources and build wealth to increase their economic stability and mobility. With financial coaching, our focus is assisting clients in taking achievable steps to meet their own goals. We use a non-judgmental and strengths-based approach to assist our participants in removing barriers, educating them on financial basics that can support further learning, and providing customized support for their unique situation. Our hope is that participants will continue to work with Jenny long into the future.

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**PARTICIPANT STORY**

At the start of the program, I was in the middle of a difficult family situation, was living on a small income and had quit my job to pursue my education in a Masters program. There was stress around how to pay for essential things for myself and my family, and I wasn't sure if I was going to make it through the entirety of the program. Initially, I had a negative experience with Families Moving Forward and felt discouraged. I wasn't sure if I wanted to continue. When I shared my feedback with the program manager and my mentor and explained how I was feeling, they adjusted their approach to suit my needs. It felt like I was heard and I was able to move forward and access helpful resources and information that the program offers.

The program helped me to organize my finances and learn how to budget for the present and future. With regards to school and finances, I gained important information about financial aid, scholarship opportunities and my course load. I also adjusted some of my own health habits like drinking more water, meal prepping, getting organized and learning how to ask for help and how to say no. I was able to find an after-school program for my child. Through some...

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subsequent personal challenges during the program, it was helpful to have a person to communicate with who would ask how I was doing and remind me of the goals I had set for myself. Without Families Moving Forward, I might not have done my Masters program, especially given the amount of stress I was under. I've since had two role changes at my employer and never thought I would be in a supervisor position.

Regarding systems-level change, our formal partnership with five major organizations in Cambridge met bi-monthly for case conferencing and input on various matters relating to the program. It allowed us all to develop a robust network of informal connections between program staff across all partners. We regularly communicated by email and have had a number of mutually beneficial referrals and initiatives. For instance, the Cambridge Housing Authority is now helping to place and fund their residents who enroll in Just A Start's Career Connect Bio and IT workforce development programs. Bridges Homeward has helped Just A Start resident service coordinators to brainstorm regarding some difficult child welfare issues. Bridges Homeward and Just A Start have met to see if there is a possibility of placing young adults transitioning out of foster care in their Independent Living program into affordable apartments. We have worked together to understand issues and resources for undocumented residents, issues of trauma, and physical and behavioral health.

## FROM THEORY TO PRACTICE

As a result of the pandemic, monthly meetings were shifted to a remote format, meeting with participants by video call. After a few months of delay, we started conducting community meetings remotely as well. Our partnership Advisory Board emphasized the need to build community and mutual support amongst our participants, especially David Gibbs, the executive director of CAAS. One of our mobility mentors, Lori Segall, regularly met clients outside for walking meetings, biking outings, at playgrounds, and other Covid-safe alternatives to the remote format. We attempted small group meetings, both remote and in-person, to mixed success.

Selma DeCastro was able to organize several regular small group meetings and birthday celebrations. Three of our participants formed a tight unit, offering mutual support in childcare and actually getting paid for it by leveraging Department of Developmental Services programs. They continue to be close friends. Several other small friend groups developed or were rekindled, as many of our participants already knew of each other through mother's groups, children in the same grades, and in one instance, moving just a few doors down from each other in an apartment building. These systems of mutual support were the main intended purpose of our community meetings.

In other cases, participants publicized job opportunities to each other, as well as other beneficial programs of which they might want to take advantage. In some cases, our partners

were instrumental in helping participants secure jobs by directly connecting them to opportunities in the Cambridge Health Alliance.

Our community meetings were launched in January of 2021 with a brief “User’s Guide to the Families Moving Forward program”, and then a two-part presentation from the Institute for Health and Recovery on individual stress management, and in March, stress management and family dynamics. Our subsequent meetings introduced our participants to the partner agencies working with FMF, and proceeded to varied topics like parental rights in relation to the school system, first time homebuying resources, salary negotiation, work life balance, habit change theory, and a framework for approaching personal wellness. Over time, we reduced the amount of time for speakers and spent a greater proportion of the meetings in discussions. Community meeting speakers were also of varied quality. Some were outstanding, many presented functional information, and a few presented either irrelevant information or presented it in an off-putting or paternalistic manner. We learned over time to pull our speakers from the same walks of life as our participants, and to briefly vet speaker presentations before the community meetings proper.

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**PARTICIPANT STORY**

*My mom had encouraged me to apply to Families Moving Forward and after just meeting the deadline, I found out that I had been accepted into the program. When I joined the program, I was pregnant and in the midst of multiple, really challenging family situations. Due to sickness during my pregnancy, I was unable to work and ended up having to leave my job. I really was not well, physically or emotionally, but the most helpful thing was that I had a mentor checking in on me. She was someone who knew everything that was going on in my life and what I was going through. During the first fall, I was behind on my rent, receiving eviction notices and due to leaving my job, did not have any benefits, which all added to my stress. My mentor continued to be there for me and was the one constant in my life. This program also built a real sense of family between the participants during our community gatherings. I realized that we were all struggling with something together and in that, we were able to see one another despite differences in our ages and ethnicities. We were able to hold each other accountable. Having incentives for meeting goals was great, but connecting and having the space to connect with other women was just as important. These meetings also provided important information that I would not have otherwise known about. We just moved to a larger apartment and while we still have work to do as a family, I have grown. I am healing. This mentorship helped me to understand that hard things will happen, but it’s how you figure out your next move and keep moving forward.*

## CONCLUSIONS

We conclude that the Families Moving Forward program was effectively able to increase overall housing stability, financial stability, and mental & behavioral health outcomes in collaboration with both our participants and partner agencies. Increased program engagement related to increased positive outcomes within the cohort.

Our implementation faced two big, interrelated challenges. Throughout the program, we had difficulty maintaining program engagement with many participants. Part of those difficulties can be explained by the challenges facing our participants in terms of childcare, physical health, mental health, and work. We transitioned at the start of the program to remote meetings, both for monthly coaching meetings and for our communities to bring our participants together in a face-to-face setting, with all of the non-structured, organic interaction that would entail. Unfortunately, remote meetings significantly hampered the development of the community we had hoped this program would represent. There is a repetitive nature to monthly meetings and remote community meetings that assuredly impacted program engagement in important, but often intangible ways. In future iterations, we hope that more in-person, unstructured time together amongst group members will create a robust network of mutual support, and a more interesting and exciting environment for our participants.

In future iterations of the program, we intend to address participant disengagement by moving to a rolling admission model, over a cohort model, with a waitlist for participants once the program slots are filled. Disengagement of 90 days or more will result in movement back onto the waitlist. We hope to have in-person and monthly community meetings at a newly renovated storefront space, 55 Norfolk St, near Central Square here in Cambridge. These meetings will be open to current program participants, alumni, and any participants who were active but transitioned back to the waitlist due to disengagement. In order to lower the organizational financial burden, we intend to move towards smaller matched savings and more personalized, less cash based incentives. For example, a participant might receive flowers for achieving a personal goal over just a check, though some direct financial incentives may still be used.

It is our hope that we will be able to continue offering this program by obtaining sustainable funding. We believe the Families Moving Forward model has proven effective in partnering with low income moms through daunting complex challenges to help them improve their lives and their children's lives. This model improves how the non-profit sector addresses the needs of participants by breaking down the silos between housing, medical, behavioral, childcare, financial, and disability service agencies. Families Moving Forward, above all, is about real, personal, and powerful relationships, and the ways in which such relationships help us grow and evolve towards our higher potential. In a fractured and stressed environment, we need to build more of these powerful and healing relationships.

# Appendix

## BRIDGE TO ASSESSMENT TOOL

FAMILIES MOVING FORWARD													
Bridge to Stability and Resiliency													
	Housing Stability		Well-Being					Financial				Education and Training	Income
	Housing	Rent	Physical and Mental Health	Family	Child Development	Food	Networks	Debts	Savings	Credit Score	Monthly Expenses	Educational Attainment	Income Level
<b>Thriving</b>	In the past year, landlord has not started eviction proceedings for any reason	Rent is less than 30% of gross household income	Fully able to engage in work, school, and family life; physical, mental and behavioral health needs don't get in the way	Fully able to engage in work, school, and family life; children or family needs don't get in the way	All children are meeting developmental expectations	Family always has access to healthy food	Can always rely on networks to provide useful advice, guidance, and support; advocates for others	No debt other than mortgage, education, and/or car loans, and current in all debts	Savings of 3 months' expenses or more: _____	Credit score is 661 or higher	Monthly income is higher than monthly expenses	Associate's degree or higher or professional certificate complete	Income is above 80% of AMI: _____
<b>Maintaining</b>	In the past year, landlord has sent a notice to quit, but the situation has been resolved before going to court	Rent is 31-40% of gross household income	Mostly able to engage in work, school, and family life; physical, mental, or behavioral health needs rarely get in the way	Mostly able to engage in work, school, and family life; children or family needs rarely get in the way	Any children not meeting developmental expectations are enrolled in services to meet their needs	Family often has access to healthy food	Can often rely on networks to provide useful advice, guidance, and support	Current in all debts and making more than minimum payments on one or more debts	Savings of at least 2 months' and up to 3 months' expenses: _____	Credit score is between 601 to 660	Monthly income is higher than monthly expenses	Attending program to attain a degree or a professional certificate	Income is 50 - 80% of AMI: _____
<b>Safe</b>	Landlord has started eviction proceedings in the past year, but the case was resolved or dismissed	Rent is 41-50% of gross household income	Somewhat able to engage in work, school, and family life because of physical, mental, or behavioral health needs	Somewhat able to engage in work, school, and family life because of children and family needs		Family sometimes has access to healthy food	Can sometimes rely on networks to provide useful advice, guidance, and support	Making minimum payments on all debts	Savings of at least one month's and up to 2 months' expenses: _____	Credit score is 501 to 600	Monthly income and expenses are roughly equal	Job training or certificate complete (beyond high school)	Income is 30 - 50% of AMI: _____
<b>Vulnerable</b>		Rent is 51 - 80% of gross household income	Barely able to engage in work, school, and family life because of physical, mental, or behavioral health needs	Barely able to engage in work, school, and family life because of children or family needs	One or more children is not meeting developmental expectations and is not enrolled in services to meet their needs	Family rarely has access to healthy food	Can rarely rely on networks to provide useful advice, guidance, and support	Behind in payments of 1 or more debts and making payments on at least 1 debt	Savings of at least \$500	Credit score is 500 or lower	Monthly expenses are higher than monthly income	High School Diploma or HSE complete	Income is below 30% of AMI: _____
<b>Crisis</b>	In the midst of an eviction process for any reason	Rent is over 81% of gross household income	Not able to engage in work, school, and family life because of physical, mental, or behavioral health needs	Not able to engage in work, school, and family life because of children or family needs		Family never has access to healthy food	Can never rely on networks to provide useful advice, guidance, and support	Has debts: currently not making any payments	Savings below \$500	No credit history		Less than High School Diploma or HSE	No income



## ORGANIZATIONS IN PARTNERSHIP

### Just A Start

[www.justastart.org](http://www.justastart.org)

1035 Cambridge St STE 12, Cambridge, MA 02141

Originally founded in 1968 as a neighborhood revitalization and youth training organization in Cambridge, MA, Just A Start incorporated in 1971 as a community development corporation and multi-service organization dedicated to promoting equity by creating access to stable housing and building pathways to economic opportunity. Now in our 55th year, we work to create and preserve affordable housing, provide housing resources and services, offer education and workforce training for youth and adults, and build community engagement. In total, we serve some 2600 Cambridge residents each year through our various programs.

In 1975, we began developing affordable rental housing and providing financial and technical assistance. Just A Start has developed and preserved 621 affordable rental units with five new projects comprising 275 additional affordable apartments in our pipeline, currently providing housing to 1,500 residents. We have also developed 130 affordable first-time homebuyer units.

Just A Start's Workforce Development programs for youth and adults are a crucial springboard to careers that offer opportunities for growth and family-sustaining wages. In 1992, Just A Start launched the Biomedical Careers Program to provide a pathway for low-income adults to enter careers in the biosciences. In 1993, Just A Start became a YouthBuild USA affiliate, empowering out-of-school youth to earn high school credentials and develop work, life, and leadership skills. The program offers hands-on training in the construction and retail fields. In 2016, the Financial Opportunity Program began providing financial literacy, one-on-one coaching, and tax preparation to help clients achieve financial goals. In 2018, we added a concurrent IT Careers track to our existing workforce development program, and together with the Biomedical Careers program, formed Career Connect.

In 2020, Just A Start partnered with five other nonprofits to pilot Families Moving Forward, a three-year mentoring and matched savings program to help families, primarily those led by single mothers, reach health, housing, finance, education, and work goals. In the same year, as a response to the COVID-19 pandemic, Just A Start launched the Safe and Secure Fund to provide direct financial assistance for those experiencing housing and food insecurity. This is now a permanent fund, supporting low-income families in crisis situations. Just A Start launched an expansion plan in 2022 for our programs, through the construction of a brand-new facility, Rindge Commons; a 70,000 square-foot Economic Mobility Hub near Alewife MBTA in North Cambridge.

We envision an equitable community where everyone can secure a solid economic foundation. To that end, we act as a bridge to opportunity for youth and adults in Cambridge and surrounding communities, helping low- to moderate-income residents build economic security, mobility, and resiliency. Given these guiding principles, our current goals are to:

- 1. Create Access to Stable Housing:** through the development of high-quality affordable housing in and around Cambridge, and by assisting families and individuals to secure and maintain stable housing through a range of housing services. Our Home Improvement Program helps Cambridge residents and landlords preserve, stabilize, and improve their properties through technical and/or financial assistance. The Homelessness Prevention Program helps residents at risk of losing their homes maintain housing through emergency financial assistance, mediation, and legal services.
- 2. Build Pathways to Economic Opportunity:** through our Career Connect Program in the Biomedical and IT fields, and through YouthBuild Just A Start, for out-of-school youth ages 16-24 to gain high school credentials, receive job training, and develop life and leadership training. Our Financial Opportunity Programs offer individual & workshop-based financial education and free tax preparation services, alongside the subject of this paper, the Families Moving Forward program, which mentors and empowers families through our multi-agency partnership to achieve their goals.
- 3. Promote Equity:** through all of our programs, implemented through an equity lens and in collaboration with our participants, assisting low-to-moderate-income and historically disadvantaged residents to navigate inequitable systems. We are committed to addressing those inequities through policy advocacy and community engagement, including our Residential Services staff who directly assist residents in their capacity to retain stable housing and thrive in their community.

Just A Start has been headquartered in Cambridge for 55 years, and Cambridge remains our primary geographic focus, particularly for affordable housing development and preservation. However, several of Just A Start's programs also serve individuals from surrounding communities including Chelsea, Somerville, Malden, and Everett. While Just A Start is not place-based in the program offerings, income limitations do apply. Nearly all of Just A Start's residents and program participants are low-to moderate-income individuals & families, and represent a wide range of ages, races, nationalities, and personal & professional backgrounds.

Cambridge is the second most densely populated city in Massachusetts, with a population of 118,927 (2020), comprising 46,184 households. 13.2% of the population has income below the poverty level. The city is racially and ethnically diverse with 11% African American, 16.1% Asian and Pacific Islander, 9.2% Hispanic and 67% Caucasian. While maintaining much diversity in class, race, and age, the value of real estate and apartment rents have escalated to a point that threatens economic diversity of the city. Just A Start programs, including the Financial Opportunity Program and Families Moving Forward, provide services and resources to people who are unemployed or underemployed to help them maximize their financial resources and become more economically mobile.

In 2023, we expect to serve 400 low- to moderate-income (80% AMI or below) residents of Cambridge and Metro North through our Financial Opportunity Programs. Participants identify as 53% Black, 34% white, 6% Asian, 3% Native American, and 4% other. 13% identify their ethnicity as Latinx. 75% are women, 24% are men, and 1% trans or non-binary.

### **Cambridge Housing Authority**

[www.cambridge-housing.org](http://www.cambridge-housing.org)

362 Green St., Cambridge, MA 02139

Cambridge Housing Authority (CHA) provides long-term rental housing and rental assistance to residents in Cambridge through its Public Housing and Housing Choice Voucher (HCV) Programs. The CHA is recognized nationally for its innovative housing development and service partnerships. The Resident Services department maintains quality program and services partnerships with nearly 25 agencies, companies, and institutions annually in providing diverse educational support opportunities to its residents. The department has a long history of engaging families through programs for teens and young adults, formal partnerships with local non-profits, institutions, city agencies, and asset-building programs. Reaching over 600 youth and 4,000 families annually, these diverse programs and partnerships provide a continuum of services that cover the full life cycle, from early childhood to aging-in-place services for the elderly.

As an Equal Employment Opportunity Employer, the CHA regularly conducts agency-wide trainings on diversity, customer service, sexual discrimination, and other related areas. The CHA maintains a collective bargaining agreement with Local 122 Teamsters. Hannah Lodi, the CHA's Director of Leasing and Occupancy, and John Lindamood, Director of Resident Services, will be the primary organizational leaders involved with this proposal.

### **Cambridge Health Alliance**

[www.challiance.org](http://www.challiance.org)

1493 Cambridge St., Cambridge, MA 02139

Cambridge Health Alliance is the only public health care system in the state, and its mission is to improve the health of its communities. In addition to providing patient care, it operates the Cambridge Public Health Department and collaborates closely with government and non-profits to improve health status and reduce barriers to care. Its Community Health Advisory Council works with community partners to understand and respond to community health needs. The Alliance runs the school-based health center at Cambridge Rindge and Latin and provides health care to the two homeless shelters in Cambridge. Currently, it collaborates with the City and with the Cambridge Housing Authority on a housing voucher program for MassHealth ACO members. It also maintains a collaborative relationship with North Charles and processes medication assisted treatment to over 500 patients annually.

Cambridge Health Alliance is a safety net health care system and is well known for addressing equity and inclusion within the organization. The Alliance's workforce is diverse, employing more than 40 bilingual primary care providers. It also hosts a nationally recognized medical interpreter and translation program available in over 150 languages. More than 50% of the patient population has a primary language other than English and CHA's workforce is intended to reflect its patients. Mary Cassesso, President of the Cambridge Health Alliance Foundation and Chief Community Officer, and Kathy Betts, Director of Community Health Improvement, will work closely with the partners on this proposal.

### **Institute for Health and Recovery**

[www.healthrecovery.org](http://www.healthrecovery.org)

95 North Beacon Street, Floor 2,  
Watertown, MA 02472

Institute for Health and Recovery (IHR) is a statewide organization (with administrative offices including a licensed behavioral health clinic site in Watertown) incorporated in 1990 with a mission of supporting family recovery from substance use disorders, mental illness, and trauma. IHR provides training, consultation, technical assistance and curriculum development for state, local and national organizations to improve integration of best practices and policies into prevention and treatment programs. For clients and families, IHR provides home- and community-based therapeutic, family-counseling services. IHR is committed to the building and maintenance of collaborative service delivery models. It works with providers at publicly-funded programs to develop systems that support family recovery, and many of IHR's clinicians serve families referred by the Mass. Department of Children and Families. IHR's Child and Family Services Department serves as a resource to the MA substance use treatment system and develops training on issues of families, substance use, and recovery. In Cambridge, IHR partners with Cambridge Health Alliance and with North Charles to provide psychotropic medication / medication assisted treatment.

IHR's founding principles, which continue to be key to its mission, include commitments to fostering gender-responsive, trauma-informed, relational service delivery models and advancing multicultural (in its broadest sense, incorporating a commitment to a culture of recovery) competency within service delivery systems. Katharine Thomas is IHR's Executive Director and is the primary leader involved with this proposal.

### **Bridges Homeward (formerly Cambridge Family & Children's Service)**

[www.helpfamilies.org](http://www.helpfamilies.org)

60 Gore Street, Cambridge, MA 02141

Bridges Homeward provides support and advocacy for children, adults, and families to develop and nurture safe, permanent relationships and maximize individual growth. Through the Family Support & Stabilization Department and a strong relationship with the Department of Children and Families, Bridges Homeward staff currently engage at-risk families on a one-to-one level, collaborating with each parent to determine what would be most helpful for their particular needs. Bridges Homeward offers connection to all available community resources, support for opportunities for self-advocacy, and opportunities to join parent workshops and trainings such as the nationally recognized Parenting Journey or Parenting in America. As the oldest human services agency in Cambridge, Bridges Homeward has a long history of working with area agencies to best meet community needs. On recent initiatives such as a Permanency Collaboration Project and Permanency Initiative for Transition Aged Youth, partners have included Walker Inc. (finding adoptive families), Plummer Youth Promise (training, consulting, and coaching support on permanency best practice), and Silver Lining Mentoring (adult mentor relationships and life skill building). Partnerships support the agency's goal to ensure that every child develops a sense of belonging and the continuity of family connections to support and sustain them. As the DDS Family Support Center for Cambridge and the surrounding

communities, Bridges Homeward provides training, support and advocacy for individuals living with a developmental disability, and their families. On this project, Executive Director Bob Gittens will work closely with the partners to develop the program plan, and Director of Operations, Courtney Gomez will collaborate with the CFCS Family Support & Stabilization Program Director to create specific programming and programming staffing models.

### **Community Action Agency of Somerville**

<https://www.caasomerville.org/>

66 Union Square, Somerville, MA 02143

The Community Action Agency of Somerville (CAAS), founded in 1981, works to help local families and individuals achieve financial security while seeking to eliminate the root causes of economic injustice. We have a holistic approach to community work and wrap-around services. CAAS supports clients in many areas through direct services or referral. We have four core programs. Head Start offers free preschool to income qualified community members in Cambridge and Somerville. Our Housing Advocacy Program (HAP) provides a wide range of services to low-income individuals at risk of homelessness each year, including preventing evictions through advocacy with landlords and in district court and maximizing income by improving access to public benefits, as well as direct case management. Our Community Organizing & Advocacy program cultivates relationships with Somerville's low-income community, educates and empowers residents on their legal rights and resources as renters in private and public housing, develops resident leadership and facilitates their aspirations to improve our community, creates campaigns to further CAAS' mission to end poverty. Our Free Tax Preparation Assistance (VITA) service provides low- and moderate-income families with free tax preparation assistance. VITA can help reduce the tax burden on families and help them get back money that can be used to build savings or pay off debts.