RESEARCH REPORT

Boosting Upward Mobility

Exemplars

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The nonprofit Urban Institute is a leading research organization dedicated to developing evidence-based insights that improve people's lives and strengthen communities. For 50 years, Urban has been the trusted source for rigorous analysis of complex social and economic issues; strategic advice to policymakers, philanthropists, and practitioners; and new, promising ideas that expand opportunities for all. Our work inspires effective decisions that advance fairness and enhance the well-being of people and places.

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Executive Summary

The promise that anyone with talent and hard work can advance their position in society is etched deeply into the idea of America and the opportunities it offers. But recent decades have cast doubt on that promise as rates of economic mobility in the United States have stagnated. The poorest adults are unlikely to rise to the middle of the income distribution, much less to the top (Acs and Zimmerman 2008; Bradbury 2016). And children growing up in families experiencing poverty are far more likely to experience poverty as adults than children raised in families not experiencing poverty (Acs, Elliott, and Kalish 2016; Ratcliffe and McKernan 2010; Wagmiller and Adelman 2009).

However, research shows that programs can move the needle on promoting mobility from poverty for individuals. This report examines the role of six evidence-based models in enhancing mobility, using the definition of mobility put forward by the US Partnership on Mobility from Poverty. The Partnership gathered insights from research, practice, and people who have experienced poverty to better understand what it would take to dramatically increase mobility from poverty in the US. As part of its work, the Partnership developed an expansive definition of mobility composed of three components: economic success, power and autonomy, and belonging (see page 1 for more information).

We selected six programs with rigorous evidence of economic impact and strong intentionality in improving power and autonomy and/or belonging. Most research highlights how these exemplars help create economic success, but their effects on building power, supporting autonomy, and creating community are less understood. To fill these gaps in knowledge, we visited sites implementing the exemplars to help better understand how these programs support mobility in practice. The six exemplars are as follows:

- **Nurse-Family Partnership (NFP)** is a home visiting model that involves sending nurses to first-time expectant mothers to help them improve prenatal outcomes, support their child's health and development, and work toward economic stability.

- **Educare** is an early childhood care and education model that helps prepare low-income children, from 6 weeks to 5 years old, for success in kindergarten and beyond by providing highly trained teachers, state-of-the-art classrooms, and other supports that strengthen the capacity of children's families to build networks, set goals, and find resources.

- **YouthBuild** provides construction and other industry training and high school completion options to young people who are out of school and out of work, using a positive youth development approach.

- **The City University of New York Accelerated Study in Associate Programs (CUNY ASAP)** provides comprehensive supports to help improve the graduation rates of students pursuing an associate degree.

- **Moving to Opportunity** and subsequent neighborhood mobility initiatives help families access high-opportunity neighborhoods, typically by coupling federal housing vouchers with wraparound supports such as pre-and post-move counseling and financial supports such as rent deposits.

- **Family Rewards** and other conditional cash transfer programs offer cash incentives for families to complete tasks that would boost their mobility from poverty across domains, such as children's education, families' preventive health, and parents' employment.

Although the programs we selected target different populations and stages of life, they share approaches in how they promote mobility, including

- **providing participants with tangible short-term financial and material relief,** which reduces stress and generates momentum on the path to economic success;

- **building human capital** through high-quality education, educational supports, and/or career training;

- **tailoring services and supports to personal goals** by allowing participants to define and pursue the outcomes of greatest importance to them; and

- **boosting a sense of acceptance and reducing stigma** through a heavy emphasis on building family-like relationships among participants and staff.

Each of the six exemplars has been replicated, or expanded to additional sites, to varying degrees, and each has particular opportunities and barriers to future growth. By marrying core program components with an understanding of local needs, effective models can be expanded to serve people in many different community contexts. But achieving real scale, or reaching a higher share of the target population, involves embedding key principles and practices from the models into broader systems that reach many more people. For example, several exemplars are testing the impact of adapting elements of their models to meet the needs of different communities and populations and, in doing so, seeking to better understand which components are central to program success. As the evidence of effective practices grows, governmental and nonprofit organizations might embed them into larger programs and social service approaches.

Moreover, effective programs confront and reveal structural barriers that inhibit individual and community upward mobility. They can also contribute to collective efforts to remove and lower those barriers. For example, Moving to Opportunity (MTO) reveals and confronts barriers to access to affordable housing in high-opportunity neighborhoods for people with low incomes. Its programmatic efforts, such as housing counseling and search assistance, grow out of and contribute to social movements and policy reforms intended to reduce discrimination and expand access to opportunity.

Introduction

The promise that anyone with talent and hard work can advance their position in society is etched deeply into the idea of America and the opportunities it offers. But recent decades have cast doubt on that promise, as rates of economic mobility in the United States have stagnated. The poorest adults are unlikely to rise to the middle of the income distribution, much less to the top (Acs and Zimmerman 2008; Bradbury 2016). And children growing up in poor families are far more likely to experience poverty as adults than children raised in nonpoor families (Acs, Elliott, and Kalish 2016; Ratcliffe and McKernan 2010; Wagmiller and Adelman 2009). Mobility from poverty is often viewed as a matter of individual ability and effort. But people experiencing poverty face multiple barriers that impede their efforts to achieve economic success. These structural barriers include longstanding patterns of racism, discrimination, and disinvestment that block people's access to safe and healthy environments, quality education, and family-sustaining work, as well as present-day forces of economic dislocation and exclusion that undermine people's best efforts to advance and opportunities for their children to thrive.

The US Partnership on Mobility from Poverty, which completed its work in spring 2018, gathered insights from research, practice, and people who have experienced poverty to better understand what it would take to dramatically increase mobility from poverty in the US. As part of its work, the Partnership developed an expansive definition of mobility composed of three components:

- **Economic success:** "Economic success captures factors that directly contribute to individuals' and families' material well-being" (Acs et al. 2018, 11). Components of economic success include income and income adequacy, employment and job quality, skills and human capital, and family demographic circumstances.

- **Power and autonomy:** "Power is a person's ability to influence their environment, other people, and their own outcomes, and autonomy is a person's ability to act according to their own decisions, rather than according to other's decisions" (p. 3). The power and autonomy of individuals and communities is greatly impacted by such structural forces as institutional racism. Components of power and autonomy are agency, coping with stress, growth mindset, and health. The Partnership includes health within this dimension because research shows that people who exhibit greater power and autonomy live longer and healthier lives than those with less power and autonomy.

- **Being valued in community (Belonging):** "Being valued in community is a person's sense that they belong and are included among family, friends, coworkers, neighbors, other communities,

and society" (p. 6). Belonging promotes upward mobility because "being valued in community facilitates access to material and cultural resources—including access to nutritious food, clean water, and safe environments. At the same time, not being valued in community increases exposures to pollution, violence, and other forms of trauma" (p. 6). Components of being valued in community are social connectedness, social capital, relational stress, social standing, and trauma.

The Partnership argued that these mobility dimensions collectively encompass a more holistic definition of economic and social mobility—that economic success alone "does not fully capture people's experiences with poverty and mobility," but that real mobility also involves issues of agency and community (Ellwood and Patel 2018, 2). The Partnership called upon a range of stakeholders—including representatives from philanthropies, government agencies, service providers, and advocacy and research organizations—to inform their thinking, investments, policy, and practice on designing better approaches to promoting mobility from poverty.

This report is one component of a project funded by the Bill and Melinda Gates Foundation to advance the work started by the US Partnership on Mobility from Poverty. Another element of this project is the Mobility Metrics Working Group, a group of cross-disciplinary academics who advised the Urban Institute on a concise set of short- and intermediate-term metrics that city and county leaders can use to assess their progress in boosting upward mobility and set priorities for improvement. The final report presenting this work is *Boosting Upward Mobility: Metrics to Inform Local Action* (Turner et al. 2020). Appendix A has more information on how the exemplars featured in this report affect key predictors of upward mobility identified by the Mobility Metrics Working Group.

The report examines six interventions that have been shown through rigorous evaluation to improve mobility outcomes (figure 1):

- **Nurse-Family Partnership (NFP)** is a home visiting model that involves sending nurses to first-time expectant mothers to help them improve prenatal outcomes, support their child's health and development, and work toward economic stability.

- **Educare** is an early childhood care and education model that helps prepare low-income children, from 6 weeks to 5 years old, for success in kindergarten and beyond by providing highly trained teachers, state-of-the-art classrooms, and other supports that strengthen the capacity of children's families to build networks, set goals, and find resources.

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FIGURE 1
The Six Exemplars

MODEL	MODEL	MODEL	MODEL	MODEL	MODEL
Nurse-Family Partnership	Educare	YouthBuild	CUNY ASAP	Moving to Opportunity	Family Rewards
SITE	SITE	SITE	SITE	SITE	
McLeod NFP	Educare Central Maine	SER Metro-Detroit YouthBuild	Hostos Community College	Baltimore Housing Mobility Program	
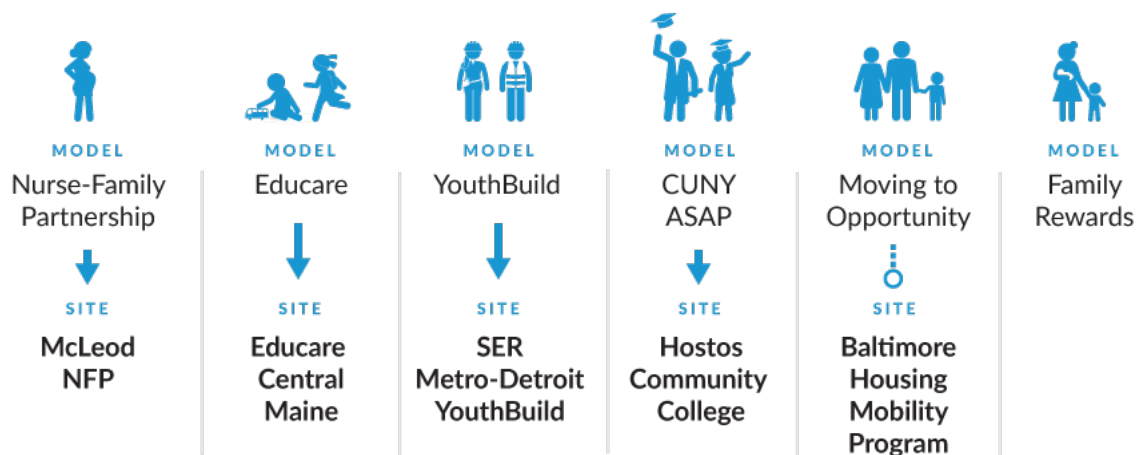
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Note: The Family Rewards demonstration is no longer operational, so no site visit was conducted.

Each program is explored at two levels:

1. The **model** is the intervention or set of interventions the program conducts.

2. A **site** is a community where a program is implemented; it has contextual features unique to the place and people in it.

To support this analysis, we also consider the contexts and principles of the broader fields within which each program operates.

By exploring these exemplars, we aim to better understand how they measurably boosted economic and social mobility. We also examine how programs might further scale what is successful about each intervention across varied places—even to the level of systems reform.

Approach

We used a multistep process to select the six exemplars. First, we used research clearinghouses and other sources to identify interventions that had rigorous evidence of improving economic success and demonstrated strong intentionality in improving at least one other mobility dimension (power and autonomy and being valued in the community). From this list, we enlisted the support of subject-matter experts to select a final set of programs based on

1. the magnitude of their impact,

2. evidence of their prior replication, and

3. their diversity and spread of policy domains, geographies and populations served, and other contexts.

We do not intend these exemplars to be definitive or even comprehensive: programs other than the six we chose met the featured criteria. Appendix B includes additional information about the selection methodology.

The programs affect people at all stages of life; some target young children while others provide support to adults and families. This life-cycle approach reflects the Partnership's perspective that services to support people should "take 'whole person' and 'whole family' approaches, recognizing both the strengths and needs people have during different phases of human development" (Ellwood and Patel 2018, 13). The Nurse-Family Partnership and Educare support young children and their parents. YouthBuild supports older teens and young adults, and CUNY ASAP focuses on young adults. Two other featured interventions—neighborhood mobility programs like Moving to Opportunity and its current-day successors, and conditional cash transfer programs like Family Rewards—provide adult and whole-family assistance on critical domains needed to achieve mobility from poverty: stable housing in places of opportunity and flexible cash resources.

After identifying the programs, we conducted case study research through informant interviews, document review, and site visits. This research aimed at answering the following questions:

- What key features of this model make it unique within its field?

- Why is this model effective (in general and at the site) at increasing mobility from poverty, and how does that relate to the three mobility dimensions?

- How might this model be further replicated or scaled; what are the opportunities and challenges?

In each case study, we summarize the program's model and describe how it improves outcomes that contribute to the three dimensions of mobility from poverty. Each case study also includes a box describing the broader field in which the program sits and a concluding discussion of program replication and broader scaling of core components and principles to reach larger systems.

Throughout this report we distinguish between scaling and replication. We define scaling as consistently reproducing a program to reach "more people with comparable benefits" (Larson, Dearing, and Backer 2017, 3). As Larson and colleagues describe, program developers who seek to scale programs typically engage three components:

1. pathways, or the organized activities by which a program scales through branching (i.e., a single organization with multiple chapters), franchising (i.e., with affiliates), or a distribution model where the nonprofit partners with a larger organization to speed program expansion;

2. partnerships, or the organizations the program chooses to involve as partners and the roles those partners take in scaling up the intervention; and

3. fidelity, or whether a program is implemented in the way its developers intended, particularly concerning critical elements whose benefits are supported by evidence.

We measure scaling using market penetration, or the percentage of the eligible target population that the program serves.

Replication describes the efforts to reproduce any one program in new locations with a high level of fidelity to its core standards, regardless of the pathways or partnerships used to do so. Our premise is that a program replicated without fidelity to core standards may grow at the expense of good outcomes for participants—in other words, it might grow out of being "itself" in the ways that matter most. We measure replication by the number of program sites.

This is not to say that a program that relaxes fidelity to one or more core standards in order to adapt to local context or to remove barriers to broader program participation—as a few of our sites have done—will automatically become less effective. Rather, our distinction acknowledges a consensus across the nonprofit field that taking a successful program to scale or a significant level of market penetration while retaining what makes it effective is often difficult.[1] We return to this subject in the conclusion of the report when we discuss lessons from the six exemplars about how a single model can help substantial numbers of people experience mobility from poverty, and how these efforts might inform or scale to larger systems to attain broader impact.

Nurse-Family Partnership

The Nurse-Family Partnership (NFP) sends nurses to first-time expectant mothers to help them improve prenatal outcomes, support their child's health and development, and work toward economic stability. To learn more about how this model of home visiting is implemented, we visited McLeod NFP in Florence, South Carolina, to interview local and regional staff and to talk with program participants (box 1). McLeod NFP implements the NFP model with high fidelity and has developed quality assurances that the national service office is now using across the network.

	When it started	Where it operates	How many people it serves	How many sites it has
MODEL Nurse-Family Partnership	1970s	41 states, the US Virgin Islands, and several tribal nations	61,575 families in 2019 and 309,000+ since 1996	270
SITE McLeod NFP	2015	7 counties in central South Carolina	300 families	N/A

The Nurse-Family Partnership Model

The Nurse-Family Partnership's three program goals are to improve pregnancy outcomes, child health and development, and the parental life course (NFP 2008). To improve pregnancy outcomes, NFP nurses engage mothers in preventive health practices such as attending prenatal doctor's appointments, improving diets, and quitting smoking. The program helps mothers and other caregivers provide safe and competent care to ensure healthy child development. Additionally, NFP nurses help mothers toward economic stability by supporting their efforts to pursue further education or training and obtain quality employment.

McLeod NFP Site Visit

McLeod Health in Florence, South Carolina, first implemented the Nurse-Family Partnership model in 2015 and has since grown to serve seven counties and 300 families with 12 nurses. The program operates out of the McLeod Regional Medical Center. During our visit, we spoke with program administrators, nurses, and mothers to learn more about how NFP increases mobility from poverty.

Target Populations and Eligibility

The Nurse-Family Partnership targets first-time expectant mothers from families with low incomes and low resources. Mothers must enroll in NFP by their 28th week of pregnancy and can remain in the program until their child's 2nd birthday. A majority of participants are young single mothers, but the program also engages fathers, partners, and other family members if they are willing and able to participate. Fifty percent of caregivers participating in NFP in 2018 were 21 years old or younger (National Home Visiting Resource Center 2019). Additionally, 43 percent were low income and 47 percent did not have a high school diploma.

Components

NFP pairs baccalaureate nurses with first-time expectant mothers. The nurse tailors visits to the mother's needs at a given point while always keeping the program goals in mind.

The nurse visits weekly for the mother's first month in the program, then visits every other week until the child is born. During this period the nurse addresses such topics as proper nutrition and exercise, preparation for labor, and the basics of caring for a newborn. The nurse refers the mother to other services as needed. After the child is born, the intensity of the visits decreases and the focus shifts to helping the parent practice good parenting skills. The nurse visits the mother every two weeks until the child is 21 months and then monthly until the program ends when the child turns 2 years old. During these visits the nurse teaches the mother about proper infant and toddler nutrition, development, and safety. As the child gets older, the nurse helps the mother identify child care placements and potential financial supports for that care. Finding adequate child care is an essential component to improving the parental life-course and aiding the transition when NFP ends.

During the NFP program, but especially after the birth of the child, the nurse helps the mother plan for the future. The mother's personal goals are the largest drivers of program activities. The nurse helps the mother plan for whichever education, training, or work goals best fit the mother's interests and long-term goals. Another component of preparing for the future is planning for subsequent births and educating the mother about potential birth control options.

Staffing and Key Partnerships

The Nurse-Family Partnership uses baccalaureate-level nurses to deliver services. In 2018 2,064 nurses—each with a maximum caseload of 25 families—were administering NFP nationwide (National Home Visiting Resource Center 2019). These nurses participate in an education program to ensure they have the therapeutic skills necessary to support mothers and implement NFP's model with high fidelity. The education program includes both distance learning and in-person training at the National Service Office and covers topics such as NFP's visit-to-visit guidelines, motivational interviewing, and other strengths-based techniques to provide mothers with wraparound services. Nurses are supported by a supervisor who typically has a master's degree in nursing. Using trained nurses allows for the delivery of a wide range of services, from prenatal medical care to support for baby-proofing a home. NFP sites partner with local service agencies across domains to connect mothers and children to comprehensive services.

Model History, Expansion, and Funding

David Olds first tested the NFP model in 1977 in upstate New York (Goodman 2006). Olds had developed the model after working in an early childhood education center, where he saw that children were already negatively impacted by growing up in poverty.[2] He viewed NFP as a prevention program that targeted first-time parents and helped both them and their children, first with a healthy pregnancy and then through supports promoting positive development and good health. After rigorous evaluations in New York, Memphis, and Denver, new funding allowed for the expansion of NFP across the country and eventually the incorporation of NFP's national office in 2003 (Goodman 2006; Kitzman et al. 1997; Olds et al. 1988, 2002). Today, NFP receives funding from several sources, including the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, state and local funding streams, and philanthropic fundraising by local agencies and the Nurse-Family Partnership national office.

Other Home Visiting Models

With the increased prevalence of home visiting programs over the past decade, evidence-based programs now operate in all 50 states and the District of Columbia. This growth stems partly from increased funding and focus on building evidence. In 2010, the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program was first authorized as a part of the Affordable Care Act. MIECHV aims to improve maternal and child health, prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness. Nineteen models are recognized as evidence based and have been approved for implementation under MIECHV.[a] Other major funding sources for home visiting programs include private donors, Medicaid, Temporary Assistance for Needy Families (TANF), lotteries, and state general funds (National Home Visiting Resource Center 2019; Sandstrom 2019).

Home visiting models vary in their activities and target populations. One area of difference is whom the programs serve. Most programs target low-income families to counteract the effects of growing up in poverty. Other programs are universal, offering services to all expectant mothers or families with young children within a community. The **Healthy Access Nurturing Development Services** program in Kentucky and the **Family Connects** program (formerly Durham Connects) are examples of evidence-based home visiting models designed to reach all families within their communities, regardless of socioeconomic status.[b]

Programs also differ in how long they serve families. Some home visiting models, such as the Nurse-Family Partnership, begin enrolling expecting parents before the birth of their child. Other models, such as **Home Instruction for Parents of Preschool Youngsters**, serve preschool-age children (3-to-5-year-olds) and their parents.

[a] "Home Visiting," US Department of Health and Human Services, Health Resources and Services Administration, accessed December 30, 2019, https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview.
[b] "Health Access Nurturing Development Services," Kentucky Cabinet for Health and Family Services, accessed August 23, 2019, https://chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/hands.aspx; "Family Connects Durham," Center for Child and Family Health, accessed August 23, 2019, https://www.ccfhnc.org/programs/family-connects-durham/.

Boosting Mobility from Poverty

- **Economic success:** Nurses connect mothers to human capital development opportunities and short-term financial relief. These mothers are then less likely to use safety net programs such as the Supplemental Nutrition Program (SNAP), and their children are more likely to enroll in early childhood education programs.

- **Power and autonomy:** Participation in the Nurse-Family Partnership increases mothers' perception that their life chances are under their control. These mothers and their children also have significantly better pregnancy and long-term health outcomes.

- **Belonging:** Nurses help mothers feel less stigmatized and improve the quality of their home lives by significantly reducing incidences of domestic violence and child abuse and neglect.

Economic Success

NFP helps mothers and their families connect to education resources, employment opportunities, and short-term financial relief. All home visiting programs are, by design, two-generation approaches—that is, they emphasize the provision of supports to create a legacy of economic success that passes from one generation to the next (Sims and Bogle 2017). Two-generation approaches share a common theory of change that if you want to improve outcomes for children, then you must improve outcomes for parents, and vice versa. To this end, human capital development (e.g., education, workforce development) is paramount in NFP—aimed both at healthy development and early learning for infants and toddlers and at longer-term financial stability for parents. Such services provide short-term financial relief and promote longer-term financial stability, both of which target the economic success dimension of mobility from poverty.

Within the NFP model, the nurse helps the mother set goals and develop a plan for achieving those goals. The goals often include a component of economic stability and require human capital investments, similar to what is found in other home visiting programs. Depending on a mother's goals, nurses help her enroll in school or find employment by updating her résumé, filling out job applications, and preparing for interviews. Mothers in our focus group described nurses helping them sign up for college classes and apply for financial aid. Some mothers received help filling out job applications and connecting to workforce development programs. One mother was working for a dental insurance company after receiving a certificate in medical billing with the help of her nurse. While no studies have

found a significant impact on mother's employment, other results for economic success are promising. Multiple longitudinal studies found that NFP reduced mothers' participation in food stamp programs, Aid to Families with Dependent Children, and TANF (Kitzman et al. 2000; Olds et al. 2004, 2007, 2010).

The Nurse-Family Partnership also supports positive short-term and intermediate outcomes for a child's development and school readiness that contributes to later-life economic success. Program participation increases the likelihood that a child will attend an early childhood education program such as Head Start (Olds et al. 2004). These early interventions help support the development of the child's vocabulary and decrease the likelihood of language delays (Olds et al. 2002, 2004). The nurses also play a direct role in child development. As one woman said, "I didn't know that you were supposed to read to them when they are younger. My son is two and he is speaking in full sentences. [My nurse] helped me teach him how to make sentences so he can be great later on." These positive developmental outcomes early in life promote later-life economic success.

Another essential role nurses play is connecting mothers to immediate financial assistance. Nurses help families navigate often-difficult-to-access safety net programs such as TANF, Medicaid, SNAP, and the Women, Infants, and Children program. Mothers in our focus group received formula and breast pumps from the Women, Infants, and Children program that they otherwise would have been unable to afford. One mother described not having any food in her refrigerator before receiving assistance from Women, Infants, and Children program . The most common financial assistance that focus group participants mentioned was nurses connecting mothers with child care vouchers. These vouchers help lessen the cost of child care, giving mothers time to work or pursue further education or training. Mothers expressed appreciation for these vouchers; one described receiving them as "one less burden I have to worry about." In addition to helping mothers navigate public benefits, nurses brought mothers essential items such as diapers, car seats, and nursing scarfs.

Power and Autonomy

NFP takes a client-driven, strengths-based approach that helps mothers advocate for themselves and their families, thereby increases women's power and autonomy. This strengths-based approach to service delivery starts from the notion that the client is the expert on her own life. The program uses motivational interviewing, which matches services to the needs of the recipient based on her motivations. By supporting mothers to set goals and choose services that help them achieve those goals, NFP nurses are explicit about increasing the mother's power and autonomy. Rigorous studies have found that NFP participation increased mothers' perception that their future life chances were under

their personal control (Kitzman et al. 1997; Olds et al. 2007, 2010). At the South Carolina site, NFP nurses use motivational interviewing to help mothers set both short and intermediate goals and longer-term career goals. During our focus group, mothers expressed having agency over the topics they discussed with nurses during each visit. This was true both for the women who described themselves as "planners" and for those who preferred to rely on the nurse to guide discussions. One mother described the tailoring of services and interaction style as, "[the nurses] attend to your specific life and the specific needs you have."

Another aspect of adapting services for the mother's needs is flexibility from the nurse. For example, a mother in our focus group mentioned a time she and her nurse had planned to discuss postpartum depression, but when the day arrived, she did not want to discuss such an intense topic. She was able to express this feeling to her nurse who adapted the plan to meet the mother's needs that day. Other mothers mentioned texting their nurse about a topic that arose between visits, and the nurse adapting the planned discussion to meet their needs.

The flexibility of services extends beyond the subject material to where and when visits takes place. Most visits occur in the mother's home, but they can take place in more convenient locations depending on the mother's schedule. Some mothers in our focus group who were in college met their nurse on campus between classes. Another mother mentioned meeting with her nurse early in the morning around her work and son's child care schedule. Additionally, NFP offers a mobile application called Goal Mama and telehealth services that make it easier for mothers to access help in isolated areas and between visits. This flexibility gives mothers autonomy over their schedules and time, which can be uncommon with other social services.

This client-driven approach increases a mother's confidence and helps her advocate for herself and her children. For example, the mothers in our focus group discussed being able to ask their nurses any question without fear of being judged. This nonjudgmental, open attitude from nurses promotes autonomy by letting women practice asking questions and build confidence to ask questions of others in a service position with them and expect a response. Nurses also promote mothers' confidence by providing support when a mother is feeling overwhelmed. One mother said, "if I have a moment when I feel down, [my nurse] gives me confidence, saying you rock, you're an awesome mom, you got this." This support includes helping mothers remain confident as the program ends. One mother who had recently completed the NFP program described the transition at the end of the program as a positive experience. She felt ready and confident to continue implementing the skills she learned from her nurse.

Another aspect of the power and autonomy dimension of mobility is a person's physical, mental, and social well-being. NFP's two-generation approach targets health outcomes for both the mother and the child. NFP contributes to improved maternal health in several different areas, including decreases in pregnancy-induced hypertension, improvements in self-reported mood, and decreases in symptoms of depression (Kitzman et al. 1997; Michalopoulos et al. 2019; Olds et al. 1986). The program also has had positive impacts on children's health during infancy and later in life. The positive prenatal outcomes for the mother contribute to healthy births, and good parenting practices, such as breastfeeding, allow for healthy child development during infancy (Kitzman et al. 1997).

Positive health effects continue into adolescence. Research has shown that children who participated in NFP have lower levels of substance use, fewer emergency room visits and health care encounters, decreased internalizing and externalizing disorders, and improved child behavior (Kitzman et al. 1997, 2010; Michalopoulos et al. 2019; Olds, Henderson, and Kitzman 1994; Olds et al. 1986, 2004).[3] Multiple mothers in our focus group described the positive impact their nurse had on their ability to breastfeed and even willingness to try breastfeeding. Mothers also discussed the importance of having the nurses assess and explain the developmental milestones of their child. Mothers learned what signs to look for when and how to talk to the doctor if their child was not reaching these milestones, further strengthening the women's ability to advocate for their children.

The nurses supported the mother's mental health by helping them learn to cope with stress. Our focus group included mothers who were becoming a parent for the first time. This experience comes with many unknowns and the stress of being in many new situations. Nurses taught these first-time mothers coping strategies to use when they were feeling stressed and overwhelmed. For example, one mother described the stress she felt when her child was crying and she could not determine the reason. Her nurse taught her coping strategies for calming down in the situation and determining how to help her child.

Belonging

The Nurse-Family Partnership promotes a sense of belonging by reducing the stigma of being a young, typically single, mother with low income and often limited social supports by supporting positive relationships between mothers and their children. This relationship nurturing complements the confidence-building aspect of power and autonomy featured above. The home visiting model does not focus on the interaction between teacher and child as is largely the case in center-based early child development programs. Rather, the focal relationship is between parent and child. Teaching parenting

skills and promoting maternal confidence and well-being promote a heathy and loving family environment for children, and that environment in turn promotes social connectedness within a home and may decrease experiences of trauma for the child. Supporting the relationship between the parent and the child is especially important considering NFP largely serves young parents; half of caregivers participating in NFP are 21 years old or younger (National Home Visiting Resource Center 2019). Young parents often face stigma, and NFP helps reduce this stigma, supporting the parent in advocating for their family and helping with the parents' transition into parenthood and adulthood. Research shows that NFP improves home quality and decreases the frequency of psychological aggression, reports of domestic violence, and the likelihood of some child welfare outcomes such as reports of child abuse and neglect (Michalopoulos et al. 2019; Olds, Henderson, and Kitzman 1994; Olds et al. 1997, 2004; Zielinkski, Eckenrode, and Olds 2009).

The nurses also help mothers overcome the stigma associated with the receipt of social services that is frequently experienced by people with low incomes in the US (Spicker 1984). While connecting mothers to sources of financial aid and donated goods like diapers, the nurses in the McLeod program encourage mothers to be confident and unashamed to use the resources available to them. One mother quoted her nurse's encouragement: "Do what you got to do to get where you need to be."

In addition to helping a mother develop healthy relationships with her child, NFP nurses form positive relationship with the mothers, who often are isolated. During our focus group, we heard mothers describe their nurses like family members. The close relationship between the nurse and mother extends beyond regular program visits. Mothers told of calling their nurse before anyone else after they gave birth to their child. Nurses were also often among the first visitors to the hospital after the child was born. In our focus group, one mother's son had to be admitted to the hospital for a week after his three-week checkup. During this week, the mother's nurse visited the hospital frequently, bringing snacks for the mom and making sure she was asking the doctors the right questions, a practice that also contributes to the mother's autonomy. NFP reaches mothers who are often isolated and lack a large support system. The relationship between mothers and nurse provides this support. As one mother said, "They make sure you never feel alone." One mother said her nurse was the only other "normal adult" who was not her husband that she could talk to. Mothers described this relationship as taking on a family feel, as nurses often took the place of absent family members.

In addition to forming a relationship with the mother, the nurse helps the mother with her relationship with others. One mother described the role of her nurse as, "she is there for dad, grandparents, everybody." Multiple mothers described instances when their nurse gave them advice on how to deal with a challenging relationship with a partner or in-law. Nurses also help mothers form new

relationships with other mothers in their community. One mother described her nurse's encouragement to "get out of my shell" and join a "mommy and me" activity group. This encouragement to connect with others also extended to the mother's children. That same mom described putting her daughter in a child care program after encouragement from her nurse. She could see the growth in her daughter, saying "She is becoming a little social butterfly." Some home visiting programs build community among mothers through alumni programs. The NFP National Service Office recently developed such a program that aims to connect mothers and continue to provide supports after they have completed the NFP program. The newly formed alumni program has almost 1,000 mothers and is growing.

Scaling

The Nurse-Family Partnership has been replicated in 270 sites across 41 states, the US Virgin Islands, and several tribal nations, reaching 61,575 families.[4] In 2019 NFP served roughly 8 percent of its target population: children under 2 years old born to first-time mothers living in poverty in the US.[5]

NFP stands out among the six exemplars for having achieved a notable level of scale through fairly strict replication of its model. NFP, however, targets a much narrower set of clients than many other home visiting models do because it has a 28-week prenatal cutoff for enrollment. For example, Parents as Teachers, another federally funded home visiting model, allows families to enroll through kindergarten while still recommending prenatal enrollment. These two home visiting models, plus 17 others, are recognized as evidence based and therefore approved for implementation by the MIECHV Program. However, all home visiting programs reach only a little over 3 percent of high-priority families.[6] The fact that high-quality home visiting programs reach such a low share of the families who could benefit from them makes a strong case for increasing program access and funding to achieve much greater scale fieldwide.

NFP has a range of opportunities and barriers to scaling to reach all its target families in the US:

- **Funding:** Though the MIECHV Program funding stream is fairly robust compared with other evidence-based approaches, it is still insufficient to reach all first-time mothers with children under the age of 2. By increasing this federal funding stream and increasing the availability of other funding sources, such as state Medicaid or value-based payment opportunities, NFP and other home visiting programs can reach a higher share of eligible families (Sandstrom and White 2018). The case to for increased funding should be easy to make: a cost-benefit analysis of NFP reveals a net benefit to society of $34,148 per higher-risk family served, which equates

to a $5.70 return for every $1.00 invested in NFP (Karoly, Kilburn, and Cannon 2005). A majority of this benefit reflects savings to public-sector programs like Medicaid, TANF, and SNAP (NFP 2018).

- **Staffing:** One of the greatest barriers to scaling home visiting programs is limitations within the home visiting workforce. The demands of being a home visitor result in high turnover rates, and recruitment into the field is difficult because of the generally low wages and competition for staff. This is particularly true for programs like NFP that employ nurses, who can be in high demand in many labor markets (Sandstrom et al. 2020).

- **Programmatic restrictions:** Home visiting programs frequently struggle to enroll participants because their target population of mothers with low incomes is often disconnected from social services and socially isolated. In the case of models like NFP that require enrollment while a woman is pregnant, these restrictions may exacerbate finding, recruiting, and enrolling women in time.

- **Knowledge base:** NFP's grounding in evidence and research across disciplines such as the biological sciences is an enormous advantage and makes a strong case for proliferation of this model.

NFP has been replicated widely, and over time it has scaled to reach a greater number of eligible mothers. A key component of the MIECHV Program is to support evidence-based programs that reach children early in their lives to maximize impact on their development and consequent economic and social mobility. NFP and other home visiting programs have tapped into this robust funding base because they implement their evidence-based models with rigorous programmatic parameters. Thus, NFP and the home visiting field illustrate how building evidence and funding what works can catalyze a field's growth and support implementation with fidelity.

Educare

Educare is an early childhood care and education model that helps prepare children from families with low incomes, from 6 weeks old to age 5, for success in kindergarten and beyond by providing them with highly trained teachers, state-of-the-art classrooms, and other supports that strengthen the capacity of their families to build networks, set goals, and find resources. When we visited Educare Central Maine (ECM) in Waterville, we interviewed staff members and held a focus group with parents to learn about how Educare is implemented in the ECM context. ECM implements the Educare model with high fidelity and is known for its strong parent engagement work—particularly through its Parent Ambassador program—within the Educare Learning Network.

	When it started	Where it operates	How many people it serves	How many sites it has
MODEL Educare	2000	15 states, Washington, DC, and the Winnebago Territory	~2,700 a year	25
SITE Educare Central Maine	2010	Waterville, Maine	220 children (in 2019)	N/A

The Educare Model

Educare aims to "effectively prepare young children for success in kindergarten and beyond." During our interviews, Educare leaders highlighted that the approach is two-generational. Like NFP, Educare emphasizes the provision of supports to create a legacy of economic success. Through this approach, Educare offers high-quality early learning programs to children from families with low incomes and strengthens parent capacity to support their child's social, emotional, physical, and cognitive development and to set goals for themselves and their family.

BOX 3
Educare Central Maine Site Visit

Educare Central Maine (ECM) has 62 staff, including lead and mentor teachers, family services coordinators, and content specialists. It was launched as a partnership of the Kennebec Valley Community Action Program, Waterville Public Schools, the Buffett Early Childhood Fund, and the Bill and Joan Alfond Foundation. As of spring 2020, ECM has enrolled 220 children in either part-day or full-day programming.

The part-day, part-year program serves 96 children and receives federal Head Start funding and state Department of Education funding. The full-day, year-round program serves 124 children. Classrooms are divided into birth-to-3-year-old and 3-to-5-year-old groups. If children attend Educare from birth until kindergarten, they change classrooms only once, thereby supporting children's continuity of care. ECM hosts predominantly white children; 17 percent of children are Black, Latinx, biracial, or multiracial. Fifty percent of ECM children are raised by single parents, and 45 percent of ECM parents are employed full time (Educare Central Maine 2019).

Target Populations and Eligibility

Educare schools serve children from 6 weeks to 5 years old and their families. Because Educare sites typically receive federal Head Start or Early Head Start funds, most enrolled families must have incomes below the federal poverty level (adjusted for family size).[7] Across all sites, 44 percent of children are Black, 37 percent are Hispanic, 11 percent are white, and 8 percent are members of other races and ethnicities (Educare 2017). Additionally, 67 percent of children speak English at home, while another 25 percent speak Spanish at home.

Components

Each school follows the Educare model, a four-pronged approach consisting of effective use of data; embedded professional development training for teachers, teacher assistants, teacher aides, and family support staff; high-quality teaching practices; and intensive parent engagement to improve child and family outcomes. Educare schools also share other core features. All Educare schools operate in newly constructed or remodeled buildings that are attached or close to elementary schools in areas with high poverty rates. To accommodate working families, the schools are open for eight or more hours a day, and all children must attend for at least six hours a day. Parents can enroll their children starting at 6 weeks old and are encouraged to keep their children in the program until they start kindergarten.

Nearly all Educare schools receive federal Early Head Start and/or Head Start program funding, which is frequently enhanced by other funding sources. Because they receive this funding, Educare schools must abide by Head Start performance standards, which include having a parent policy council that has a role in deciding school policies.

Educare teachers use two research-based curricula to work with children: Creative Curriculum for infants and toddlers and Opening the World to Learning for preschool-age children. Teachers also use the Conscious Discipline program to teach children social and academic skills. For parent engagement, Educare schools use the Touchpoints model (developed by Dr. T. Berry Brazelton), which trains staff to understand that parents are the "first and most important teachers of their child" and have valuable expertise about their child and family.[8]

In addition to using Touchpoints to engage with parents, six Educare schools—in sites from rural Maine to Flint, Michigan, and Seattle, Washington—offer a yearlong parent advocacy and leadership training program called Parent Ambassadors, which started in 2009 within the Washington State Head Start network. Educare Central Maine is now expanding Parent Ambassadors to all schools in the state Head Start Network.[9] Interested parents must apply to participate and are required to attend monthly meetings as well as quarterly two-day workshops. Parents receive a curriculum that covers such topics as civics, problem-solving, and how to tell their personal story. Additionally, outside partners are brought in to work with the parents on a specific topic. Parents are not compensated for their time but do receive child care and a meal during the meetings.[10]

Staffing and Key Partnerships

Educare staffing varies depending on school and program size but generally includes a complement of lead and mentor teachers, family support staff and coordinators, and content specialists such as health and mental health specialists, an infant-toddler specialist, and early intervention specialists. Educare schools often partner with local health providers and other community supportive services. ECM partners with Community Dental, Kennebec Behavioral Health, the Maine Early Learning Investment Group, the Mid-Maine Homeless Shelter, the University of Maine, and Waterville Pediatrics (Educare Central Maine 2019).

Each Educare school is part of the Educare Learning Network (ELN), which brings together policymakers, researchers, school districts, Head Start providers, and Educare schools to share expertise, implement and innovate on the Educare model, and advocate for high-quality national early

childhood care and education programming.[11] The network was created by the Ounce of Prevention Fund and the Buffett Early Childhood Fund in 2003.

Model History, Expansion, and Funding

Educare opened its first school in Chicago in 2000. Since its launch, the program has opened a new school almost every year. As of 2020, there are Educare schools in 25 sites across 15 states, the Winnebago territory, and the District of Columbia. Most Educare schools serve urban communities, although three sites do not: Educare West DuPage serves a suburban community, Educare Central Maine serves a rural community, and Educare Winnebago serves an Indian Reservation.

Educare is considered the gold standard among early childhood care and education models. It is exceptionally well capitalized and funded, fueling its capacity to offer an expert nationwide technical assistance network (the ELN) and to provide facilities and services that often exceed the generally high level of quality required by the Head Start performance standards. The primary funding sources for early childhood care and education in the US are federal Head Start funding, Title I preschool funding, federal preschool special education funding, state-based pre-K funding, and "blended and braided" funding, which combines sources like child care vouchers with funding from other programs such as TANF (Hustedt and Barnett 2011).

Philanthropies like the Bill and Melinda Gates Foundation and the George Kaiser Family Foundation have contributed funds to construct Educare schools in Omaha, Seattle, and Tulsa, and they typically contribute annual implementation funds to supplement core funding drawn from sources like the annual Head Start appropriation, federal block grants, and state and local tax initiatives.

BOX 4

Other Early Childhood Care and Education Models

Early childhood care and education programs exist across the country and are available to children of varying income brackets and background. But the quality and accessibility of these programs vary widely. To ensure that programs meet a certain quality threshold, the National Association for the Education of Young Children (2018, 6) has developed accreditation standards that "provide a definition of quality for early learning programs serving young children birth through kindergarten." These standards include such areas as relationships, curriculum, teaching, assessment of child progress, health, staff competencies, community relationships, and physical environment.

Although important social movements to advance early care and education for very young children, such as Montessori, began in the 1800s, the first long-term, large-scale public initiative in early education was launched in 1965. President Lyndon B. Johnson started **Head Start** under the Office of Economic Opportunity to help break the cycle of poverty experienced by families with low incomes. The program continued to evolve over time, eventually expanding by the 1990s to include Early Head Start for pregnant women, infants, and toddlers.[a] For the 2017–18 school year, Head Start was funded at $9.12 billion and served 1,050,000.[b]

To address the increasing need for high-quality early childhood education and the questions about these programs' long-term results, several notable models and studies emerged in the years surrounding the beginning of Head Start. Between 1962 and 1972, researchers conducted the **Perry Preschool Project,** a randomized controlled trial aimed at 3-and-4-year-old Black children living in poverty to understand whether access to high-quality preschool could impact long-term outcomes.[c] A longitudinal study conducted over 30 years later showed 7–10 percent per year returns on investment for increasing positive future life outcomes and reducing public costs for remedial education, health, and criminal justice (Heckman et al. 2009). In 1967, the **Chicago Child-Parent Center** program was launched to provide preschool education and comprehensive family support to children from families with low incomes. A 2018 follow-on study found that children enrolled in program had a 48 percent higher college degree completion rate than children not enrolled in the program (Reynolds, Ou, and Temple 2018). In 1972 researchers launched the **Abecedarian Project** randomized controlled trial to study the benefits of high-quality preschool for children from disadvantaged backgrounds.[d] The study found that "those in the preschool treatment group earned significantly higher scores on intellectual and academic measures as young adults, attained significantly more years of total education, were more likely to attend a 4-year college, and showed a reduction in teenaged pregnancy compared with preschool controls" (Campbell et al. 2002, 42).

Today, many models for early care and education operate under the purview of various managing entities—from nonprofit agencies to private for-profits to school systems—and follow standards set by oversight and accreditation entities such as the national Head Start Bureau, the American Montessori Society, the National Association for the Education of Young Children, and state and local school districts and child care licensing agencies. Although poor-quality care persists as a systemwide issue, especially for children from families with low incomes, models like the Chicago Child-Parent Center, which has expanded to locations throughout the Midwest, **Acelero Learning**, and **AppleTree Early Learning** have demonstrated their quality and benefits to child development in rigorous studies.

[a] "Head Start Timeline," US Department of Health and Human Services Early Childhood Learning & Knowledge Center, accessed January 23, 2020, https://eclkc.ohs.acf.hhs.gov/about-us/article/head-start-timeline.

[b] "Head Start Program Facts: Fiscal Year 2018," US Department of Health and Human Services Early Childhood Learning & Knowledge Center, accessed January 23, 2020, https://eclkc.ohs.acf.hhs.gov/about-us/article/head-start-program-facts-fiscal-year-2018.

[c] "Perry Preschool Project," HighScope, accessed January 23,2020, https://highscope.org/perry-preschool-project/.

[d] "Abecedarian Project," Social Programs that Work, accessed January 23, 2020, https://evidencebasedprograms.org/programs/abecedarian-project/.

Boosting Mobility from Poverty

- **Economic success:** Educare children have strong language ability and retention, which could lead to better longer-term educational outcomes. Parents of Educare children may also receive some economic benefits (i.e., increased labor force participation) from steady, reliable, year-round child care.

- **Power and autonomy:** Educare supports the capacity of primary caregivers to cope with stress and to exercise increased agency to achieve life goals. Parents have better relationships with teachers and feel empowered to lead their families.

- **Belonging:** Educare programs facilitate stronger relationships between parents and children, particularly interactions around education. The program also creates an informal network of parents that helps families build social capital.

Economic Success

Educare has shown strong short-term results in increasing educational outcomes among students, particularly in language ability. Educare students, including dual-language learners, score higher than their peers in the Head Start program on vocabulary assessments.[12] Additionally, children who begin Educare at age 2 have higher levels of receptive vocabulary skills at kindergarten entry than children who start the program at age 4 (Educare 2017). Although no longitudinal studies measure the long-term economic success of Educare students, some follow-up studies that tracked students into elementary school revealed no diminishing of the educational advancement that students had achieved while in the program; this is an unusual distinction in a field where the "fadeout" effect—or convergence of outcomes between participants and similar nonparticipants—has long been a source of concern (Bailey et al. 2015; Hill, Gormley, and Adelstein 2015). In a randomized controlled trial of Educare schools in Chicago, Milwaukee, Omaha, and Tulsa, researchers found that "children assigned to Educare [who] entered the study prior to 19 months of age with language scores at the national average maintained their developmental level over the year, whereas the control children [who] entered at the national average decreased in ability over the year" (Yazejian et al. 2017, 1683). The Educare Chicago Follow-Up Study found similar results: Educare children maintained their vocabulary and socioemotional skills relative to their same-age peers through 3rd grade.[13] Many of the skills promoted by the program like behavioral regulation and other socioemotional skills, are also linked with future academic and school

success. When asked about their children's educational outcomes, many parents in our focus group expressed a perception that children in Educare get a bigger jump start on their education than children in home-based care.

Educare and other early childhood care and education programs also have economic security benefits for parents. A recent study in Washington, DC, found that mothers with steady and reliable child care—a core feature of any high-quality early childhood care and education program—have higher labor-force participation rates[14] and therefore, the ability to increase their income while their children are in the program (Malik 2018). Other studies have found that increasing federal and state child care expenditures increases the employment rates of potentially eligible mothers (Enchautegui et al. 2016; Giannarelli et al. 2019). Additionally, the family support component of more comprehensive early childhood care and education programs, like Educare, often focus on building up the educational, financial, and employment capacities of parents. Indeed, many staff on our site visit cited anecdotally that the program "opens opportunities up and provides support where some people might not already have it." During our visit, staff members showed us the "keys to success" wall in the lobby where parents can write goals that they've accomplished on large cutouts to be recognized publicly. The keys listed such accomplishments as buying a house, graduating from school, increasing credit scores, and getting an apartment. Several parents in our focus group said they had met with a career counselor who regularly came to the building; others said they use the on-site parent room to work and apply for jobs or college classes.

Power and Autonomy

Educare demonstrates strong results in supporting parent power and autonomy, especially the capacity of primary caregivers to cope with stress and to exercise increased agency to achieve life goals. Educare prides itself on helping foster positive relationships between teachers and parents so parents feel empowered to lead their families. For those who participate in Parent Ambassadors, the program teaches parents how to tell their story and advocate for themselves.

ECM uses the Touchpoints model to provide staff with frameworks and strategies for partnering with parents. In our interviews at ECM, one staff member described the use of the model like this: "Touchpoints establishes common ground between the teacher and the parent. There's a continuum of the ways in which we interact with parents in an early childhood environment. The low end may be seeing parents as a distraction or as the problem, all the way up to seeing parents as partners. [At Educare] we strive for partnership." In addition to using the Touchpoints model, parents must meet with

the family services coordinator to go over the family partnership agreement, which outlines the program's expectations for attendance, parent-teacher conferences, and for the teacher's biannual visit to the child's home. During this meeting, parents also work through the "Pathways to Success" family progress tool, where they assess their strength and weaknesses and set personal goals for growth.

Every parent in our focus group described setting goals for themselves, with many saying that Educare taught them how to ask for help in a way that no other program or social service ever had. Many staff members expressed the importance of individualizing support to each parent. "We tune in to how we support families based on what they're saying," said one staff member. "We put them in the drivers' seat but ask meaningful questions like 'What would be the benefits if you did that?' and 'What would be the risks?' and 'What would that feel like?' The intent is to go deeper and help families see a different pathway." The parents in our focus group recognized this approach and said that even though they know that the staff are working through a curriculum framework, it doesn't diminish the impact of their support. Parents overwhelmingly agreed that the program provided positive reinforcement and boosted their self-confidence.

During our interviews, Educare staff in Maine pointed to the increased sense of confidence and self-worth that Educare parents, particularly those in the Parent Ambassadors program, gain from being part of the program. "I've heard a lot of parents say that [they] didn't know that they could speak up, or that [they] had a voice. We value the families and what they have to offer, and we value them as people. Parent Ambassadors adds another level to it. They work on their story and the things that come up in their life, so that they can share with others when they are ready," said one ECM staff member. A parent in our focus group echoed this sentiment and said that she had applied the skills she learned from the ambassadors program to help advocate for herself in her job.

Educare also fosters power and autonomy for households and children. The program has demonstrated success in helping children self-regulate their behavior. Parents in our focus group also touted the stability and structure the program provided. Several mentioned the peace of mind of knowing their children were in a safe and secure place; others mentioned that the program had taught their children coping mechanisms that improved their behavior at home.

Belonging

Educare can help both parents and children to feel valued in their community. For children, the program provides opportunities to socialize with other children at an early age. Educare programs have also been shown to facilitate stronger relationships between parents and children, particularly interactions

around education, and to help families feel a sense of belonging in their community. Lastly, and perhaps most important, the school creates an informal network for parents, which helps them build social capital that they can call upon when they need support.

Educare's 2017 implementation study, *Demonstrating Results*, collected survey data from parents who said they engaged in educational activities with their children at least three times a week. Compared with Head Start parents, twice as many Educare parents reported that they took their children to plays, concerts, live shows, art galleries, museums, or historical sites, and 10 percent more reported that they had visited a library with their child. The randomized controlled trial conducted by Yazejian and colleagues also found significant impacts on parent-child interactions (2017). The magnitude of the Educare program's impact was almost three times as strong as that for home visiting programs and for Early Head Start (Love et al. 2005; Sweet and Appelbaum 2004; Yazejian et al. 2017).

For parents, access to reliable, high-quality child care is likely to increase the ability to participate in community and civic life, broaden social networks, and promote greater labor force participation (which itself can lead to increased feelings of belonging to a community). Educare is open nearly every day of the year, which can be rare in the piecemeal US system of early care and education. "The program closes for one week throughout the whole year, so [parents] don't have to find something else. That alleviates some hardship. If you're working and you have to find other child care for your kid that already has child care, that's hard," said one ECM staff member.

Staff members also cited the connections that parents make in the ambassadors program, both with other Educare parents and within the broader community. "Parent Ambassadors want to be involved in the community and have a voice. They want to be able to share their experiences to help other families learn from them," said a member of ECM staff. Staff actively connect families to community resources like food banks, adult education courses, and housing services, and they encourage families to get involved in community events. In this way, Educare functions as a community institution with its own power and connection to other institutions.

Parents in our focus group overwhelmingly agreed that the school creates a small community. Several parents mentioned the empowerment they feel from getting support from the staff. "As a parent you feel nourished. You feel like a person when you come in here," said one participant. "When you're low income, you get a lot of negativity in your day. And it's hard. With [Educare] they sit down and ask what you need and how they can help you. With that, I can go home and be a better mom to my kid." Educare buildings are also designed to include spaces for parents to relax and work, and teachers allow parents to enter their children's classrooms. Staff members said that this helps parents view one

another more compassionately, rather than only learning about each other through what their children say. Many parents said they have become friends with other parents outside their interactions at school, and about half the parents in our focus group mentioned that they text other parents in the program to ask for support with rides or babysitting when needed. It seems that the expanded social networks the school creates allow for increased social capital, which can help parents to both feel that they belong to a community and increase their connections to supportive networks.

Scaling

Educare has been replicated in 25 sites across 15 states, the Winnebago territory, and Washington, DC, reaching more than 2,500 children and their families a year, which is .07 percent of the nationwide target population of children under 5 in poverty.[15] Although Educare has reached only a small share of its target participants through replication alone, the program is well-placed to increase and scale its effective components to the larger early childhood care and education field, thereby achieving impact at the broader level of similar programs and even systems. For example, ECM is sharing its successful Parent Ambassador program with other Head Start programs in Maine. And the newly launched Maine State Parent Ambassador Program is a statewide, yearlong advocacy training program led by ECM designed to build leadership skills among Head Start parents.

Beyond the expansion of singular program components, the ELN has decided recently to seek broader impact by actively pursuing the "Educare Beyond the Walls" initiative. This strategic priority seeks to take Educare practices and resources to child care settings outside Educare buildings through collaborations with local and state partners. In this endeavor, Educare has experienced remarkable success via its prominence in another, much larger early childhood care and education scaling effort: the Early Head Start-Child Care Partnerships. As part of the federal grant program, which began making awards in 2014, almost half of all Educare schools are working to improve 117 child care provider partners nationwide, reaching an additional 2,200 infants, toddlers, and their families with low incomes.[16] A unique component of these large grants is the substantial pool of funding that EHS "mentor" programs like Educare can use to directly augment the quality of each partner's child care slots, bringing them up to Head Start performance standards. This process substantially increases the skills, and often the pay, of the affiliated child care workers, as well as the quality of the learning experience the children under their care receive.[17]

Educare has several opportunities and barriers to scaling to reach all its target children and families:

- **Funding:** Securing enough investment to cover its comparatively high costs impedes the Educare model from replicating at scale. Educare's annual cost per child ranges from $11,000 to $23,000 (Minervino and Pianta 2013). Though this cost is similar to, and even lower than, similar high-quality evidence-based programs like Abecedarian ($16,000–$40,000) and Perry Preschool ($20,000), it is higher than Head Start, which costs about $12,750 per child for Early Head Start and $8,000 per child for Head Start. Cost differentials between Educare and other models include line items like higher facility costs (both capital and maintenance), staffing expenses, and fees to cover the supplemental child care and transportation families need to participate in Educare's extensive array of two-generation programming. Still, some scholars have pointed out that "it may be that Educare's cost matches the level of investment needed for children from low-income families to perform at the same levels as their more advantaged peers" (Yazejian et al. 2017, 1685).

- **Programmatic restrictions:** What makes Educare hard to replicate—the high performance standards and other fidelity-to-evidence markers the model strictly adheres to—may also provide its best opportunity for scaling. The ELN has positioned Educare schools for a prominent role in the Early Head Start-Child Care Partnerships initiative; this bodes well for improving a wide range of community-based child care providers that early childhood experts and policymakers have long found very hard to reach with best practices.

- **Staffing:** All high-quality early childhood programs, including Educare, experience significant challenges in recruiting and retaining qualified staff. Early childhood programs face obstacles to securing labor that are similar to those in the home visiting field.

Although Educare is still far from scaling up at a notable rate, the rates at which high-quality early childhood care and education programs overall are reaching children from families with low incomes exceed rates for the other fields featured in this report. In 2018, Head Start reached 36 percent of all eligible 4- and 5-year-olds, and Early Head Start reached 11 percent of all eligible infants and toddlers.[18]

Educare offers insight into how "networked replication" of an exemplar model might reach other programs and scale fieldwide at a systems level. As a well-funded, hands-on "hub" for quality early childhood care and education, Educare schools are "going beyond their walls" to transmit important elements of quality to child care providers in surrounding areas. Though national networks are usually set up to advance best practices within a field from the top down, ELN's leveraging of its relationship to Head Start in tandem with the capacity and reputation of its community-based member schools to bring high-quality, evidence-based care to twice as many eligible children in child care settings over just five years offers a compelling example of scaling effectively from the ground up.

YouthBuild

YouthBuild provides construction and other industry training and high school completion options to young people who are out of school and out of work, using a positive youth development approach. YouthBuild supports young people that face inequities and challenges within the K–12 education system and labor market. We visited Detroit, Michigan, to learn more about how YouthBuild is implemented there. SER-Metro's YouthBuild program was part of the 2018 national YouthBuild evaluation and was recommended by YouthBuild USA leadership as a well-established program.

	When it started	Where it operates	How many people it serves	How many sites it has
MODEL YouthBuild	1978	46 US states, several US tribal nations, and 19 countries[19]	7,500 per year nationwide	252 in the US and 50 internationally
SITE SER Metro-Detroit YouthBuild	2009	Detroit, Michigan	67 per two-year cycle	N/A

The YouthBuild Model

YouthBuild seeks to increase the incomes, employment outcomes, and educational attainment of young people who have not completed high school. YouthBuild's vocational training involves on-site construction training and, depending on the site, training for other in-demand non-construction industries, such as health care and computer technology. The types and delivery of supportive services vary by each YouthBuild site but typically include life-skills training, educational services, career placement services, community service, leadership programming, a modest stipend, and counseling and case management. The program is designed to increase economic outcomes for young people while focusing on building emotional assets and creating a sense of community among participants.

SER Metro-Detroit YouthBuild Site Visit

YouthBuild is one program offered by SER Metro-Detroit, an umbrella organization that provides youth and adults with educational and vocational training, counseling and mentorship, placement services, and employment supports such as transportation, child care, and cash assistance. SER's YouthBuild program serves both students seeking to complete their high school diploma in an alternative educational setting and students working to attain their GED. SER frequently hires YouthBuild alums as career coaches, success coaches, instructors, job developers, support staff, adult-based education tutors, data managers, and management. During our visit to SER we spoke with program leadership, staff dedicated to youth and supportive services, and students.

Target Populations and Eligibility

YouthBuild serves young people ages 16 to 24 who are disengaged from education or the workforce. While YouthBuild sites primarily target young people who have dropped out of high school, YouthBuild programs that receive a Department of Labor (DOL) grant—a major funding source for YouthBuild programs (see "Model History, Expansion, and Funding" on page 32)—are allowed to have up to 25 percent of participants come from people who have a high-school diploma or do not meet other DOL eligibility criteria.[20] Young people must complete a mental toughness orientation to enroll in YouthBuild, meeting certain expectations around attendance and participation before becoming eligible for the program. Because YouthBuild sites can set their own recruitment and screening processes, some have additional eligibility requirements, such as attaining a minimum reading diagnostic score or passing a drug test.

Components

The YouthBuild program is typically 6 to 12 months long, though DOL grants provide two years of funding for a cohort and an additional year of follow-up services (Miller et al. 2018). YouthBuild students spend about half their program time taking classes to earn their GED or high school diploma. Academic services vary in format and approach by YouthBuild site; some are provided through intensive classroom-based instruction, while others are more independent study (Wiegand et al. 2015). Classes are generally kept small to encourage individualized attention between instructors and students.

Construction training includes coursework and work-site instruction on such topics as workplace safety, painting, carpentry, electrical work, and plumbing. Each YouthBuild site teaches different skills depending on its curriculum and capacity, but construction training is mandatory for all DOL-funded sites. At sites that offer work-site instruction, professionals teach various construction and renovation skills so students gain real experience in construction. Other sites may include training for in-demand non-construction industries.

YouthBuild sites introduce young people to the program and set expectations through a mental toughness orientation. The orientation generally involves team-building activities, life skills topics, leadership development and community service, and some academic activities (Wiegand et al. 2015). It is an important kickoff to an array of services and supports designed to help enrolled youth adjust to typical workplace demands and overcome the personal or contextual issues that may have caused them to drop out of high school. YouthBuild's case management services include helping students improve challenging personal situations, create individual development plans, build emotional assets, and connect to work supports, such as transportation and child care. Career services include teaching soft skills, assisting in obtaining internships, and searching for employment or placement in a job. Programs also provide participants with a monthly stipend to encourage participation and reduce financial hardship.

Finally, leadership and community service opportunities create space for youth voice and youth agency that are crucial components in the YouthBuild model. Sites vary widely in how they implement these features. All YouthBuild sites are required to have a youth policy council, where participants are involved in the governance of the program and decide on policies, speakers, or social and community events. Other leadership opportunities include being tutors or leaders at work sites, taking leadership classes, and participating in YouthBuild conferences. Community service opportunities are often provided through construction training, where participants build affordable housing in their communities. Additional activities may involve volunteering at community-based organizations or mentoring.

Staffing and Key Partnerships

According to an implementation evaluation of 75 YouthBuild sites, the average number of full-time and contracted staff members is 10, and the average participant-staff-ratio is 5:1 (Wiegand et al. 2015). A typical site staffing complement has education instructors, construction training staff, and staff dedicated to supportive services. Some YouthBuild sites have dedicated case managers while others use

instructors or other types of staff to fill this role informally. Previous studies have found that it is a good practice to hire YouthBuild staff members who have similar socioeconomic or ethnic backgrounds as participants, and some programs hire previous YouthBuild students (Abrazaldo et al. 2009).

YouthBuild sites typically engage in a wide range of local partnerships. Some programs contract with external partners to support any educational or construction training they do not have the in-house capacity to offer (Wiegand et al. 2015). YouthBuild's business and vocational partners may offer access to construction training sites, provide materials and supplies, or offer internships and employment opportunities. Some sites work with social service agencies and community organizations to provide child care, housing, and other public assistance. Other partners have included law-enforcement or juvenile-justice agencies and organizations focused on a complementary set of employment and workforce development tasks.

Model History, Expansion, and Funding

YouthBuild began in 1978 and has grown to 260 programs in the United States, operating across a diverse array of communities and geographies; another 50 programs operate internationally. More than half of YouthBuild sites receive funding from the US Department of Labor's Employment and Training Administration (Wiegand et al. 2015). Other funding sources include the Corporation for National and Community Service, the Office of Juvenile Justice and Delinquency Prevention, state or local governments, and private philanthropy. YouthBuild USA licenses sites to carry the YouthBuild brand and provides technical assistance and other services, such as managing performance data, for individual sites across the country.[21]

BOX 6
Positive Youth Development Models

Because YouthBuild is both a career development approach and a youth program, it connects to several fields. But, YouthBuild is generally considered a positive youth development approach because of its focus on building emotional assets and a sense of community among young people alongside its emphasis on advancing their employment prospects. Positive youth development (PYD) is a well-researched and codified approach that has been applied to many evidence-based models with different curricula. The principles of PYD focus on strengthening protective factors and youth assets of youth; preventing risky behaviors; involving youth as active decisionmakers in their own lives; developing leadership skills and youth civic engagement; and bringing all elements of a community—from home to school and beyond—forward to invest in youth and their futures as healthy and happy adults.[a] Thus, the PYD approach helps foster positive relationships in the lives of young people and provides them with opportunities for growth in areas like leadership, education, and career advancement.

PYD programs have been used in various contexts to improve sexual and reproductive health of young people, reduce substance abuse, and improve academic and disciplinary outcomes (Catalano et al. 2004; Gavin et al. 2010). Typically, PYD programs define youth as ages 16–24, but some serve younger adolescents while others skew older. Additionally, PYD may be adapted to serve populations that face specific barriers or challenges, such as LGBTQ youth, youth with disabilities, immigrant and refugee youth, and young people exposed to violence and trauma.[b]

PYD programs vary in their activities, curricula, and types of population served. For example, **AmeriCorps** focuses on promoting civic and community engagement by giving young people the opportunity to serve their communities and address community needs. **The National Guard Youth Challenge** addresses at-risk youth who are struggling with education and employment by offering academic classes, physical activity, employment skills, leadership and civic engagement opportunities, and coping skills within a residential military-style environment. And, as the name implies, the Carrera Teen Pregnancy Prevention Program centers on redirecting disadvantaged young people to healthy, skill-building pursuits and away from the risk of early parenthood. Other prominent PYD models include YearUp, JobCorps, and 4-H programs.

[a] "Key Principles," youth.gov, accessed February 7, 2020, https://youth.gov/youth-topics/positive-youth-development/key-principles-positive-youth-development.
[b] "Cultural Influences," youth.gov, accessed February 6, 2020, https://youth.gov/youth-topics/how-culture-diversity-and-prior-experiences-can-influence-positive-youth-development.

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- **Economic success:** YouthBuild directly improves the financial and educational situations of young people by increasing high school diploma completion, employment, and earnings.

- **Power and autonomy:** YouthBuild engages young people with leadership and community service opportunities, encouraging them to take responsibility for their actions, become leaders in their communities, and advocate for themselves.

- **Belonging:** Students connect and bond with other students and staff members, creating a sense of community within the program and conferring a sense of pride to be part of the program.

Economic Success

YouthBuild offers job training and education services that increase the future economic well-being of young people by increasing their educational attainment, employment prospects, and earnings. A randomized controlled trial found that significantly more YouthBuild participants reported earning their high school equivalency credential and enrolling in vocational school four years after beginning the program than those in the control group. Approximately 33 percent of YouthBuild participants reported reaching these milestones, compared with just over 20 percent of the control group (Miller et al. 2018). In addition, using administrative data, the evaluators found that 20 percent of YouthBuild participants enrolled in college, a significantly higher share than the 12.7 percent of youth in the control group who enrolled. The same evaluation found that significantly more YouthBuild participants reported obtaining employment than the control group, although this difference was only 4.5 percentage points (50.9 percent versus 46.4 percent). This group also had significantly higher self-reported wages. YouthBuild participants reported average weekly earnings of $206.70, compared with $174.10 for those employed in the control group. However, the study did not find a significant impact on employment and earnings within administrative data from the National Directory of New Hires. The authors describe this inconsistency as potentially stemming from jobs and income attained in the gig economy or other employment that does not appear in Unemployment Insurance data systems.

Targeted career counseling and connections to industry provide additional opportunities for young people to gain better economic opportunities. SER's YouthBuild staff and participants described how the model provides young people with directly applicable skills and access to jobs in construction. One student even described how, while she is not as interested in pursuing a career in construction, the skills

that she learned at YouthBuild were still valuable, and the connections she had to employers in the field would be helpful. The program has relationships with local construction companies and other entities (e.g., school districts) it can leverage to place students in internships and full-time employment. Staff of SER's YouthBuild program described the career mentoring and counseling they do as a means of helping young people set goals for themselves that reach beyond minimum-wage or gig work and into well-paying, family-sustaining jobs that can contribute to their economic and personal growth. They described how success coaches emphasize upward mobility and career pathways as well as the value that benefits, such as paid time off or a 401(k), add beyond salary. Several students also described how the program improved their interpersonal skills and their sense of professionalism.

Power and Autonomy

YouthBuild increases the power and autonomy of its participants by encouraging youth to advocate for themselves, engage in activism, and become leaders in the program and in the community. A 2018 impact evaluation found that YouthBuild increased overall civic engagement (defined as volunteering, registering to vote, voting, and being involved in politics or local community activities) by 3.7 percentage points (Miller et al. 2018). Specifically, YouthBuild increased volunteering by 20 percentage points and increased involvement in politics or local community activities among youth participants by 4 percentage points. However, the evaluation did not find a significant difference between the treatment and control groups on other measures of youth development, such as self-esteem, self-confidence, depression, happiness, and orientation toward the future. While an explicit part of the model, subjective measures of power and self-esteem can be difficult to measure and difficult to influence consistently and over time. At SER Metro-Detroit, the umbrella organization runs a voter registration effort where YouthBuild participants go out into the community to encourage people to vote. The voter engagement effort also encourages participants to register themselves. One staff member described how, once students become more involved, "they want to feel like they can make a difference and they have a voice" and begin to seek additional outlets to express their voice.

YouthBuild also strongly emphasizes a degree of self-motivation and autonomy that students must build to be successful. A few students we spoke to at SER said the entire program is very challenging, especially the mental toughness orientation, which involves one week of stressful activities in an effort to set expectations and instill a sense of discipline among students. Students described how, even though the program can be difficult, a person can be successful if they invest their time into it and work. Staff members also highlighted the importance of individual responsibility and decisionmaking within

the program. One staff member said that "YouthBuild embraces leadership that is determined by the person… [we] let people find their own lane to see what type of leader they are."

One challenge that the YouthBuild model may pose to promoting autonomy is its emphasis on the construction trades. While many sites offer technical training in other fields in addition to construction, typically these options are constrained to one or two other fields. SER's YouthBuild program, for example, offers information technology training in addition to construction. Several students we spoke to expressed a lack of interest in the construction trades and said they would prefer to explore careers that were more personally fulfilling as well as financially stable. Students were drawn to the YouthBuild program to attain their GED and were ultimately not interested in pursuing a career in construction. Many students in the focus group said they would like to be their own boss by pursuing entrepreneurial paths. In response to widespread student interest, SER's YouthBuild is developing a hands-on social enterprise and entrepreneurship program starting with a student-run café and a t-shirt design business. International YouthBuild programs that lack strong job markets often replace career training with entrepreneurship training to help their participants succeed in challenging employment contexts.

Belonging

YouthBuild programming is very intentional about creating a sense of belonging through encouraging positive peer and adult relationships. YouthBuild's mental toughness orientation includes team-building activities meant to help young people bond with each other as well as with staff. John Valverde, the CEO of YouthBuild USA, describes how, without the trust and relationships developed by YouthBuild and the mental toughness orientation, "a young person can't thrive. You can layer on education, vocational training, and leadership, but if it isn't layered on that foundation, then it doesn't work."

Participants in the focus group described the feeling of family and closeness the program creates. Although some participants expressed concerns about a few unsupportive staff, these were exceptions and were not presented as representative of all YouthBuild staff. YouthBuild graduates are encouraged to visit to check in and get advice on financial management and other adult life skills, as well as support from staff and other students. One former YouthBuild participant said he was happy to return to participate in the focus group and said, "I feel like this is a safety net. You meet a lot of good people here, and I come up here sometimes to visit." Staff members say YouthBuild may be one of the few places where students feel safe, supported, and cared for, owing to the tough home life situations and neighborhood environments many of them have experienced. Several staff offered, however, that this strong sense of belonging can be a challenge: some students do not want to leave the cocoon of program

and may drag their feet on achieving key milestones. One staff member described how some students will slow down when they are close to graduating because they are afraid to leave, so staff will reassure them that they are always welcome back.

Focus group participants also described how the YouthBuild brand confers a sense of pride and status. Valverde explained how community service and giving back to the community allow young people to gain dignity, respect, and the sense of value that comes from being able to provide for others. A senior staff member mentioned that students enjoy wearing the shirts and hoodies, saying that it makes them feel important and like they belong to a community. Community members and others in the neighborhood will ask students about the program when they are doing community service. One student in the focus group said that "being here makes me feel like I'm somebody." A staff member affirmed that "the swag is one thing, but the acceptance they can feel when they walk into a room where there are YouthBuilders [is another]—they get both." One student in the focus group said that "when someone from your same neighborhood you were running around with sees you doing this, they decide they can do it too. I am a role model in my community."

Scaling

YouthBuild has been replicated in 252 sites across the US, reaching 10,000 youth annually. This makes YouthBuild the most replicated exemplar featured in this report in sites, though not in annual participants reached. Using the total number of people ages 16–24 in the US who have dropped out of high school and are unemployed to approximate YouthBuild's target population, we found that the program has scaled to reach 4 percent of its target population. If we include youth who have dropped out and are unemployed *or* out of the labor force, this rate falls to 0.6 percent.[22]

YouthBuild has the following opportunities and barriers to broader scaling:

- **Funding:** Similar to NFP and Educare, many YouthBuild sites draw on a fairly robust federal funding stream through authorizing legislation like the Workforce Innovation and Opportunity Act, but these dollars still fall far short of reaching all youth who might benefit from and be eligible for the program. By tapping more deeply into federal funding and state-level resources for employment and training, and by blending with postsecondary education funding streams, YouthBuild sites could reach a higher share of eligible youth, including more discouraged workers. Like several other exemplars in this report, YouthBuild's cost-benefit data bolster the case for more funding. The program's annual cost per participant averages $22,000. A cost-

benefit analysis of a YouthBuild program targeted at young people with criminal justice involvement estimated that each $1.00 invested in youth produced a return between $7.20 and $21.60 in education gains and avoided justice system involvement (Cohen and Piquero 2015). Another cost-benefit analysis using data from the most recent YouthBuild evaluation estimates the net long-term benefit for participants as between $6,000 and more than $47,000 depending on the level of change in earnings and economic well-being (Miller et al. 2018).

- **Programmatic restrictions:** YouthBuild sites must offer construction training to qualify for DOL funding, and YouthBuild sites heavily emphasize the construction trades as a career path. According to experts on YouthBuild, sites typically want to offer choices beyond construction. In recent years, the Department of Labor has begun to emphasize "construction plus" and has awarded more grants to YouthBuild sites proposing to support training in fields such as health care, information technology, manufacturing, hospitality, and food service. Continued expansion in fields beyond construction may help the program engage more young adults in its target population.

The proliferation of YouthBuild sites underscores the importance of having a large network of high-capacity local providers coupled with a steady base of funding and technical support to successfully replicate a model at scale. YouthBuild has two strong national hubs for supporting its consistency and quality: DOL's Employment and Training Administration and the nonprofit YouthBuild USA. In addition, YouthBuild USA's focus on licensing sites to carry the YouthBuild brand and its provision of services like managing performance data are important drivers of program replication with fidelity. While these strategies appear to promote faithful scaling of the model, the YouthBuild hubs have been fairly flexible about how the model is implemented so individual sites can customize to local labor markets and the career choices favored by participating youth.

City University of New York Accelerated Study in Associate Programs

Accelerated Study in Associate Programs (ASAP) provides comprehensive supports to help improve the graduation rates of students pursuing an associate degree. We visited an ASAP site at Hostos Community College in New York City to learn more about how the program is implemented in one context (box 7). Hostos was one of the colleges that piloted ASAP and was recommended by the ASAP central office as a long-running, well-established program.

	When it started	Where it operates	Number of people it serves	How many sites it has
MODEL CUNY ASAP	2007	New York City and pilot demonstration sites	25,000 students a year	9 CUNY colleges
SITE Hostos Community College	2007	Bronx, New York City	1,200 students a year	N/A

The ASAP Model

ASAP's goal is to increase students' likelihood of completing an associate degree in three years or less. The theory of change behind the program is that building academic momentum, encouraging belonging through a cohort model, and providing a range of supportive services promotes timely associate degree completion (CUNY 2015). ASAP aims to increase graduation rates, enrollment at four-year colleges, and credit accumulation and provide students with a sense of support and economic security while in school.

ASAP Site Visit Information

Hostos Community College in the Bronx first implemented ASAP in 2008 and has since grown to serve approximately 1,200 students each year. The program has one senior program director, one associate director, 10 academic advisors, a career and employment specialist, a program coordinator, a STEM coordinator, a recruitment specialist, and a financial aid coordinator. During our visit to Hostos Community College we spoke with senior staff, academic advisors, and students to learn more about how ASAP increases mobility from poverty.

Target Populations and Eligibility

ASAP has generally broad eligibility criteria for students enrolled in the CUNY system. Students can enroll in ASAP if they attend school full time, are New York City or New York State residents, need no more than two remedial courses, and have entered the program with fewer than 15 college credits. The mean age of participating students is 21, and most are admitted as full-time freshmen (CUNY ASAP 2019). There are also a few limitations on which majors are eligible for ASAP; some have course requirements that make graduation within three years difficult. While income level is not a requirement for participation, ASAP students are primarily low income and qualify for need-based financial aid. Around 75 percent of students enrolled in ASAP had at least one developmental education requirement when they were admitted to CUNY, though students with a deep level of remedial need are not eligible for ASAP until they reduce their need to two courses (CUNY ASAP 2019).

Components

ASAP is embedded within a community college and provides participating students with direct financial support, academic assistance, and supportive services. ASAP's financial supports include tuition gap assistance, textbook assistance, and a transit subsidy through unlimited semester-based New York City MetroCards. ASAP also highlights clear pathways to graduation in specific majors with full-time enrollment, offers blocked scheduling (with certain classes at convenient times reserved for first-year ASAP students), encourages taking developmental education courses immediately and continuously to address remedial course needs, and provides winter and summer course options (Scrivener et al. 2015). The program's supportive services include individual advising, peer mentoring, tutoring, career-advancement services, and opportunities to build relationships with other students.

ASAP students enroll at a participating CUNY school and take coursework for their major and any required developmental courses while receiving these additional academic services and financial supports. Comprehensive academic advising is a major part of the program; students are paired with an advisor who exclusively serves ASAP students. Each advisor is assigned a maximum of 150 students, keeping caseloads relatively low compared with general college advising. Advisors are trained to help students navigate academic challenges and personal concerns as well as develop the soft skills necessary for their futures after graduation (Scrivener et al. 2015). As students progress through their college careers, academic advisors and career specialists strategically map out a path to graduate quickly and prepare for postgraduation opportunities, such as employment or additional education.

Financial supports are also a critical part of students' success in ASAP. All ASAP students receive a free MetroCard each semester that provides unlimited transit use on New York City subways and buses. In addition, ASAP provides semester-based draw-down textbook accounts to all students for their classes, as well as support for inter-session textbook and material needs. A tuition gap waiver makes up the difference between financial aid and tuition for students that are eligible for financial aid. However, only a small percentage of students received a tuition waiver; approximately 80 percent of students are eligible for Pell grants, and their financial aid often covers tuition and fees (Scrivener et al. 2015). These supports reduce the financial burden students face while attending college.

Staffing and Key Partnerships

Individual community colleges implement ASAP with support and guidance from the CUNY ASAP Central Office. The ASAP Central Office provides substantial support in the form of data management, ongoing program evaluation, and program administration to partner colleges implementing ASAP (CUNY 2015). Each ASAP site has a director and a varied number of academic advisors based on student enrollment. Program staff also include a career and employment specialist, staff members to assist with financial aid and clerical work, and part-time tutors. Since ASAP is embedded in a college, the program works closely with the college's administrative staff, professors, and financial aid offices.

Model History, Expansion, and Funding

ASAP began in 2007 with initial funding from the New York City Center for Economic Opportunity to address key barriers to graduating from college faced by young, low-income students who had developmental needs. In academic year 2018–19, ASAP reached its full expansion scale of serving 25,000 students across nine CUNY colleges throughout New York City (CUNY ASAP 2019). ASAP has

also been replicated at three Ohio sites: Cincinnati State Technical and Community College, Cuyahoga Community College, and Lorain County Community College. Other replication efforts are under way in Westchester County, New York; Nashville, Tennessee; San Bruno, California; and West Virginia. ASAP is currently funded by the City and State of New York, and it previously received grant support from Robin Hood, the Stella and Charles Guttman Foundation, the Leona M. and Harry B. Helmsley Charitable Trust, and the Jewish Foundation for the Education of Women.[23]

BOX 8

Postsecondary Education Completion Models

Community colleges across the country have been developing and using multiple strategies to increase college completion, drawing upon developmental education reform efforts, career pathways, and guided pathways models. These efforts support students who may face structural barriers in attending and completing postsecondary education, such as student loans, the financial burden of attending school while caring for families, high school educations that don't adequately prepare them for college-level classes, and community college structures that do not facilitate timely completion. The "completion agenda" includes multiple evidence-based efforts to help students complete college in a timely manner. Many organizations and initiatives are researching and implementing innovations to increase community college persistence and completion, such as Achieving the Dream, the Guided Pathways initiative, and the Aspen Institute's College Excellence Program.

Postsecondary education completion efforts use varied strategies to help increase student persistence and completion. The elements of a completion approach have included academic and nonacademic support services, developmental education programming, and opportunities for accelerated learning:[a]

- **Supportive services** may include more robust advising systems, direct child care or transportation support, and training on study and time management skills.

- **Developmental education reform** efforts have been ongoing for years to support students who need to take remedial courses before starting coursework for their majors. Some approaches have included contextualized learning, co-requisite models, and better targeting requirements to student needs.

- **Accelerated learning** efforts include a guided pathways approach to more clearly map course requirements and employment opportunities for each major, mandatory full-time enrollment, blocked scheduling, and competency-based education.

ASAP employs several strategies that other completion efforts have used, such as supportive services, career and guided pathways, and developmental education reforms. In particular, ASAP and guided pathways share common elements of providing students clear guidance on how courses and programs lead to graduation and transfer opportunities (MDRC 2016). ASAP, however, is considered a

specific evidence-based program model while guided pathways is a broader framework that can be applied institutionally. Another distinction between ASAP and other completion efforts is that ASAP is not a schoolwide reform, and these services only apply to students that are in the program, whereas other completion efforts are often more systemic or schoolwide. There are many examples of schools implementing various elements of the completion agenda, some of which are highlighted by the Aspen Institute Prize for Community College Excellence.

[a] "Building America's Workforce," Urban Institute, accessed February 6, 2020, https://www.urban.org/policy-centers/cross-center-initiatives/building-americas-workforce/projects/changing-community-college-systems-student-success.

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- **Economic success:** ASAP provides students with direct financial support through tuition gap waivers, textbook assistance, and transit subsidies; it also increases timely college completion, which has positive implications for future economic outcomes.

- **Power and autonomy:** Financial incentives and comprehensive advising reduce the stress of attending college and improve students' ability to advocate for themselves and become more independent.

- **Belonging:** ASAP's personalized and comprehensive advising system creates a strong sense of connection and support between students and their advisors, while the cohort model connects ASAP students with one another and fosters a sense of community that is often not present at community colleges.

Economic Success

ASAP increases postsecondary degree completion, which is highly correlated with increased economic opportunity and success. Recipients of an associate degree are more likely to be employed and have higher median earnings, and they are less likely to be unemployed, to be in poverty, or to receive public assistance than those with at most a high school diploma (Ma, Pender, and Welch 2016). The economic benefits of obtaining an associate's or bachelor's degree are significant, and community college programs that increase graduation rates help students move toward receiving those economic benefits, especially considering the low completion rates at community college (Shapiro et al. 2015).

ASAP stands out in its success at increasing timely degree completion, college persistence, and transfer rates to four-year institutions. ASAP has a cross-cohort three-year graduation rate of 53 percent, compared with a matched comparison group graduation rate of 25 percent (CUNY ASAP 2019). A randomized controlled trial evaluation of ASAP students requiring developmental education found that, after three years, ASAP students earned 48 credits, 40 percent had received a degree, and 25 percent had enrolled in a four-year school, compared with control group outcomes of 39 credits earned, 22 percent of students receiving a degree, and 17 percent of students enrolled in a four-year school (Scrivener et al. 2015). After six years, 60 percent of ASAP students received an associate degree, compared with 37 percent of similar non-ASAP students (Strumbos and Kolenovic 2017). In addition, 59 percent of ASAP students enrolled in a baccalaureate program, and more than 25 percent earned a bachelor's degree after six years. A rigorous evaluation of ASAP's demonstration in Ohio has found similar positive impacts on academic outcomes, including nearly doubling degree completion for ASAP students in three years and increasing transfers to four-year colleges (Miller et al. 2020). There has not yet been evidence that ASAP leads to increased employment or earnings, though the increases in degree attainment in theory should lead to improved economic prospects.

ASAP's academic and career advising also provides students with opportunities to increase their future employment and economic prospects. The ASAP staff members interviewed emphasized how the financial assistance positively affected students and allowed them to save money and more effectively using their financial aid by reducing the time to completion. In addition, ASAP requires students to meet with a career specialist (in addition to their academic advisors), which encourages them to think about long-term professional goals. Compared with non-ASAP students, ASAP participants were more likely to have met with career or employment services staff and met with them more frequently (Scrivener et al. 2015). In the focus group, students were less focused on how ASAP would improve their future earnings. Instead, they emphasized that the program was helping them complete college when, in the past, they had struggled in school and didn't think college was in their future. Focus group participants also mentioned how ASAP has helped them find fields and potential careers they are interested in pursuing, opening up possibilities they initially didn't think they had access to.

ASAP's direct financial assistance reduces the financial burden and hardship faced by students and allows them to focus more completely on school. ASAP advisors described how the tuition waivers, transportation subsidy, and textbook assistance that ASAP provides put students in a better position to succeed and set them up for financial stability throughout college. Students are able to attend school full time and not work more or worry about meeting these additional costs. Advisors also encourage students to apply to be ASAP peer mentors or supplemental instructors (paid positions) once they have

been in the program for some time to reduce the challenge of finding and balancing other employment with attending college full time. A randomized evaluation found that ASAP students were more likely than a control group to register as full-time students because they could afford to and were more likely to have fewer concerns about how to pay for college (Scrivener et al. 2015).

Power and Autonomy

ASAP's financial incentives and personalized academic advising improve the well-being of students by reducing the stress of attending college and helping them become more independent. Providing students with an unlimited transit subsidy also increases their autonomy by helping students travel not only to college but throughout the city for work or leisure. In the focus group, ASAP students described how financial and academic support reduces stress in their lives when they are already facing other difficult circumstances. One student described how the program "takes a huge weight off our shoulders. The fact that we're students, some students are parents, some live on their own and can't afford to purchase a MetroCard or books. Just to know you have that support…It's a breath of fresh air."

ASAP's personalized advising assists students with academic issues as well as social and personal topics to help improve their confidence and succeed in stressful situations (Scrivener et al. 2015). Students are encouraged by their advisors, taught study skills, given time management advice, and provided other support to help them become independent in college. The program has strict metrics on the number of advisor touchpoints and level of engagement to encourage personalized attention and support between advisors and students. One student described how her advisor allows her to bring her daughter to their meetings when she can't find child care. This type of accommodation allows students to reduce stress and focus on and complete their coursework by helping them navigate life challenges.

Group advising sessions also teach soft skills and focus on topics related to power and autonomy. Staff members described how group and individual advising sessions help students learn how to advocate for themselves and promote the emotional intelligence needed to navigate college. One advisor said that "the curriculum this semester is about educating them on different levels: awareness of how to manage your time, advocate for yourself to speak to your professors, emotional intelligence. That self-reflection on who they are and the outside world gives them a sense of power about how they know themselves and… what [their] impact can be on others, in positive and negative ways." While advisors aim to support students as much as they can, there are some limitations on how much they can help as advisors do not have the training or staffing to directly help students cope with challenging

mental health circumstances. In those cases, students are referred to counseling and advisors help them navigate any academic challenges that arise while they seek treatment.

ASAP's programming also gives students agency and autonomy over their academic decisions and their use of the financial supports. Students and staff consistently mentioned that, although ASAP provides support, students have to take a significant amount of responsibility to succeed. Students described the program as a partnership where "they don't hand it to us, they make you work for it." The sense of agency and autonomy to make their own decisions and choices is coupled with the support needed to succeed. One student said that "if you don't take [your college career] into your hands, you have someone holding you up, and it's ASAP. They have their hand on your back and don't let you fall." Similarly, advisors expressed that they teach students to navigate their course selection, financial aid, and other elements of the college process so they can be independent, especially if they transfer to another school. One said, "I don't want students to feel like I forced them into a decision. I want them to be able to exercise those skills and decide for themselves what's best for them." Another described seeing improved confidence and competency in her students over several semesters as they become more familiar with the college environment and processes.

Through clear links between academic requirements, degree attainment, and future employment, ASAP students have access to more information to make appropriate educational decisions. Advisors provide students with information on program costs and financial aid, and they connect students to program specialists, all of which can help arm students with the resources and tools to better navigate the college process, completion, and transfers. However, one tension that ASAP grapples with is its requirement that students enroll full time to graduate in a timely manner, which might minimize the amount of autonomy students have to decide how to approach and attend college. While ASAP requires full-time enrollment, the program enables students to take summer courses with the same tuition and financial support that allows for some flexibility in course loads each semester.

Belonging

ASAP's personalized and comprehensive advising system creates a strong sense of connection and support between students and their advisors. ASAP students were more likely than students in the control group to report having a college employee to turn to for advice, feeling valued by faculty or staff, and having all or most of the supports they needed to succeed (Scrivener et al. 2015). In the focus group, ASAP students repeatedly cited the social support and encouragement provided by advisors. One student said, "I never met somebody that cared for me so much." Advisors support their students

academically as they help them choose classes, navigate their course loads, and move toward graduation, but they also provide personal, social, and emotional support. The individualized attention that ASAP advisors give students—allowing them to build a relationship with one person rather than multiple advisors—and their ability to monitor and support students throughout their time in school also helps build this sense of belonging. Several students in the focus group described also seeking validation from their advisors. They are excited to share positive news and accomplishments and want to work hard to not let their advisors down.

ASAP's cohort model connects students with one another and fosters a sense of community and support that is often not present at community colleges (CUNY 2015). ASAP also creates a sense of belonging through summer institutes that allow students to meet each other before starting classes, college success seminars, blocked scheduling where ASAP students take classes together, and opportunities for study groups and tutoring. In a randomized controlled trial, ASAP students were significantly less likely than a control group to rate their integration and sense of belonging at school as low (Scrivener et al. 2015). A focus group participant mentioned that "you feel like a family because, no matter your story, we all ended up in the same place."

Interviewed students said they enjoy being with others that share the same focus and goals. Many students described how they lacked a support system before entering college and said that the process of starting college initially felt isolating, but that being in ASAP and being supported by advisors and other students helped them succeed. However, advisors and staff members mentioned that it can sometimes be difficult to create a cohesive sense of community; many students don't live nearby or need to work and take care of their children, so engaging students in after-class activities is more challenging. While peer mentors are an important component of the ASAP program and are meant to be additional supports to students, focus group participants did not highlight peer mentors as an important part of their experience. They expressed that their advisors provided enough support that they did not need to engage the peer mentors.

Senior staff at Hostos Community College described how the history and significance of the college also helps instill a sense of belonging among the ASAP students. Hostos was created to serve the needs of the Latinx and Puerto Rican community in the South Bronx and is named after a Puerto Rican activist and intellectual. A senior staff member said that "there is a feeling of belonging to the college" and that "students feel very comfortable here," which is helpful to fostering a sense of community within ASAP and might be more challenging at other commuter schools that are attracting students from many different areas and neighborhoods.

Scaling

ASAP has been replicated at 9 of 18 CUNY undergraduate colleges. CUNY is the United States' largest urban public university; it enrolled more than 240,000 undergraduate students in fall 2018.[24] ASAP has also been replicated in Ohio, Tennessee, California, and West Virginia with slight adaptations to the model and emerging positive outcomes.

Over the 2018–19 school year, CUNY ASAP enrolled more than 25,000 students; the program has served more than 46,500 students since its inception. Overall, the model serves about 10 percent of the CUNY student population. It is hard to gauge ASAP's reach into a larger pool of New York City residents with a high school diploma who would like to have a postsecondary degree but are unable to achieve this goal without more support, since there is no source for that number. However, using the number of young adults ages 18–24 in New York City with only a high school degree and no college, a lower bound for ASAP's market penetration rate is 6 percent.[25]

ASAP has a range of opportunities and barriers to scaling to reach all target students in New York or other states:

- **Funding:** While grants have supported the CUNY ASAP model, the bulk of its large funding base comes from New York City and state policymakers who have made a strong commitment to funding the program. A fiscal report on CUNY ASAP projected the program's FY 2020 budget as $86.8 million (Peregrin and Wright 2019). However, funding for ASAP's expansion to other states has met with challenges. For example, even though the ASAP pilot in Ohio produced strong results, the initiative has continued at only one of three college test sites. The Ohio Department of Higher Education advocated the continuation of state funding for ASAP to the state legislators, but the funding was cut from the final state budget. The Lorain County Community College site, known as Students Accelerating in Learning, has continued beyond the initial grant, largely because Lorain administrators secured the necessary resources by shifting funds from other aligned efforts at the college (Miller et al. 2020).

    These funding challenges may reflect the relatively high cost of ASAP. There is an institutional challenge in dedicating a large amount of resources to funding an expensive program like ASAP, shifting the structure and programming of the college to implement the program, and finding sustainable funding with decreasing state investment in higher education. Despite the high costs, evidence shows that the program produces net-positive benefits for taxpayers and costs less per graduate than services as usual. ASAP has undergone two cost-benefit analyses. Levin and Garcia (2013) found an average savings to taxpayers of $6,500 per

ASAP graduate. The increased educational attainment of ASAP graduates leads to increased lifetime earnings, tax revenue, and property taxes, as well as decreased health expenditures, use of public assistance, and involvement in the criminal justice system. For every $1.00 invested in ASAP, governments see a return of $3.50 through increased tax revenue and social service savings (Levin and Garcia 2017). Each additional ASAP graduate provides taxpayers a net benefit of $146,000. Scrivener and colleagues (2015) found that the school spent $16,284 more per ASAP student than per student in the control group. The services and intervention funded by this additional investment led to an estimated 83.9 percent increase in students' likelihood of graduating.

- **Programmatic restrictions:** ASAP's requirement for full-time enrollment helps promote higher three-year graduation rates but makes it challenging for students with other financial and time obligations, such as work and family, to enroll (Eyster, Callan, and Adams 2014). ASAP aims to remove some financial barriers to full-time enrollment through financial aid and tuition gap waivers, but this support may not be sufficient to surmount this challenge for all would-be participants.

- **Knowledge base:** ASAP has provided the field with knowledge and research on its capacity for replication and adaptation to different contexts. The expansion of ASAP to another CUNY college provides insights on how changes to the model to meet enrollment targets, keep student-advisor ratios low, and expand necessary staffing could be lessons for other efforts to scale the program (Cormier et al. 2019). In addition, the replication of ASAP in Ohio demonstrates how the program can be successfully implemented in a nonurban setting and how program elements can be changed to fit that context (Miller et al. 2020). The evidence base on what variations of the model might be the most effective and/or cost-effective for various subpopulations is still emerging. Nevertheless, as a relatively new intervention, there is still more to learn about the effectiveness of ASAP's various components and about which student populations can most benefit from the intervention.

ASAP demonstrates how a program with rapid learning, testing, evaluation, and iteration can provide the field with a growing understanding of how to scale and replicate success. As more colleges implement ASAP and monitor its progress, researchers can better understand what program components are essential and can be scaled and what modifications make the program successful in different communities and contexts. Even so, the difficulty of continuing the program in Ohio illustrates the importance of sustained public funding for impactful but resource-intensive interventions. Although Congress has taken notice of ASAP's success—in 2019, members of the House of Representatives

introduced HR 3578, the Community College Success Act, to fund ASAP-like models up to $10 billion over 10 years at selected community colleges—as of early spring 2020, federal funding remains in a holding pattern.[26]

Moving to Opportunity

The Moving to Opportunity (MTO) for Fair Housing Demonstration was launched by the US Department of Housing and Urban Development (HUD) in the mid-1990s to test the impacts of moving families from high-poverty neighborhoods to low-poverty neighborhoods. MTO was a key early iteration of a model called neighborhood mobility initiatives,[27] which typically include federal housing vouchers coupled with some combination of wraparound supports such as pre- and post-move counseling and security deposits. Because MTO is no longer in operation, we visited the Baltimore Housing Mobility Program (BHMP) site to speak with program staff and participants to learn more about how a current neighborhood housing mobility initiative is implemented in one specific context (box 9). The Baltimore Housing Mobility Program is one of the strongest examples of a neighborhood mobility initiative, as it offers extensive mobility counseling services to its participants.

	When it started/ operated	Where it operates/ed	How many people it serves/ed	How many sites it has/had
MODEL Moving to Opportunity	1994–98	Baltimore, Boston, Chicago, Los Angeles, New York City	15,892 individuals, 4,604 families	5
SITE Baltimore Housing Mobility Program	2002–present	Baltimore	5,256 families	1

The Moving to Opportunity Model

Neighborhood mobility initiatives originated as a response to the discrimination and segregation faced by public housing residents and Section 8 voucher holders. Their goals are to deconcentrate poverty, desegregate, and reduce intergenerational poverty by assisting federally funded housing voucher holders in moving to higher-opportunity neighborhoods. Authorized by Congress in 1992, MTO was a demonstration program run by HUD that used rental assistance vouchers, combined with intensive housing search and counseling services, to help families with very low incomes (almost all of whom were people of color) move from some of America's most distressed urban neighborhoods to lower-poverty communities (Sanbonmatsu et al. 2011). The Baltimore Housing Mobility Program, which emerged from

a class action lawsuit settlement against HUD, is one of several local mobility programs created after MTO concluded.

BOX 9

Baltimore Housing Mobility Program Site Visit

The Baltimore Housing Mobility Program (BHMP) was launched in 2002 and has since grown to serve 5,256 families. The program is operated by the Baltimore Regional Housing Partnership (BRHP). During our visit, we spoke with frontline staff, program directors, and participant families to learn more about how BHMP increases mobility from poverty.

Target Population and Eligibility

To be eligible to participate in MTO, families had to have at least one child under the age of 18 and be living in public housing or other subsidized housing in high-poverty neighborhoods. A total of 4,604 households, composed of 15,892 individuals, were recruited to voluntarily participate in the demonstration between 1994 and 1998 in Baltimore, Boston, Chicago, Los Angeles, and New York. The vast majority were headed by Black or Hispanic single mothers (Sanbonmatsu et al. 2011).

Although Baltimore was a participating site in MTO, BHMP is a distinct mobility initiative that was launched nearly 15 years after MTO concluded. It emerged from a lawsuit settlement for those affected by segregated public housing. Those eligible for BHMP under the consent decree include "all African Americans who have resided or will reside in Baltimore City family public housing units any time from January 31, 1995 until January 1, 2027" (Mitchell et al. 2017, 13). The waitlist to receive a BHMP voucher gives preference to families with a child under the age of 8 years old.

According to 2019 data provided by program staff, 47,502 applicants have applied to the program since its inception. Of those, 26,485 were eligible for the program and 5,256 families have leased in an opportunity area with a voucher. BHMP serves predominantly female-headed households with young children. Approximately two-thirds of the families earn wages, and the average age of the head of household is 34 years old.

Components

The MTO demonstration was a randomized controlled trial implemented in five US metropolitan areas. Families who volunteered for the demonstration were randomized into one of three groups: the experimental group, the comparison group, and the control group. Families in the experimental group received a housing voucher that could only be used in low-poverty census tracts (with 1990 poverty rates below 10 percent) during their first year in the program (they could move anywhere they wanted after the first year). They were also provided with move counseling from local nonprofit organizations, although the intensity of counseling varied by site (Sanbonmatsu et al. 2011). This counseling involved conducting an initial needs assessment, providing search assistance, recruiting landlords to rent to families, and offering other supportive services. Families in the comparison group also received a housing voucher, but were not required to move to high-opportunity neighborhoods and did not receive housing counseling. The control group did not receive housing vouchers or counseling and continued to live in their public housing units. All three groups contributed 30 percent of their annual household income toward rent and utilities, as required for federally assisted housing. While the MTO demonstration did not have explicit requirements around the racial demographics of neighborhoods that participants could move to, because the vast majority of neighborhoods with poverty rates of less than 10 percent are predominantly white, the demonstration's key architects expected that MTO would both deconcentrate poverty and racially desegregate.

Initially, families who volunteered to participate in BHMP were required to move to neighborhoods in the region that were less than 30 percent Black, had poverty rates below 10 percent, and were composed of less than 5 percent assisted housing stock. After 2012, the final Thompson settlement shifted the criteria to an opportunity index model for geographic targeting that does not consider race. To facilitate moves to more expensive suburban areas, the BHMP voucher provides payments up to 120 percent of fair-market rent (whereas traditional housing vouchers cover between 90 and 110 percent of the fair-market rent). After two years in the program, families can use their voucher in any neighborhood they wish.

The Baltimore Regional Housing Partnership (BRHP), which has managed BHMP since 2015, administers housing vouchers for families and provides intensive housing and mobility counseling in three phases: pre-counseling, housing search, and post-move. In the pre-counseling phase, clients attend an orientation about the program as well as a series of workshops designed to prepare them for the housing search, and generally make them lease-ready. These workshops include topics like goal-setting, banking and budgeting, home maintenance, landlord-tenant relationships, and how to conduct a successful housing search. In addition to attending workshops, participants must also meet with a

housing counselor to plan for how to improve their credit score and create an individual training plan to identify long-term goals. Participants must also make three regular payments on outstanding bills and save up to $500 for a security deposit before becoming eligible for their housing voucher. In our interviews with staff and program participants, both expressed the long-term imperative of building and improving credit scores to remove barriers to future goals.

Once families receive their voucher, they begin the housing search phase of the program. BRHP counselors help families with all aspects of the search including taking them on neighborhood tours, helping them complete applications, giving them unit referrals, and conducting one-on-one counseling appointments. BRHP also maintains its own lists of properties where they have developed relationships with landlords. When BHMP was launched, families were only required to live in an opportunity area for one year. However, in 2014 program requirements extended this requirement to two years. While families are permitted to move after one year with a BHMP voucher, they must remain in an opportunity area for up to two years. After they make their initial move, families continue to receive case management support from BRHP for two years.

Families are assigned a post-placement counselor who conducts home assessments to see how well they are adapting to their new communities. During the assessments, counselors provide additional support and resources based on what challenges the family might be facing in their new community. This support may also include second-move counseling if a family decides they would like to move. This includes "counseling on the pros and cons of moving, help identifying neighborhoods that meet individuals' needs, and referrals to hard-to-find units in high opportunity areas" (Engdahl 2009, 20). Families are also encouraged to wait to move until there is a break in the school year.

Staffing and Key Partnerships

Each MTO site was a partnership between the local public housing authority that administered the housing voucher and a local nonprofit that conducted the counseling component.[28]

At the time of the site visit in 2019, there were 49 staff at the BRHP. Post-move counselors support up to 350 families while pre-move counselors have caseloads nearer to 100 families. While BRHP operates most components of the program in-house, it also partners with a few outside organizations to assist participants with obtaining necessities to help in their transition. For example, BRHP partners with a banking institution to help participants establish bank accounts and build credit and with a nonprofit called Vehicles for Change that connects families to low-cost vehicles.

BRHP also supports and partners with other neighborhood mobility initiatives. Its staff members work closely with public housing authorities in the region and provide technical assistance on mobility counseling to PHAs across the country. BRHP also participates in the Mobility Works consortium, a group of nonprofits, researchers, and policy experts who help families with low incomes move from poor, segregated neighborhoods into diverse communities with high-performing schools.

History, Expansion, and Funding

The first neighborhood mobility initiative resulted from the Hills v. Gautreaux court case. In 1976, the Supreme Court decided in this class-action lawsuit that HUD and the Chicago Housing Authority had deliberately segregated public housing residents by "avoiding placement of Negro families in white neighborhoods."[29] In the case's remedy, it was decided that the Chicago Housing Authority would operate a program in which it would offer housing vouchers to Black public housing residents and those on public housing waitlists to move to mostly white neighborhoods in the suburbs or in the city of Chicago. Over the next two decades, researchers evaluating Gautreaux found positive impacts on employment and mortality rates for those who moved. They also found very strong intergenerational results among children who moved in the program: 15 years later many continued to live in neighborhoods that were more racially integrated and had lower poverty rates than the neighborhoods they left (Keels et al. 2005; Popkin, Rosenbaum, and Meaden 1993; Votruba and Kling 2004).

The promising results of Gautreaux prompted the development of MTO to "test the hypothesis that escaping from troubled neighborhoods helps poor people escape poverty." MTO was authorized by Section 152 of the 1992 Housing and Community Development Act. Congress initially appropriated $70 million toward 1,300 Section 8 housing vouchers and some additional funding for housing counseling (Goering et al. 1999). Some sites later added more vouchers from their local Section 8 programs. HUD officially launched MTO in 1994 as a randomized controlled trial. As part of the demonstration, HUD planned to survey program participants for 10 years following the program's launch and to collect quantitative data on lease-up rates, the poverty characteristics of destination neighborhoods, educational achievement, employment, income, and how long families stayed in their new neighborhoods.

Like the earlier Gautreaux program, BHMP started as a result of a lawsuit. In 1996, Thompson v. HUD established that HUD had violated the Fair Housing Act of 1968 by "perpetuating a system of segregated public housing" (Mitchell et al. 2017, 13). Though the suit wasn't fully settled until 2012, the

Housing Authority of Baltimore City began to receive special regional housing vouchers as early as 1996, and BHMP had fully launched by 2002.

Other Neighborhood Mobility Models

As of 2019, 26 housing mobility programs are active in 17 states across the country.[a] In addition to using HUD Section 8 Housing Choice Vouchers, these programs typically rely on additional funding from various sources to operate move counseling services, including federal and local funding, settlement money allocated from housing desegregation lawsuits, and philanthropic investment.

Today's neighborhood mobility initiatives vary widely. Although most programs are operated by the local housing authority, many are also run by nonprofits. Programs that began through lawsuits typically outlined specific racial and economic requirements for their settlement class's destination communities, however newer iterations are beginning to change some of these requirements. For example, the Baltimore Housing Mobility Program, which was launched as a result of the partial consent decree in Thompson v. HUD, began with both racial- and poverty-level thresholds for participants, but the final settlement shifted neighborhood criteria to be based on an opportunity index model that has no consideration of race. On the other hand, the **Creating Moves to Opportunity** study, which was piloted in Seattle and King County from April 2018 to August 2019, has no restrictions. The demonstration, which provided relocation counseling and other supplemental services, encouraged, but did not require, participants to move to "opportunity areas." In Lake County, Chicago, the Lake County Housing Authority has operated the **Choose Housing Options in Communities Empowering Self Sufficiency (C.H.O.I.C.E.S.)** program since 2016. The program was launched as a result of HUD's Affirmatively Furthering Fair Housing notice and a local needs assessment that identified a high concentration of voucher holders in the county living in one locality. The C.H.O.I.C.E.S. program does not have any racial or economic requirements for the neighborhoods participants can move to, but it does *prohibit* them from moving to two cities in the county (Juracek et al. 2018).

Contemporary neighborhood mobility initiatives also vary by the scope and length of move counseling and assistance and by the longevity of their living requirements. Early models like MTO offered only basic move counseling, while later models, developed from a growing body of evidence on the barriers to moving and the challenges of staying in new neighborhoods, expanded their counseling support as well as other supports such as financial assistance, landlord outreach, post-move counseling, and subsequent move support. Newer models, like Baltimore and the Minneapolis Public Housing Authority's Mobility Voucher Program have also extended the number of years that families are required to rent in opportunity areas. For example, Minneapolis program voucher holders must live in their new home for a minimum of three years (Juracek et al. 2018).

[a] "Housing Mobility Programs in the US," Mobility Works Consortium, accessed March 5, 2020, https://www.housingmobility.org/housing-mobility-programs-in-the-us/.

Boosting Mobility from Poverty

- **Economic success:** Children whose families moved to low-poverty neighborhoods when they were young achieved substantially better educational outcomes and higher earnings as young adults.

- **Power and autonomy:** Although MTO initially limited choice by requiring families to move to low-poverty neighborhoods, participating families valued the help with overcoming barriers to the safe and well-resourced neighborhoods of their choice; women and girls (but not boys) enjoyed significant improvements in physical and mental health.

- **Belonging:** Families felt lonely and isolated in their new neighborhoods, but girls experienced less sexual harassment and coercion than in their original neighborhoods.

Economic Success

Both MTO and BHMP promote families' economic success by helping families move into higher-opportunity neighborhoods where they can access better schools and new job networks.

The near- and long-term evaluations of MTO have been a key source of evidence on the effects of neighborhood mobility initiatives, revealing positive long-term impacts on earnings for those who moved as younger children but no effects for older movers. A follow-up study carried out between four and seven years after MTO recruited families did not find impact on the economic success of adult movers in the experimental voucher group (Orr et al. 2003). MTO had no effect on the labor market outcomes or social program participation of adults or on the math and reading achievement of children. More recent longitudinal studies of MTO still do not find economic impacts on adults who moved to higher-opportunity neighborhoods (Chetty, Hendren, and Katz 2016; Kling, Liebman, and Katz 2007; Sanbonmatsu et al. 2011).[30]

However, a longitudinal study analyzing the tax returns of study participants up to 14 years after MTO ended found strong long-term positive outcomes for children in the experimental voucher group whose families moved before they turned 13. These children experienced an average increase in annual individual earnings in early adulthood of $3,477—31 percent more than the control group who stayed in subsidized housing units. Children in the traditional voucher group experienced an average increase in annual individual earnings of $1,723 relative to the control group.[31]

The same study found improved educational outcomes for younger movers: children in the experimental voucher group who moved before the age of 13 had a 5.2 percentage-point increase in college attendance rates. These children also appeared to attend higher *quality* colleges as indicated by an earnings-based index that tracks the mean earnings at age 31 of all US residents enrolled in a given college at age 20. The positive earnings and educational results found for children who moved before the age of 13 did not hold for children who moved after the age of 13; these children experienced *negative* impacts on income and college attendance.

While there is little available evidence on BHMP's impact on participants' economic success, program data show that families are staying in opportunity areas for at least a few years—partially due to the new program requirements implemented in 2014 (discussed on page 54). For new families leasing with the program from 2014 to 2017, 99.4 percent remained in their unit after year one, 92.5 percent remained after year two, and 77.1 percent after year three. If long-term MTO results hold true for BHMP families, the duration of time that BHMP children spend in lower-poverty neighborhoods may result in long-term economic gains.

During our site visit, program staff also shared that some components of the counseling program could lead to economic success. For example, BHMP families must do some "pre-work" to improve their financial status before they receive a voucher. This work includes asking them to dispute inaccuracies in their credit history and make three payments on outstanding bills. Program staff said that this work ultimately puts participants in a better financial position to sign a lease, and focus group participants said that this credit repair work removed some of the barriers to future financial goals.

BHMP participants who were previously living in unsubsidized housing also mentioned the financial savings they can accrue by having a voucher—savings that they can direct to pursuing other goals like increasing their education, starting a business, or purchasing a car. One participant in our focus group described it like this: "The program took a lot of stress out of our lives. Because of the finances that we were directing to high rents, [BHMP] removed the stress of paying those high rents and we could focus our finances in other areas."

Power and Autonomy

Both MTO and BHMP have demonstrated strong results in increasing participants' power and autonomy. Helping families move to higher opportunity neighborhoods has been shown to improve safety and psychological well-being, which can help them to transition out of "survival" mode and into a growth mindset. The programs also facilitate more choice by helping participants access neighborhoods

that might otherwise be inaccessible. Lastly, the extensive counseling, trainings, and supportive resources that the programs provide help families to set goals, address financial challenges, mitigate difficult relationships with landlords, and overcome housing market barriers.

Initial studies of MTO showed that the program led to some improved aspects of household and individual well-being, such as feelings of safety, satisfaction with new housing and neighborhoods, the mental health of adults and female youth, as well as several important aspects of the physical health for families who moved (Popkin, Leventhal, and Weismann 2010; Sanbonmatsu et al 2011). A more recent study that linked MTO participants to all-payer hospital discharge data and Medicaid data 11 to 21 years after their initial randomization into the program also found that receipt of a housing voucher during childhood was significantly associated with lower hospitalization rates and yearly inpatient spending (Pollack et al. 2019).

In addition to facilitating these health improvements, the programs have demonstrated positive results in increasing the power and autonomy of program participants. As previously mentioned, being in a better financial position can lead to improvements in other aspects of life—namely, the ability to set long-term goals and take control over life choices. Focus group participants emphasized that BHMP "focuses on your whole situation." Participants unanimously agreed that the required workshops at the beginning of the program helped them reduce their debt and increase their credit score, helping them to access lines of credit for future goals, and said that the counseling services supported them in thinking bigger about what they can achieve in their lives. During interviews, program staff cited the program's pre-counseling phase as integral to helping participants envision and plan for future goals, as well as advocating for their rights as renters. Many participants also touted the improved housing consumer status that participating in BHMP gives them, citing such factors as improved credit scores and rent payment through direct deposit as important in making some landlords more comfortable with leasing to them.

Though they didn't explicitly mention the restricted nature of the voucher, focus group participants recognized that the program helped them to move to "better neighborhoods with better schools and less crime." Margery Austin Turner, now senior vice president for program planning and management at the Urban Institute, was one of the HUD officials responsible for the design, launch, and early implementation of MTO. Turner offers this insight on how restricting where someone can live can ultimately provide them with more power and autonomy: "I think there's an argument to be made that our history of segregation and discrimination makes [deciding where to live] not an unconstrained choice. It's a deeply constrained choice. It is impossible for some of these families to conceive of being able to go to a place that is opportunity rich. They believe they wouldn't be able to afford it, wouldn't be

welcome, wouldn't make it. In some ways, restricting where you use the voucher is the force needed to counteract all the force we've done for decades." Senior program staff from BRHP echo Turner's point of view on how and why restricted vouchers may break open choices and mobility pathways often closed by racial injustice. "Market forces have created and maintained residential segregation and limited choice for families with low incomes," said one staff member. "By counseling families, we give them the autonomy to choose where they want to live and make informed residential choices based on their desired outcomes."

Several recent studies support these claims. A 2010 study that interviewed voucher holders in the City of Seattle found that, "half of the study participants experienced or perceived landlord discrimination because of their voucher status" (Galvez 2010, 1). Because of the shortage of affordable units in higher-opportunity neighborhoods, families had fewer options to consider, and limits on time, money, and transportation constrained families' ability to search (Rosenblatt and DeLuca 2012).

Program staff described how increased power and autonomy manifests in program participants and shared stories of people who felt safer, healthier, and less stressed in their new environments. "Children who can go outside are different children," one said. "They feel safe, and that makes a huge difference." Another staff member said that a mother in her caseload, "now knows what she needs and doesn't feel like she's looked down upon." In her progress report on BHMP, Engdahl found that, "95 percent of new movers surveyed in 2008 said their new neighborhood is better or much better [than the neighborhood from which they moved]" (2009, 24). Her survey respondents also reported improved feelings of physical and mental health.

Belonging

Findings on MTO and BHMP's impacts on belonging are mixed. There is some evidence that moves to high-opportunity neighborhoods decrease relational stress, especially among women. However, other studies have found that people who move to new communities where they differ racially from the majority often experience racism and stigmatization (Keene and Padilla 2010). During our focus groups we learned that moving away from communities in which they'd lived for years and had established social networks led to feelings of isolation for many families and stigmatization for some.

Results gathered about 15 years after MTO's initial recruitment phase show that, on average, families who moved did not experience increased feelings of belonging in their new community; in some cases, moving decreased feelings of belonging. Youth in the restricted voucher group were more likely to report that they had no close friends than the group that had remained in subsidized housing

(Sanbonmatsu et al. 2011). However, another study that conducted qualitative interviews with MTO participants found that adolescent girls in the experimental voucher group demonstrated a notable increase in overall well-being and experienced reductions in fear of sexual harassment, coercion, and rape, implying an escape from "toxic sexual environments" (Popkin, Leventhal, and Weismann 2010).

A 2009 program report on BHMP found that 72 percent of survey respondents who had been in their new neighborhoods for 14 months or longer cited the friendliness of people and neighbors as a positive aspect of their initial placement. Only 35 percent of respondents cited distance from family and friends as the most difficult aspect of their new neighborhood (Engdahl 2009). A 2014 qualitative study of BHMP found that many participants also appreciated the diversity of their new neighborhoods (Darrah and DeLuca 2014). In our focus group with BHMP participants, some people said that they can now volunteer and attend events that they wouldn't have attended previously. This is likely because the voucher appears to reduce some financial stress and the opportunity to live in a safer neighborhood reduces fear and worry, freeing up energy that can be directed toward other things.

About a third of the participants in our focus group mentioned experiencing racial tension either from neighbors or in their child's new school. Many said that they still don't advertise that they're part of the program for fear of being stigmatized in their new communities. However, even though people discussed racism and stigmatization, they indicated that the benefits they have experienced from their moves have been worth it.

Scaling

MTO was a time-limited research demonstration program and therefore never replicated, per se. However, 26 housing mobility initiatives are active in 17 states across the country. As described above (box 10), these housing mobility programs vary, sometimes widely, from one another in scope and the assortment of services they offer, and only some have similar or more components than the original MTO model. Thus, it is difficult to assess the overall scaling of all housing mobility initiatives. However, 2019 program data for the Baltimore Housing Mobility Initiative show that, to date, of the 26,485 people have been deemed eligible for the program, 5,256 successfully have leased in an opportunity neighborhood, yielding a 20 percent penetration rate for this program.[32]

Recent findings on long-term positive outcomes for MTO participants have driven a resurgence of interest in scaling housing mobility programs among policymakers, funders, researchers, and advocates. Examples of scaling proposals that received broader attention include serving all voucher-eligible

families and reforming and improving the entire Housing Choice Voucher program to help all participating families—currently totaling 2,233,400—move to high-opportunity neighborhoods (Sard and Rice 2016; Cunningham et al. 2018).[33] Others have developed toolkits for scaling programs that include guidance for communities to develop programs locally (Scott et al. 2013).

Housing mobility initiatives face several barriers and opportunities for scaling:

- **Funding:** Limited funding to support housing mobility program services such as move counseling, as well as a severely limited supply of vouchers, constrains the growth of mobility initiatives. Here again though, the cost-benefit case for expansion is strong. Analysis on the original MTO intervention determined that, at a cost of $3,783 per counseled family, the now grown-up children (who moved at age 8 on average) are gaining $302,000 in pre-tax lifetime earnings while yielding an increase of $11,200 in lifetime tax revenue per child (Chetty, Hendren, and Katz 2016).

- **Programmatic restrictions:** Some families who want to participate may be restricted from participation in a housing mobility program due to voucher allocation strategies that preference access to special populations (e.g., families with children under 8 years old, homeless, elderly and disabled). On the other hand, local preferences may be an opportunity to target families who would benefit most from mobility interventions.

- **Contextual constraints:** Persistent discrimination against voucher holders (Cunningham et al. 2018), especially those from historically marginalized groups such as people of color, the disabled, and members of the LGBTQ community, is another significant barrier to successfully scaling these programs (Aron et al. 2016; Cunningham et al. 2018; Levy et al. 2015, 2017; Turner et al. 2002, 2013).

- **Knowledge base:** Longitudinal data analysis and communication of the compelling cost-benefit case for MTO have reinforced the value of housing mobility initiatives overall. The next challenge for research is to identify exactly which elements—such as increases in the voucher payment standard to adjust for high-rent markets, renter education, and efforts to incentivize landlords or combat their discriminatory practices—work best, and under what conditions.

The biggest lesson on scaling offered by MTO is the importance of longitudinal evaluation and implementation science for bringing promising concepts for moving families out of poverty to full fruition. Although housing mobility programs began and continued after the MTO demonstration ended, the pace has been slow. Policymaker interest rekindled when new data analysis demonstrated that many of the children from MTO families had experienced notable economic success outcomes.

More recent studies—such as the completed Creating Moves to Opportunity study—are seeking to lock in the most cost-effective approaches and program elements for various communities and populations. Other recent efforts to continue building the field's knowledge base about MTO includes a pending Housing Choice Voucher mobility demonstration project funded under the 2019 HUD appropriations bill. The demonstration is funded at $28 million total and has three components: $20 million for housing mobility support services and operating regional mobility programs; $5 million for 500 new vouchers for families with children participating in the demonstration; and $3 million for research to determine the most cost-effective program components.

Family Rewards

Conditional cash transfer programs (CCTs) offer cash incentives for families to complete tasks that would boost their mobility from poverty across domains such as children's education, families' preventive health, and parents' employment. Internationally, countries have implemented CCTs at a high rate in recent decades with evidence of success (Fiszbein and Schady 2008). Family Rewards was a demonstration in New York City that adopted the international CCT model for implementation in the US. The first iteration ran from 2007 to 2010 in six of New York City's lowest-income neighborhoods, and the second iteration ran from 2011 to 2014, in the Bronx and in Memphis, Tennessee. Because Family Rewards is no longer operational, we did not visit a site for this exemplar, but we spoke with implementers and a researcher who worked closely with sites in both iterations.

	When it started	Where it operated	How many people it served	How many sites it had
MODEL Family Rewards	2007–10 and 2011–14	New York City and Memphis, TN (no longer operational)	3,425 families total	2 (no longer operational)

The Family Rewards Model

The primary goals of Family Rewards, and all CCTs, are to provide direct financial relief to families with low incomes and to incentivize behaviors that boost their mobility (Fiszbein and Schady 2008). Families are given cash incentives for taking actions thought to improve their long-term prospects. For example, families may be financially rewarded for attending preventive health checkups, vaccinating their children, and attending school.

Target Populations and Eligibility

Family Rewards targeted families with income at or below 130 percent of the federal poverty level. For the first demonstration, families also had to have a child entering fourth, seventh, or ninth grade (Riccio et al. 2013). Family Rewards 2.0 focused on high school students: for the second demonstration, families needed to meet the income requirement and have a child entering ninth or tenth grade (Miller et al.

2016). The first demonstration served nearly 2,400 families and approximately 5,500 children, and the second demonstration served 1,025 families and 2,914 children (Riccio et al. 2013; Miller et al. 2016).

Components

Both Family Rewards demonstrations involved providing cash incentives for completing specific activities across several domains (all rewards are detailed in table 7 on page 68). An advising component was added to Family Rewards 2.0 in an attempt to improve upon on the results of the first demonstration (Miller et al. 2016). Partway through Family Rewards 2.0, motivational interviewing was introduced as a result of program administrator feedback on the ineffectiveness of the more traditional case-management approach in engaging families. During key informant interviews, we learned that program administrators felt like the families were not responsive to the original advising strategies in Family Rewards 2.0 because they focused on helping families receive the maximum financial benefit instead of tailoring services to the families' needs and desires.

Staffing and Key Partnerships

For Family Rewards 1.0, New York City's Center for Economic Opportunity contracted with an umbrella organization to oversee six different community-based organizations chosen to distribute cash rewards upon verified completion of specific tasks to participants from six of the city's lowest-income neighborhoods (Riccio et al. 2013). The second demonstration was also implemented by the center and included one umbrella organization and two neighborhood partner organizations in New York City (Miller et al. 2016). In addition, the demonstration expanded to Memphis, Tennessee, where it was implemented by two local neighborhood partner organizations.

Model History, Expansion, and Funding

The first iteration of the Family Rewards program, Family Rewards 1.0, was launched in 2007. This program was part of a larger initiative by the city to implement programs that interrupt the cycle of poverty. Mayor Bloomberg assembled the Commission for Economic Opportunity in 2006 at the beginning of his second term to come up with ideas on how to disrupt intergenerational poverty in New York City. The commission, which eventually became the Center for Economic Opportunity, created, supported, and funded over 40 antipoverty programs in its first five years.[34] A few such programs were the Transportation Career Center, Sector-Focused Career Centers, and CUNY ASAP, another exemplar discussed in this report.

Other Conditional Cash Transfer Models

Almost every country in Latin America has implemented a CCT program, and there are several large-scale programs across Africa and Asia (Fiszbein and Schady 2008). Some countries, such as Brazil and Mexico, have used CCTs as their main social assistance program, serving millions of households in each country. Globally, CCTs are promoted as programs that reduce inequality and help countries meet the Sustainable Development Goals, a blueprint developed by the United Nations for achieving a better and more sustainable future for everyone. A 2008 report from the World Bank concluded that CCTs improve the lives of people with low incomes by making well-targeted transfers, increasing consumption levels, and reducing poverty (Fiszbein and Schady 2008).

One example of an international CCT is **Mexico's Prospera program**. Mexico first implemented this CCT in 1997, originally called Progresa and then Oportunidades. Prospera was originally meant to replace poorly targeted consumption subsidies (e.g., food subsidies), which had limited impact on poverty (Fiszbein and Schady 2008). The new targeted cash transfers reached low-income families who committed to certain behaviors and gave them the power to choose how they spent the money. In the beginning, Prospera only served approximately 300,000 families in mostly rural areas. By 2008, it was serving 5 million households across the country, which accounted for approximately 25 percent of the population of Mexico (Fiszbein and Schady 2008). Despite the program's prevalence and positive results, political support diminished as the country's overall poverty rate remained stagnant and the increasing severity of enforcement affected mothers. Mexico's president, Andrés Manuel López Obrador, recently ended Prospera.[a]

More high-income economies, such as the United States, have implemented some CCTs, but on a much more modest scale. Education-focused CCTs that incentivize household investments in children's education appear to be most in favor in the US. In addition to Family Rewards, some education-specific incentive programs have been implemented in New York, Texas, Chicago, and Washington, DC (Allan and Fryer 2011). The **Spark** program in New York provides parents and students with cash incentives for school attendance, parent attendance at parent-teacher conferences, and performance on standardized tests (Allan and Fryer 2011; Fiszbein and Schady 2008). The **Capital Gains** program in Washington, DC, provides similar education-based incentives, but also includes district-based initiatives to improve teacher performance, including performance-based pay (Allan and Fryer 2011; Fiszbein and Schady 2008).

[a] Benjamin Russell, "What AMLO's Anti-Poverty Overhaul Says About His Government," *Americas Quarterly*, February 26, 2019, https://www.americasquarterly.org/content/what-amlos-anti-poverty-overhaul-says-about-his-government.

The second iteration of the program also ran for three years, from 2011 to 2014, in the Bronx and in Memphis, Tennessee, and included several changes from the first model. Family Rewards 2.0 included fewer rewards across the same three domains of children's education, families' preventive health, and

parent's employment in order to make the program easier to understand and to focus families' attention on a narrower set of outcomes. The model also limited education awards to high school–age children, where most positive impacts were found during Family Rewards 1.0, and increased the frequency of payouts from every two months to monthly. The biggest change between the two iterations of Family Rewards was the inclusion of a staff member to provide guidance to the family. No other comprehensive CCT (i.e., across multiple domains such as health, education, and employment) has been implemented in the United States since this demonstration.

Boosting Mobility from Poverty

- **Economic success:** CCTs decrease poverty and material hardship, and children enrolled in these programs have better school attendance, test scores, and graduation rates.

- **Power and autonomy:** Cash incentives increased families' use of preventive dental checkups and improved self-reported physical and mental health.

- **Belonging:** Although CCTs do not directly affect an individual's sense of belonging, the motivational interviewing component of Family Rewards 2.0 sought to build a relationship between a trusted advisor and the family to help the families achieve their goals.

Economic Success

CCTs promote economic success by providing both short-term financial assistance and encouraging investments in human capital that support longer-term financial stability. International CCTs have reduced poverty and increased household consumption (Fiszbein and Schady 2008). For example, Prospera in Mexico decreased the squared poverty gap, a measure that weights individuals in extreme poverty more heavily, by 29 percent (Fiszbein and Schady 2008). Bolsa Família in Brazil was responsible for lifting 3.2 million people out of poverty in 2017—a 15 percent reduction in the number of people living in poverty (de Souza et al. 2019). These programs also support longer-term financial health by smoothing consumption during income shocks and increasing investments in capital to support personal businesses (Gertler, Martínez, and Rubio-Codina 2006; Maluccio 2005, 2010).[35] Prospera also increased hours worked and monthly earnings for adults, with labor market participation outcomes especially pronounced for women (Parker and Vogl 2018).

TABLE 7

Rewards Offered by Family Rewards 1.0 and 2.0

By demonstration and location

Reward type	Family Rewards 1.0	Family Rewards 2.0	
		Bronx	Memphis
Education incentives			
Elementary and middle school students			
Attends 95 percent of scheduled school days every month	$25 per month	-	-
Scores at proficiency or improves on annual tests			
Elementary school students	$300 per test	-	-
Middle school students	$350 per test	-	-
Parent reviews low-stakes interim tests	$25[a]	-	-
Parent discusses test results with teachers	$25[b]	-	-
High school students			
Takes up to two PSAT tests	$50 per test	-	-
Accumulates 11 course credits a year	$600	-	-
Graduates from high school	$400	-	-
Attends 95 percent of scheduled school days	$50 per month	$40 per month	$40 per month
Takes an SAT or ACT exam	-	$50	$50
Received grades on an official report card	-	$10–$30[c]	$10–$30[d]
Regents exams or end-of-course exams	$600[e]	$400–$500[f]	$200[g]
All grades			
Parent attends parent-teacher conferences	$25[b]	-	-
Child obtains a library card	$50	-	-
Health incentives			
Maintaining public or private health insurance			
For each parent covered	$20–$50 per month[h]	-	-
If all children are covered	$20–$50 per month[h]	-	-
Annual medical checkup	$200 per person	$100	$100
A doctor-recommended follow-up visit	$100 per person	-	-
Early intervention evaluation for child[i]	$200 per child	-	-
Preventive dental care every 6 months[j]	$100 per person	$100 per person	$100 per person
Adult work efforts			
Sustained full-time employment	$150 per month	$150 per month	$150 per month
Education and training	Varies[k]	-	-
GED certificate	-	$400	$400

Source: Miller et al. (2016).

Notes: [a] Up to five times a year.

[b] Up to two times a year.

[c] The score ranges for the benefit in New York City were 90–100 for an A ($30), 80–89 for a B ($20), and 75–79 for a C ($10).

[d] The score ranges for the benefit in Memphis were 93–100 for an A ($30), 85–92 for a B ($20), and 75–84 for a C ($10).

[e] The benefit was given regardless of the score for up to five Regents exams.

[f] The benefit per Regents exam in New York City was $500 for a score of 75 or above and $400 for a score of 65–74 for up to five exams.

[g] The benefit per end-of-course exam in Memphis was $200 for a score of proficient or advanced for up to seven exams.

[h] Monthly benefits ranged from $20 for public insurance to $50 for private insurance.

[i] For children under 30 months old, and only if advised by pediatrician to attend a follow-up appointment.

[j] Once a year for children 1–5 years old.

[k] Only while employed at least 10 hours a week. Amount varied by length of course, up to $3,000 over three years.

Similar to international CCTs, the largest impact of Family Rewards was the immediate financial relief the programs provided that reduced poverty and material hardship during both demonstration periods (Miller et al. 2016; Riccio and Miller 2016). During Family Rewards 1.0, families received an average of $8,700 over the three-year demonstration, higher than the $6,200 each family received on average during Family Rewards 2.0 (Miller et al. 2016; Riccio and Miller 2016).

In Family Rewards 1.0, cash transfers increased self-reported monthly household income by $353 by year three of the demonstration, which resulted in income an average of 22 percent greater than the control group (Riccio and Miller 2016). Overall, this increase reduced the proportion of families living below the federal poverty level by 12 percentage points (Riccio and Miller 2016). Family Rewards 1.0 also decreased instances of food insufficiency and increased the likelihood that parents had a bank account after the program ended (Ricco and Miller 2016). These results were mostly concentrated among families experiencing more severe poverty at the beginning of the program and weakened after the cash transfer ended, highlighting the value of having more cash on hand to reduce both poverty and material hardship (Miller et al. 2016; Riccio and Miller 2016).

Families participating in Family Rewards 2.0 reported increases in monthly household income of $138 (Miller et al. 2016). This increase in income reduced the share of families living at or below the federal poverty level by 5 percentage points. However, unlike Family Rewards 1.0, Family Rewards 2.0 did not affect families' material hardship, potentially because of the lower incentive amounts. This lack of impact could in part be attributed to the smaller benefit amounts and most of the cash transfers coming from education incentives that were given directly to high school students. Even though material hardship measures such as food security or ability to pay rent did not improve, parents in the program were more likely to report that their financial situation was better than the previous year and that they could generally afford to buy necessities. Family Rewards 2.0 also improved families' connections to financial institutions (Miller et al. 2016).

Additionally, the immediate payments for tasks such as visiting the doctor or going to school function both as an incentive and a way to lessen the opportunity cost of pursing these activities. For example, a family experiencing poverty may not have a flexible schedule that is needed to make a doctor's appointment during the day. By providing cash for these types of activities, Family Rewards lessened the burden of missing work to invest in preventive health care. In turn, these investments promote longer-term health and improved quality of life (Case and Paxson 2006; Conley and Bennett 2000; Haas 2006; Matthewson et al. 2017).

The long-term impacts of these investments are seen in several international programs. The Bono de Desarrollo Humano transfer in Ecuador improved cognitive outcomes for children from families with very low incomes, and Atención a Crisis in Nicaragua improved language and personal-behavior skills among all children (Macours, Schady, and Vakis 2008).[36] These early improvements in cognitive development are strong predictors of later school attainment, especially in countries with lower GDP (Grantham-McGregor et al. 2007). Prospera in Mexico significantly increased school enrollment among children entering secondary school, an effect that spilled over to children not eligible for the cash transfer, potentially because of positive peer effects (Bobonis and Finan 2008; de Janvry and Sadoulet 2005; Schultz 2004).[37] These intermediate improvements seem to have long-term impacts on children. Childhood exposure to Prospera improved educational attainment by an average of 1.4 years of additional schooling (Parker and Vogl 2018).

Family Rewards also demonstrated improvements in multiple education outcomes. Family Rewards 1.0 increased attendance rates, credit accumulation, test scores, and graduation rates for ninth graders who scored at or above proficiency levels on their eighth-grade standardized tests (Riccio and Miller 2016). These results were in part the result of students shifting more time to academic activities from social activities, a trend that was more common among proficient students (Morris et al. 2012). The program also increased their likelihood of subsequently enrolling full time in four-year colleges (Riccio and Miller 2016). An exploratory analysis suggests Family Rewards 1.0 may have also positively affected younger children's test scores taken five and six years after randomization (Riccio and Miller 2016). These children were not yet eligible for education awards during the demonstration, which suggests that living in a household with increased income may have contributed to these improvements.

Power and Autonomy

The largest effects of CCTs and Family Rewards on power and autonomy occurred in the health domain because incentives for preventive health is a main component of all CCTs. International CCTs have increased the use of preventive health services for children and women (Attanasio et al. 2005; Levy and Ohls 2007; Macours, Schady, and Vakis 2008; Maluccio and Flores 2005; Morris et al. 2004). Similarly, both Family Rewards demonstrations increased families' receipt of preventive dental care for both children and adults (Miller et al. 2016; Riccio and Miller 2016). Parents participating in the program were 10 percentage points more likely than the parents in the control group to have seen a dentist in the past year, with 85 percent of these program parents having done so (Riccio and Miller 2016). Also, parents with better self-reported health at the beginning of program were more likely to report being

treated for a medical condition, perhaps one that had previously gone undiagnosed until the parent participated in preventive checkups (Riccio and Miller 2016).

These investments in preventive health care led to longer-term health impacts for several groups in Mexico. Prospera decreased infant mortality rates in rural areas by 11 percent and decreased instances of illness among children from birth to 35 months (Gertler 2004).[38] The program also improved the quality of life for adults over the age of 51 by reducing the days this group had difficulty performing daily tasks and were sick or bedridden (Gertler 2000). In addition, Prospera reduced incidences of obesity, hypertension, and diabetes in the overall program sample (Fernald, Gertler, and Olaiz 2005).

A subgroup analysis found that Family Rewards 1.0 also improved overall health: parents who rated themselves as in fair or poor health at the beginning of the program had higher self-reported health ratings 42 months after the program ended (Riccio and Miller 2016). Family Rewards 2.0 also improved adults' self-reported health status, particularly among those in poorer health at the beginning of the demonstration (Miller et al. 2016).

In addition to physical health, Family Rewards 2.0 improved parents' reports of life satisfaction and happiness (Miller et al. 2016). Parents in the program rated their hope on the State of Hope scale significantly higher than parents in the control group (Miller et al. 2016). These parents were also 8.2 percentage points more likely to say that their life today was "much or somewhat better" than a year ago and 4.0 percentage points more likely to rate themselves as "very or pretty happy" than parents in the control group (Miller et al. 2016). Interviews with program participants found that these positive results may be attributed to the support families felt from their advisor and the role of the incentives as a parenting tool for parents of high school students (Miller et al. 2016).

CCTs also target adolescent behaviors that may negatively affect their later-life outcomes. Teenagers in households receiving transfers from Prospera in Mexico were less likely to smoke and consume alcohol (Gutiérrez et al. 2005). Family Rewards 1.0 also reduced self-reported problem behaviors among teenagers (Morris et al. 2012). Teenagers who participated in Family Rewards 1.0 reported lower levels of aggression, alcohol and marijuana use, and the likelihood of having friends using illicit substances than teenagers in the control group (Morris et al. 2012). These increases in prosocial behavior positively impact a teenager's physical and mental health, and therefore their overall sense of power and autonomy.

The ability to spend the cash received on what families need or want also increases power and autonomy. This unrestricted cash gives power to parents to spend the money on what is best for them and their families rather than limiting eligible uses (like other near-cash transfer programs such as

SNAP). One study found that parents mostly spent their benefits from Family Rewards 2.0 on regular expenses such as rent, food, and utilities (Miller et al. 2016). High school students who received direct education incentives tended to spend their benefits on small extra items (e.g., eating out, going to the movies, buying clothes) and student-focused investments. Overall, families balanced using their benefits to cover basic needs and as an opportunity to celebrate achievements through family outings, which moderated the stress that low-income parents commonly experience (Miller et al. 2016).

One ongoing challenge may have reduced participant's sense of autonomy: we heard from multiple informants that payment of the incentives was frequently delayed, especially in Family Rewards 1.0. Evaluators concluded that this may have diminished the effectiveness of the incentive and discouraged future pursuit of incentives (Riccio and Miller 2016). This highlights the administrative challenges of CCTs, which are also found in any means-tested program.

Belonging

Although CCTs do not directly affect individual's sense of belonging, the motivational interviewing component of Family Rewards 2.0 provided a positive, supportive relationship between the coach and family. Once all the frontline staff members were trained in motivational interviewing and implementing its practices at a high level, a program administrator noted that the families seemed more engaged. The relationship between the families and the coach was built on the strengths-based techniques at the core of motivational interviewing. The staff member served as a supportive resource to the family, helping them set goals that align with their desires and then connecting the family to services to help them reach those goals. Because of the delayed implementation of motivational interviewing, the evaluations of Family Rewards 2.0 could not determine the specific effects of the technique. In fact, the delayed implementation may have muted some of the positive impacts motivational interviewing may have had in the second demonstration.

Scaling

Over its two iterations, Family Rewards reached roughly 3,500 families in New York City and Memphis, Tennessee. CCTs have been replicated widely in other countries, but Family Rewards was never scaled, and the demonstration did not turn into an ongoing program. We include it in this report because intermediate results mimic results observed internationally.[39]

The primary reason Family Rewards did not continue after its two demonstration phases was that it did not produce notable intermediate outcomes (i.e., results two to six years after the demonstration began) in its goals to reduce hardship and boost human capital. In addition, the program was expensive: Just two years in, Family Rewards 1.0 cost more than $14 million for family incentives and an additional $10.2 million for operating costs. Family Rewards was also politically controversial from the start. Critics from across the political spectrum were often scathing about the value of the experiment, with some calling into question the idea of paying people to be "responsible" parents, and others expressing concern that the effort was condescending. And finally, the program's potential to scale may have been constrained by overly burdensome administrative requirements both on program operators, who validate activity completion, and on participants, who had to demonstrate completion. Ultimately, more implementation research on which activities are more easily tracked and offer the greatest perceived value to families would be helpful to better understanding how future CCTs might be structured.

The inability of a conditional cash transfer program like Family Rewards to replicate in the US may have as much to teach us about what it takes to scale a promising model as programs that successfully achieve scale. Family Rewards provides an interesting example of adapting a program type that has worked well and replicated widely in international settings to the US context. In most countries with large-scale CCTs, there were no or few other public assistance benefits, making it easier to add a new program. Integrating a CCT into the multidimensional US safety net is more difficult because of the web of existing programs. Future work to implement a CCT in the US should consider how it fits into the larger social service delivery model, which includes both public and private entities and spans numerous domains. Additionally, an agency or organization administrating a CCT that requires verification of several activities should consider the least burdensome method of verification for participants to maximum take-up and benefits. Any future implementation of a CCT should also work to determine the optimal dosage or incentive payment amount to improve the program's impact. Overall, the Family Rewards demonstrations highlight the importance of appropriate service delivery when adapting promising models to new contexts.

Conclusion

The six exemplars featured in this report move the needle on poverty for a substantial number of the individuals they serve directly. Most of the exemplars also show promise for reaching large percentages of the participants they target, especially when embedded into broader systems that reach many more people. And finally, the exemplars have many insights to contribute to the social movements and policy reforms that address America's deep structural barriers to mobility.

The following sections hold up common programmatic features that advance the three dimensions of mobility from poverty, summarize what the exemplars might teach us about taking a promising program or approach to scale at rates that reach larger numbers of potential beneficiaries, and explore what the successes and shortcomings of these programs might tell us about the role of programs in breaking down structural barriers erected by centuries of systemic racism and other forms of discrimination.

From Good Practice to Good Outcomes: How Do the Exemplars Boost Upward Mobility?

The six exemplars have features in common that contribute to outcomes related to economic success, power and autonomy, and belonging.

Provide Tangible Short-Term Financial Relief

All six exemplars intentionally offer some form of material assistance to participants as a means of reducing stress and generating momentum on the path to economic success. Several studies document notable improvements in the physical and mental health of participants stemming from components like providing cash incentives in Family Rewards and housing vouchers to movers in neighborhood mobility initiatives like Moving to Opportunity. Participants also brought up more modest supports like diapers, in the case of NFP mothers, and transit subsidies, in the case of CUNY ASAP students, as very important to producing a sense of well-being, autonomy, and hope for ultimate success. Longitudinal findings from MTO and findings from Family Rewards and international CCTs suggest this immediate financial relief may produce important human capital gains for children if familial stress reduction is posited as a mediating outcome.

Focus on Building Human Capital

All the exemplars emphasize practices and strategies that develop human capital in the form of high-quality education, educational supports, and/or career training. Nurse-Family Partnership and Educare focus heavily on producing positive early childhood learning and development outcomes in service of long-term economic advancement, as well as on parental capacity to help produce these outcomes. YouthBuild and ASAP provide substantial support for propelling young learners through their challenges and onto living-wage careers. Housing mobility initiatives often emphasize proximity to high-performing schools for families with young children, and Family Rewards incentivizes parents and students to take actions aimed at good health, school, and job outcomes.

Tailor Services and Supports to Participants' Goals

Participants and staff at each exemplar site stressed the importance of individual choice in determining service delivery. Staff often spoke of "coaching" and using evidence-based approaches such as motivational interviewing to encourage participants to define and pursue the goals that matter most to them. Participant-centered coaching techniques can promote greater financial and other goal attainment (Theodos et al. 2015). Brain scientists also describe the cognitive, emotional, and behavioral domains of self-regulation and their impacts on academic achievement, physical health, and socioeconomic success (Murray et al. 2015). Their work articulates principles for understanding how self-regulation provides a foundation for lifelong functioning and can be adversely affected by trauma or prolonged stress. And experts on coaching clients with low incomes note that this approach seeks to change the traditional power dynamic between "the helper" and "the helped" and, consequently, to build the self-efficacy of people who often must present themselves to social-service providers or resource holders as in need and dependent (Ruiz de Luzuriaga 2015). Especially in the models targeted at young people, like YouthBuild, participants and staff framed choosing to stay in the program as a function and driver of the kind of grit or "mental toughness" it takes to succeed in the job market. Likewise, CUNY ASAP students described the model as a "partnership" for educational success where "they don't hand it to us, they make you work for it."

Boost Acceptance and Reduce Stigma

Every exemplar places heavy emphasis on building family-like relationships among participants and staff as well as on reducing the feelings of shame that American culture so often heaps on people of modest means. Staff across the featured programs described the building up of strengths over deficits

and creating a climate of acceptance within the programs as necessary to participants being able to overcome barriers. Participants repeatedly referred to staff as being like family and expressed a poignant sense of relief at finding a place where they do not feel judged for having low income. For example, mothers involved in Nurse-Family Partnership are encouraged by their nurses to accept public benefits without shame in service of their goals for their children. YouthBuild participants spoke to the nods and comments of approval they receive from passers-by when they wear their program shirt while traveling to job sites. And Baltimore Housing Mobility Program participants credited the higher consumer status they believe they achieve by being part of the program as a factor in why they think landlords in higher-income neighborhoods were more likely to accept their applications.

Getting to Scale: Can Exemplars Move Substantially More Americans Out of Poverty?

The exemplars featured in this report have all shown a relatively robust impact on the people they reach directly, but their success at reaching substantial shares of their target populations has been more mixed. Replicating successful programs to reach a scale commensurate with need has always been a challenge for policymakers, social intervention designers, and implementers. The most common barriers to scaling include staff shortages, a lack of public will and resources to scale up even effective programs, eligibility and programmatic restrictions that deter potential participants from signing up, and gaps in evidence on what works, especially in the long run.

Gaps in knowledge on *precisely* what works may be a particularly salient barrier to scaling for these programs and for others that promote upward mobility. Each exemplar was selected because it had a generally strong evidence base; in some cases, this includes evidence on the relative impact of different program components. In the case of MTO and housing mobility initiatives, for example, understanding the elements of what works best for various places and populations is crucial to expanding the reach of mobility programs and to making a cost-effective case for additional public support. But even in the case of programs where the knowledge base is deep and increasingly well-refined, such as programs that serve very young children like Educare and Nurse-Family Partnership, there is still much work to be done. For example, is the Nurse-Family Partnership's criterion of a prenatal 28-week cut-off for enrollment an irreplaceable "gold" standard that drives the program's effectiveness in improving birth outcomes? Would loosening this requirement allow the model to improve outcomes for more people, or would it weaken the intervention's effectiveness? And for Educare, is the high level of investment in elements like the built environment necessary for bringing children with more disadvantages up to

school readiness parity with their more advantaged peers? Only more finely tuned implementation data analysis will resolve such questions.

Nevertheless, the exemplars offer real hope that breakthroughs in delivering promising approaches for substantially increasing mobility from poverty can be produced. Nurse-Family Partnership demonstrates that a robust evidence base can yield greater funding that helps effective models grow while continuing to build knowledge about what works. Educare demonstrates that exemplar programs can be hubs for "networked replication" and field-level scaling, even to the point of beginning to address fundamental challenges like market-rate wages that are insufficient to attract high-quality workers to tough jobs. YouthBuild demonstrates the power of creating and supporting a network of credentialed models as a nimble and effective way to draw investment and scale success from the ground up, adapting to unique communities and cultures as the network grows. ASAP demonstrates that policymaker commitment to using evidence of success to direct public investment is an important precursor to investment at scale, and that programs can adapt their core components to differing contexts while maintaining their effectiveness. MTO demonstrates the power of longitudinal evaluation for renewing interest in promising interventions. And Family Rewards shows that promising interventions from other countries must account for the specific context of the United States' social service system.

The role of the belonging dimension is particularly interesting to consider when it comes to bringing effective models and practices to scale. Targeted universalism, as developed by john a. powell, director of the Haas Institute for a Fair and Inclusive Society at the University of California, Berkeley and a member of the US Partnership on Mobility from Poverty is a conceptual strategy for reaching those most in need, including people with low incomes, that is "inclusive of the needs of both dominant and marginalized groups, but pays particular attention to the situation of the marginalized group" (powell 2012). A key component of the concept is that problems that hurt a small segment of a population often spill over and hurt larger groups. Problem solvers who apply targeted universalism should set "universal goals that can be achieved through targeted approaches" (powell 2012). By providing services that are available to all but prioritized and tailored to those in greatest need, targeted universalism may enhance a sense of collective belonging that reduces the stigma frequently associated with receiving social services in the United States. Some of the featured exemplar programs have elements of this approach. ASAP appears to be scaling within the CUNY system in a targeted manner by first reaching students in need of developmental supports, then slowly expanding over time to reach entire student bodies. In Tulsa, Oklahoma, where four Educare schools are hubs for Early Head Start-Child Care Partnership grants, Educare is improving the quality of care for children in neighboring partner child care programs,

many of whom are from families who live just above or well above the poverty line, including a provider which serves infants and toddlers who have hearing disabilities.[40] Likewise, some universal Pre-K programs have scaled over time in ways that reach children and families in greatest need first; for example, by locating classrooms in schools in neighborhoods of concentrated disadvantage prior to expanding to more affluent areas as resources become available.

Breaking through the Barriers: Can Exemplars Overcome Structural Barriers to Mobility from Poverty?

Program models often have a lack of direct connection to mechanisms for structural change, creating an ethical imbalance of sorts, especially within means-tested models. This is because even the best models, like the exemplars featured in this report, typically serve as program-level correctives to larger, entrenched structural forces—seeking to make right at the level of individual and community that which has been made wrong, often for centuries, at the level of government, economy, and society. While the person-level work is certainly laudable and often worthwhile, this also means that program implementers often stress behavior change in participants when they know that it is society that really needs to change its behavior. This contradiction is why the Partnership spoke to changing the narrative on poverty and emphasized policy reforms such as inclusive zoning ordinances as much as it did changing the way we understand the very definition of poverty. As john a. powell said, "[Poverty] is not just about a lack of resources, it is also about a lack of power" (Ellwood and Patel 2018).

Many of the key informants we spoke to had thought deeply about how lack of power impinged on the other dimensions of mobility from poverty. For several respondents, "advocacy" was not primarily a means of promoting program sustainability—although that impetus was sometimes in the mix—but rather it was a powerful intervention for transitioning participants from personal autonomy into forming a collective voice that demands change as consumers of educational and housing services, and as neighboring families who have the right to the same high standard of education, housing, health care, and career opportunity as everyone else on the block. This suggests there is value in finding out if and how features related to power, like Educare's Parent Ambassadors and YouthBuild's youth leadership and civic engagement components, are as impactful for moving people out of poverty as the program features that drive results within the economic success dimension.

Programs alone, no matter how effective, are unlikely to fully break down the daunting social and systemic barriers that often prevent people from achieving mobility from poverty. Rather, effective

programs work best when combined with policy and legal reforms that reduce structural barriers, such as baby bonds designed to redress the racial wealth gap; education policies that insist on well-supported and diverse student bodies and teaching staff; and zoning reforms to expand the availability of rental housing in high-opportunity communities. By maintaining a focus on power, autonomy, and belonging alongside economic success when developing strategies to promote upward mobility, policymakers and other changemakers stand a better chance of comprehensively and equitably addressing both the immediate needs of people with low incomes and the systemic barriers that hinder broader progress.

Appendix A. Exemplars and the Mobility Metrics

This report is part of a body of work that includes the Mobility Metrics Working Group, a cross-disciplinary group of scholars who advised the Urban Institute on a concise set of short- and intermediate-term metrics that city and county leaders can use to assess their progress in boosting upward mobility and set priorities for improvement. The working group has established 25 key predictors of upward mobility that cut across multiple policy areas and reflect the US Partnership on Mobility from Poverty's three dimensions of mobility: economic success, power and autonomy, and being valued in community (Turner et al. 2020). These predictors are presented in table A.1 alongside the six exemplars featured in this report. The table represents the authors' analysis of how each exemplar relates to each mobility predictor.

In table A.1, each cell includes a description of ways the model's programming may influence or directly impact each predictor. If there is no direct relationship between the exemplar and the predictor, the cell is blank. Light blue cell shading indicate that elements of the model's programming *relate to* and may be able to influence the predictor, but it is not an explicit outcome of the program and there is no evidence to show the model directly impacts that predictor. For example, YouthBuild programs may connect students to transportation benefits if they need them, but there is no evidence that YouthBuild improves transportation access for its students. Dark blue cell shading indicates that the exemplar has been shown to have a *direct impact* on that predictor. For example, a rigorous impact evaluation has shown that NFP improves neonatal health by reducing the incidence of low birthweight. Gray cell shading indicates evidence that an exemplar has *mixed results* on the predictor.

TABLE A.1

Exemplar Programs and the Mobility Metrics

Mobility predictor	NFP	Educare	YouthBuild	ASAP	MTO	Family Rewards
Income	Connects to education, training, and employment opportunities, which are associated with higher income	Creates reliable and predictable child care schedules, which allow parents to work more	Increases earnings and wages	Attainment of college degrees is linked to higher income	Living in a high-opportunity neighborhood as a child is connected to higher income as an adult	Families receive direct income
Financial security	Connects to public benefit programs and other in-kind donations	Connects to supportive services	Connects to supportive services and public benefit programs	Offers financial assistance for transit, textbooks, and tuition	Program workshops help families reduce debt and improve their credit scores	Reduces poverty and material hardship
Affordable housing	Does not impact	Does not impact	Does not impact	Does not impact	Provides housing vouchers	Does not impact
Housing instability and homelessness	Does not impact	Does not impact	Does not impact	Does not impact	Housing vouchers help families to access stable housing	Does not impact
Family structure and stability	More likely to live with the father of the child or another partner for a longer period	Does not impact	Does not impact	Does not impact	Does not impact	Does not impact
Overall health	Improves maternal health and child's health into adolescence	Does not impact	Does not impact	Does not impact	Housing vouchers help improve some health outcomes and self-reported health	Improves self-reported health
Access to and utilization of health services	Provides direct access to a nurse and help navigating other health systems	Provides on-site dental services to all enrolled children and ensures children have up-to-date physical exams	Wraparound services include connections to health providers	Does not impact	Four of five sites offered referrals to health services	Increases use of preventive dental care

Mobility predictor	NFP	Educare	YouthBuild	ASAP	MTO	Family Rewards
Neonatal health	Reduces incidences of low birthweight in subsequent pregnancies	Does not impact	Does not impact	Does not impact	Stable housing can improve maternal health outcomes, which promotes positive neonatal health	Does not impact
Political participation	Does not impact	Parent Ambassador program participants cite doing advocacy work in front of state government	Increases civic engagement (volunteering, registering to vote, voting, involvement in politics)	Does not impact	Does not impact	Does not impact
Descriptive representation among local officials	Does not impact	Does not impact	Does not impact	Does not impact	Does not impact	Does not impact
Economic inclusion	Does not impact	Does not impact	Does not impact	Does not impact	Required participants to move to high-opportunity, low-poverty neighborhoods	Does not impact
Racial diversity	Does not impact	Does not impact	Does not impact	Does not impact	Increases participant exposure to people of other races and ethnicities	Does not impact
Belongingness	Reduces stigma and provides a positive relationship between the mother and nurse	Creates a positive relationship between parents and their child's teacher; also creates a community of parents	Creates sense of community among students and staff	Fosters connections between students through blocked scheduling and relationships between students and advisors	Mixed results: moving to higher-opportunity neighborhoods decreases relational stress, depression, and promotes positive mental health; but some participants describe feeling isolated and experiencing racism in their new neighborhoods	Does not impact

Mobility predictor	NFP	Educare	YouthBuild	ASAP	MTO	Family Rewards
Social capital	Connects mothers to other mothers participating in NFP and program alumni networks	Connects parents to other parents in the school's network and to resources and supportive services	Connects students to potential employers and other YouthBuild students	Does not impact	Moving to higher-opportunity neighborhoods increases access to social networks that may improve access to information and resources	Does not impact
Transportation access	Connects to transportation benefits	Does not impact	Connects to transportation benefits	Provides students with monthly unlimited transit subsidy	Does not impact	Does not impact
Environmental quality	Does not impact	Does not impact	Does not impact	Does not impact	Does not impact	Does not impact
Exposure to trauma	Decreases frequency of psychological aggression toward the child	Does not impact	Does not impact	Does not impact	Does not impact	Does not impact
Exposure to crime	Does not impact	Does not impact	Does not impact	Does not impact	Moving away from high-poverty neighborhoods, which often have high crime rates, can reduce childhood exposure to trauma	Does not impact
Overly punitive policing	Does not impact	Does not impact	Does not impact	Does not impact	Moving away from high-poverty neighborhoods, which often have high crime rates, can reduce exposure to overly punitive policing	Does not impact

Mobility predictor	NFP	Educare	YouthBuild	ASAP	MTO	Family Rewards
Access to preschool	Increases participation in early childhood education	Provides a high-quality early childhood education for low-income children	Does not impact	Does not impact	Does not impact	Does not impact
Effective public education	Does not impact	Does not impact	Does not impact	Does not impact	High-opportunity neighborhoods have higher-quality schools	Does not impact
Student poverty concentration	Does not impact	Does not impact	Does not impact	Does not impact	Participating students attend schools with lower concentrations of poor students	Does not impact
College readiness	Connects mothers to postsecondary education, and early childhood education is associated with positive postsecondary education outcomes	Impact unknown but possible	Increases attainment of high school diploma or GED	Increases college graduation rates	Increases college graduation rates	Increased attendance, credit accumulation, test scores, and graduation rates for proficient students
Access to jobs paying a living wage	Connects to employment opportunities and training programs	Does not impact	Increases wages	College degree attainment can increase opportunities for higher-paying jobs	High-opportunity neighborhoods have more living wage jobs but fewer low-wage jobs	Does not impact
Employment	Connects to employment opportunities and training programs	Increases labor force participation by providing stable, year-round child care	Increases employment	College degree attainment can increase employment opportunities	Moving to high-opportunity neighborhoods increases employment for children who moved	Does not impact

Appendix B. Technical Specifications

This technical appendix outlines the process we used to develop the report, including criteria for selecting the exemplars, research on approaches and models, and site visits.

Summary of Methodology

To begin, we selected the six exemplars based on criteria that ensured each embodied the Partnership's expansive definition of mobility and had proven success at advancing economic success, power and autonomy, and belonging. After we chose the six exemplars, we selected specific sites to visit that represented a high-quality implementation of the model. These sites ground case studies in contextual information about the models they represent, especially in how they engage with the mobility dimensions. We gathered background research on each model and site, including evaluations, annual reports, and other publicly available documents. During this phase of the project, we conducted phone interviews with key informants who are experts on the model and its broader field to learn more about the exemplar's history and theory of change. We then visited a site implementing each model, where we interviewed program leadership and staff and held a focus group with participants to learn more about the key components of the program. After our site visits, we analyzed the information we collected and summarized our findings in the preceding case studies.

Research Questions

The case studies aim to address three research questions about each exemplar:

- What are the key features of this model that make it unique within its field?

- Why does this model appear to be effective, in general and at the site, at increasing mobility from poverty, and how does that relate to the three mobility dimensions?

- How might this model be further replicated or scaled; what are the opportunities and challenges?

Exemplar Selection

We identified and selected exemplars using a four-step process.

1. **Developed screening criteria.** We developed two criteria that any potential exemplar had to meet:

   a. *Rigorous evidence of economic success.* The intervention must have experimental, quasi-experimental, or strong independently measured outcomes data demonstrating that it has improved economic outcomes in one or more of the categories identified in *Measuring Mobility from Poverty*: income and income adequacy, employment and job quality, skills and human capital, and economic success at the community level.

   b. *Demonstrated strong intentionality in improving power and autonomy and/or being valued in community.* Though less rigorous evidence is available for these non-economic mobility dimensions, the intervention must demonstrate an emphasis on improving these outcomes through its theory of change, mission statement, or program design.

2. **Developed matrix of potential exemplars.** We developed a matrix of interventions for consideration as potential exemplars using the following process:

   a. *Searched for interventions.* The team scanned the Results First Clearinghouse Database (which compiles nine research clearinghouses) and other well-known clearinghouses for rigorously evaluated programs. We also drew from work done by the US Partnership on Mobility from Poverty and identified other promising interventions in partnership with Urban Institute researchers. While the matrix included a breadth of evaluated interventions from different domains and from across the country, it was not intended to be comprehensive.

   b. *Categorized interventions.* The team categorized interventions by policy domain, level of rigor in evaluation, scalability, evidence of longitudinal impact, and geographic scale.

   c. *Assessed interventions.* The team assessed each intervention for its impact on the three mobility dimensions.

3. **Selected six preliminary exemplars.** We assessed the matrix of potential exemplars and recommended six based on the following criteria:

   a. *Magnitude of economic impact.* We prioritized interventions with larger impacts on reducing poverty.

   b. *Credible impact on one or both non-economic mobility dimensions.* We prioritized interventions with credible evidence (e.g., an outcomes evaluation performed by an independent

evaluator) of impact on non-economic dimensions over those that only demonstrate intentionality.

    c. *Demonstrated evidence of scaling and replicability.* We prioritized interventions that had been scaled to new populations and contexts and/or served as a model for replication.

    d. *Presence of longitudinal evidence of impact.* We prioritized interventions that had longitudinal evidence of long-term impact on mobility outcomes.

    e. *Diversity and spread of policy domains, geographies, populations, and other contexts.* Our selected exemplars cut across a range of policy domains (as identified in Bogle et al. 2016), geographies (e.g., urban and rural, neighborhood-based, metropolitan, state or regional, national), and populations served (e.g., deepest poor, working poor, families, youth), as well as a mix of programs, policies, and investment strategies.

4. **Vetted exemplars.** After preliminarily selecting six exemplars, as needed, the project team called staff members connected to the intervention to get more information on impact and intentionality along the non-economic mobility dimensions. If this vetting process revealed that a potential exemplar was ill-suited or was unwilling to be featured, the project team moved on to a backup intervention from the matrix list.

Key Informant Interviews

After selection, we identified key informants for each exemplar. Key informants included developers of the model, researchers who have studied the model or broader approach, and other leaders in the field who have overseen implementation of the model or have other knowledge of the program, policy, or investment strategies pertinent to the model or approach. We conducted one-hour phone interviews with at least two key informants with knowledge of the model and the broader field (table B.1) to learn more about the history of the exemplar and its theory of change. During the interviews, we also asked key informants about sites that were implementing the model with high fidelity, which helped inform our site selection. All key informants spoke to us voluntarily.

Interview and Focus Group Participants

By exemplar and data collection type

	Key informant interviewees	Site Visit	
		Staff interviewees	Focus group participants
Nurse-Family Partnership	3	2	10
Educare	3	5	8
YouthBuild	2	4	10
ASAP	3	3	11
Moving to Opportunity	4	4	7
Family Rewards	4	-	-

Notes: Key informant interviews were conducted in-person or over the phone. Site visit interviews and focus groups were conducted in person. We did not visit Family Rewards because the demonstrations ended in 2010 and 2016 and we were unable to contact former participants.

Site Visits

We visited five sites implementing five different exemplars to learn more about how the models are implemented in practice and how they support mobility from poverty from the perspective of participants and frontline staff. We did not visit Family Rewards because the demonstrations ended in 2010 and 2016 and we were unable to contact participants. Instead, we conducted additional key informant interviews.

The primary methodology for data collection on site visits were semistructured individual interviews and focus groups conducted in July and August 2019. During each site visit we interviewed two or three program administrators and frontline staff and held one focus group with participants (table B.1). The staff interviews and focus groups provided insight into the key components of the exemplar as expressed at that site, how the exemplar addresses each mobility dimensions at that site, implementation procedures, and challenges to implementation and achieving successful outcomes. The staff members we interviewed include executive directors, program directors, case workers, and other frontline staff. The focus groups also provided an opportunity to learn directly from participants how the model may have impacted their mobility from poverty across the three dimensions.

To recruit participants for the focus groups, we asked each site to invite clients (through flyers, email, phone, or in person) to participate if they were at least 18 years old and were currently or had recently participated in the program. All focus group participants received a thank you gift of $35 cash and were offered food during the discussion. Site staff agreed to keep confidential the names of people volunteering to participate in focus groups. All interview and focus group participants spoke to us

voluntarily and were assured that their identities would be protected. We followed informed consent procedures approved by Urban's Institutional Review Board for all interviews and focus groups.

Program Document Review

In addition to an extensive literature review for evidence of the exemplar's effectiveness, we collected program documents that included both publicly available program materials and internal documents we received from key informants and site staff. These documents included logic models, handbooks, budgets, annual reports, and program forms. We reviewed the documents for information on the exemplar's key components, theory of change, and implementation.

Notes

1 Steve Dubb, "How Nonprofit Programs Scale Up: Findings from the Wallace Foundation," *Nonprofit Quarterly* blog, October 2, 2017, https://nonprofitquarterly.org/study-examines-challenges-expanding-reach-social-programs-larger-question/.

2 "The David Olds Story," Nurse-Family Partnership, accessed January 1, 2020, https://www.nursefamilypartnership.org/about/program-history/.

3 Internalizing and externalizing are terms used for categorizing children's reactions to stressors. Externalizing behaviors are associated with the outside world (e.g., aggression, antisocial behavior), and internalizing behaviors are associated with processes within the self (e.g., anxiety, depression). "Externalizing-Internalizing," APA Dictionary of Psychology, accessed January 28, 2020, https://dictionary.apa.org/externalizing-internalizing.

4 Tribal nations are sovereign entities within the geographic borders of the United States. They are mentioned separately throughout this report to acknowledge their unique status and relationship with the US government.

5 Numbers from Alison Kolwaite, email correspondence with the authors, February 27, 2020.

6 High-priority families are pregnant women or parenting families who meet at least one of the following criteria: (1) having an infant, (2) income below the federal poverty threshold, (3) pregnant women and mothers under age 21, (4) single/never married mothers or pregnant women, and (5) parents without a high school education (Meisch and Isaacs 2019).

7 "Poverty Guidelines and Determining Eligibility for Participation in Head Start Programs," US Department of Health and Human Services Early Childhood Learning & Knowledge Center, accessed January 22, 2020, https://eclkc.ohs.acf.hhs.gov/eligibility-ersea/article/poverty-guidelines-determining-eligibility-participation-head-start.

8 "Strength-Based Attitudes," US Department of Health and Human Services Early Childhood Learning & Knowledge Center, accessed December 2, 2019, https://eclkc.ohs.acf.hhs.gov/family-engagement/developing-relationships-families/strength-based-attitudes.

9 "WSA Parent Ambassadors–an Overview," Washington State Association of Head Start of Head Start & ECEAP, accessed March 30, 2020, https://www.wsaheadstarteceap.com/index.cfm?fuseaction=menus&menu_id=44&pId=8.

10 Because of the success of the Parent Ambassador program at ECM, staff are now helping expand the program to all EHS/HS schools in Maine.

11 "Our Approach," Educare, accessed January 22, 2020, https://www.educareschools.org/our-approach/educare-learning-network/.

12 Though all Educare schools are Head Start programs, many Educare studies distinguish between children in Educare Head Start programs and those in non-Educare Head Start programs.

13 "Educare Chicago Follow-Up Study," The Ounce, accessed November 17, 2019, https://www.theounce.org/what-we-do/research/child-development/educare-chicago-follow-up/.

14 Labor-force participation is defined in the study as working or actively seeking employment.

15 "Poverty Status in the Past 12 Months," 2018: American Community Survey 1-Year Estimates Subject Tables, United States Census Bureau, accessed March 30, 2020, https://data.census.gov/cedsci/table?q=child%20poverty&hidePreview=false&tid=ACSST1Y2018.S1701&t=Poverty.

16 "Our Approach," https://www.educareschools.org/our-approach/educare-learning-network/.

17 "Policy and Program Guidance for the Early Head Start-Child Care Partnerships (EHS-CCP) ACF-IM-HS-15-03," Head Start Early Childhood Learning & Knowledge Center, accessed March 30, 2020, https://eclkc.ohs.acf.hhs.gov/policy/im/acf-im-hs-15-03-attachment.

18 "2020 National Head Start Profile," National Head Start Association, accessed March 7, 2020, https://nhsa.app.box.com/s/ln2yxypq1ux2v5hw8bpn6l7auzstrmir/file/604151683181.

19 "Program Directory (USA)," YouthBuild, accessed March 30, 2020, https://www.youthbuild.org/program-directory. Tribal nations are listed separately to highlight the various contexts YouthBuild operates in within the geographical boundaries of the United States.

20 DOL eligibility criteria stipulate that each participant must exhibit at least one of the following characteristics: be involved in the foster care system and/or in the criminal justice system, be from a migrant family, be low income, have a disability, or have an incarcerated parent (Miller et al. 2018).

21 YouthBuild USA has certain core program elements and performance standards to which affiliated YouthBuild programs must maintain fidelity with support from the national program office. However, the model is meant to be adapted to local contexts (Wiegand et al. 2015). In addition, YouthBuild sites funded by the US Department of Labor have slightly different requirements than the program developed by YouthBuild USA. For example, DOL requires a six-month program, while YouthBuild USA requires a nine-month program. In general, YouthBuild USA has more required design components, whereas the DOL program manual treats them more as recommendations (Wiegand et al. 2015).

22 "Table 219.76. Population 16 to 24 Years Old and Number of 16- to 24-Year-Old High School Dropouts (Status Dropouts), by Labor Force Status and Years of School Completed: 1970 through 2017," National Center for Education Statistics, Digest of Education Statistics, https://nces.ed.gov/programs/digest/d18/tables/dt18_219.76.asp.

23 "About," CUNY ASAP, accessed February 5, 2020, http://www1.cuny.edu/sites/asap/about/.

24 "Total Enrollment by Undergraduate and Graduate Level, Full-Time/Part-Time Attendance, and College: Fall 2018," City of University of New York, http://www.cuny.edu/irdatabook/rpts2_AY_current/ENRL_0001_UGGR_FTPT.rpt.pdf.

25 "Table 219.76. Population 16 to 24 Years Old and Number of 16-to 24-Year-Old High School Dropouts (Status Dropouts), by Labor Force Status and Years of School Completed: 1970 through 2017," National Center for Education Statistics, Digest of Education Statistics, https://nces.ed.gov/programs/digest/d18/tables/dt18_219.76.asp.

26 "A Bill to Take ASAP Nationwide," *Community College Daily*, July 29, 2019, http://www.ccdaily.com/2019/07/a-bill-to-take-asap-nationwide/.

27 We use "neighborhood mobility initiatives" throughout the report, but these programs have several names, including mobility assistance programs and assisted housing mobility initiatives.

28 In Baltimore, the partnership was the Housing Authority of Baltimore City and Community Assistance Network; in Boston, the Boston Housing Authority and the Metropolitan Boston Housing Partnership; in Chicago, the Chicago Housing Authority, CHAC, Inc., and the Leadership Council for Metropolitan Open Communities; in Los Angeles, the Housing Authority of the City of Los Angeles, Fair Housing Congress of Los Angeles, Beyond Shelter, and On Your Feet; and in New York City, the New York City Housing Authority and the Northern Manhattan Improvement Corporation (Goering et al. 1999).

29 Hills v. Gautreaux, 425 U.S. 284 1976

[30] It is worth noting that very few families in the MTO treatment group spent much time in low-poverty neighborhoods. They initially moved to low-poverty neighborhoods but typically didn't stay, so their average experience was in intermediate-poverty neighborhoods. For more on this, see "Helping Families Gain and Sustain Access to High-Opportunity Neighborhoods," by Margery Austin Turner, Jennifer Comey, Daniel Kuehn, and Austin Nichols.

[31] The data presented are the treatment-on-the-treated rates of the study, not the intention-to-treat rates. The intent of using the treatment-on-the-treated rates is to demonstrate the impact of actually moving to a higher opportunity neighborhood on children's outcomes.

[32] Numbers from Pete Cimbolic, email correspondence with the authors, December 11, 2019.

[33] Mary Cunningham, "It's Time to Reinforce the Housing Safety Net by Adopting Universal Vouchers for Low-Income Renters," *Urban Wire* (blog), Urban Institute, April 7, 2020, https://www.urban.org/urban-wire/its-time-reinforce-housing-safety-net-adopting-universal-vouchers-low-income-renters.

[34] "Center for Economic Opportunity," Government Innovators Network, accessed September 4, 2019, https://www.innovations.harvard.edu/center-economic-opportunity.

[35] See also Emmanuel Skoufias, "Rural Poverty Alleviation and Household Consumption Smoothing: Evidence from PROGRESA in Mexico." unpublished manuscript, International Food Policy Research Institute, 2002.

[36] See also Christina Paxson and Norbert Schady, "Does Money Matter? The Effects of Cash Transfers on Child Health and Development in Rural Ecuador," unpublished manuscript, World Bank, 2008.

[37] See also Jere R. Behrman, Piyali Sengupta, and Petra Todd, "The Impact of PROGRESA on Achievement Test Scores in the First Year," unpublished manuscript, International Food Policy Research Institute, 2000.

[38] See also Tania Barham, "Providing a Healthier Start to Life: The Impact of Conditional Cash Transfers on Infant Mortality," unpublished manuscript, University of California at Berkeley, Department of Agriculture and Resource Economics, 2005.

[39] Though the demonstrations did not result in an ongoing program, Family Rewards has been included as an exemplar in this report because its rigorous evaluation demonstrated the presence of positive outcomes—albeit short-term ones—across multiple domains, and these met our initial criteria for selection. These findings were similar to early findings in the large evidence base for CCTs, which have shown impressive longitudinal impacts internationally on education, employment, and health outcomes. We consider Family Rewards an exemplar because it offers important lessons for any form of cash transfer in the United States. These lessons could inform current debates on policies ranging from universal basic income to work requirements for programs like TANF, Medicaid, and SNAP.

[40] Ginnie Graham, "Tulsa Educare Gets Federal Grant," *Tulsa World*, December 17, 2014, https://www.tulsaworld.com/tulsa-educare-gets-federal-grant/article_49063292-3387-5bff-9c8d-b6232f88efba.html.

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