

Generational Opportunities to Achieve Long-Term Success (GOALS) Research Brief: Summary of Outcomes Study

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The Generational Opportunities to Achieve Long-Term Success (GOALS) program is a two-generation (2Gen) community-based program in Arapahoe County, Colorado that provides comprehensive, residential-based services to parents and children for up to nine months.

The program targets families who are current recipients of (or eligible for) public assistance and are experiencing homelessness or housing instability. By providing residential-based services to the whole family at its Oxford Vista campus, GOALS incorporates a 2Gen approach and aims to improve child and parent well-being and enhance family economic stability. It aims to achieve outcomes in the following domains: physical and mental health, early childhood education, postsecondary and employment pathways, economic assets, and social capital.

This research brief summarizes the Outcome Evaluation (see full final report [here](#)) of the GOALS program conducted by the Center for Policy Research (CPR). The objectives of the Outcome Evaluation are twofold:

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

GOALS as a Two-Generation (2Gen) Approach

2Gen approaches promote family well-being by intentionally working with children and parents/ caregivers together and aims to reduce chronic stressors that pass from one generation to the next. They do so by improving family members' physical and mental health, growing family economic assets and their social networks (e.g., social capital), and enhancing family members' education and employment pathways.

GOALS program leadership created a 2Gen program that is responsive to the experiences of families affected by homelessness and incorporates their voices into program design and implementation. This "Family Voice" model focuses on self-determination for affected individuals and families as central to all service provision. Here are the elements of the 2Gen framework that were addressed in the GOALS program design:

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



Client-centered, individualized case-management is central to the GOALS program and serves as a primary tool for clients to exercise their personal agency by making their own plans, solving their own problems, and providing ongoing feedback about the program and their needs. The following quote illustrates how 2Gen approaches, such as Family Voice, were incorporated into the program.

"We don't just tell them 'You got to get a job;' we're learning how to empower families, hear them, meet them where they are, and create plans and goals. We're teaching them techniques and strategies to use when they leave GOALS, and to keep their family bonded together, keep them whole, and keep them learning how to communicate with one another in an effective manner."

— GOALS Program Director

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



Methods

Study Overview

Center for Policy Research (CPR) designed and conducted an experimental study to compare outcomes for families in the GOALS intervention with those of families receiving regular services and supports available to families who were experiencing homelessness or housing instability in Arapahoe County, Colorado. The study was conducted between September 2019 and September 2024 and enrolled a total of 150 families. To determine the impact of the GOALS program, CPR randomly assigned families to treatment or comparison groups. Treatment group participants received the GOALS intervention and its services, and comparison group participants received “business as usual” services available in the community.

Data was collected throughout the study period and included multiple sources. CPR developed data collection instruments including a screening tool, a baseline survey, and follow-up telephone surveys conducted at 12- and 24-months post enrollment. CPR developed an online management information system called GOALS-Connect that served as both a data collection tool and case management system for the GOALS staff. Administrative data on families in both the treatment and comparison groups was extracted for all study participants from data maintained by a variety of public agencies. This included information on public benefits (Colorado’s Benefits Management System), employment (Colorado Department of Labor) and receipt of homeless services (Homeless Management Information System). All records were merged across data sources and an analysis was conducted to generate outcomes for the treatment and the comparison groups. Project outcomes were analyzed by family units and presented by adult (parent) and child. To better understand success and challenges of the GOALS model, interviews were conducted with GOALS program staff, referral partners, the GOALS leadership team and families receiving services as GOALS.

The outcomes reported focus on improvements in the areas of economic stability, housing, employment, health, and well-being. The research questions that guided the outcome evaluation include:

1. Was the GOALS intervention more effective than “business as usual” services available in the community at serving families who experience homelessness?
2. Did the GOALS intervention adhere to the 2Gen model of supporting adults, children, and families on the path to economic stability, ultimately leading to improved outcomes?

3. Did the GOALS intervention lead to long-term (12-24 months) improvements in families' access to stable housing, access to public benefits, receipt of education and employment services, and family well-being, compared to those who did not receive the intervention?
4. Do the evaluation results provide enough evidence to justify replicating this program model in other settings and do the results indicate an opportunity for further rigorous evaluation?

Procedure

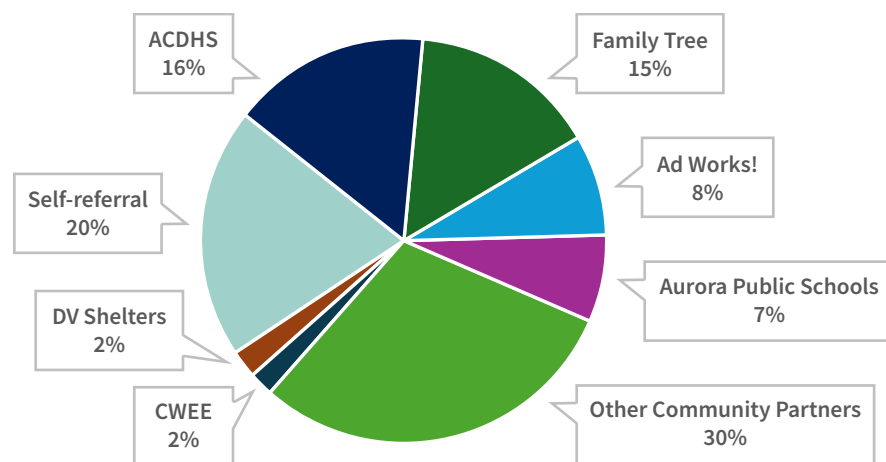
Screening and Referral Process

GOALS program referrals came from a variety of sources which are highlighted in Figure 1. Families who met the preliminary eligibility criteria were screened by referring agency partners who completed the online screening form. Once families were screened and referred, GOALS program staff determined the families' eligibility for study enrollment. Housing was only available for approximately 15 families at a time and the length of time families participated in the GOALS program ranged from one to nine months. As a result, eligible families were placed on a waitlist pending the availability of space for housing in the GOALS program. Eligibility criteria for enrollment in the study were developed by the GOALS leadership team, program staff, and CPR, based on lessons learned from the Formative evaluation.

Screening for program eligibility was based on the following criteria and assessed by the referral agency partner.

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

Figure 1. Referral Source (N=566)



¹ See findings from the Formative Evaluation here: <https://centerforpolicyresearch.org/publications/generational-opportunities-to-achieve-long-term-success-goals-phase-i-final-research-brief/>

Random Assignment and Consent to Participate

When space for GOALS housing became available, the Program Director called families on the waitlist and randomly assigned them to either the treatment or comparison group. The Program Director then explained the purpose of the study and obtained verbal or written consent to participate in the study. All adults who completed the informed consent process were considered study participants, and all data on that family was collected and reported. Children did not participate in data collection, so assent was not required.

Characteristics of Families Enrolled in the Study

A total of 566 families were screened and referred to the GOALS program during the 32-month enrollment period and 150 were randomly assigned and enrolled in the study. As Table 1 shows, there were no significant differences between the seventy-five families who were eventually randomized to the treatment and comparison groups, respectively. On average, treatment and comparison group families had approximately one adult, two children, and three total members in the household. About three-quarters of families in each group (74% for Treatment, 77% for comparison) were single parent households. Their racial and ethnic characteristics were virtually identical, as was their educational attainment.

Table 1. Characteristics of Families in the Treatment and Comparison Groups at Enrollment

	Treatment	Comparison
Household Composition	<i>n</i> = 75	<i>n</i> = 75
Number of adults in the household (average)	1.2	1.2
Number of children in the household (average)	2.1	1.8
Head of household parental status	<i>n</i> = 61	<i>n</i> = 30
Single parent	74%	77%
Head of Household Parent Gender	<i>n</i> = 75	<i>n</i> = 75
Female	89%	87%
Male	11%	13%
Head of Household Parent Age	<i>n</i> = 74	<i>n</i> = 61
Average (years)	34.0	34.3
Head of Household Parent Race/Ethnicity	<i>n</i> = 73	<i>n</i> = 53
African American/Black only	33%	36%
White only	27%	28%
Hispanic/Latinx only	18%	15%
Multi-racial or Other	22%	21%
Head of Household Parent Educational Attainment	<i>n</i> = 60	<i>n</i> = 32
Completed high school or equivalent or greater	78%	84%
Child Age (years)		
Average	7.8	6.8
Range	<1 - 18	<1 - 18

Notes: Response rates for multi-adult households were extremely low, and thus, we only report "head of household" data. There were no statistically significant difference between treatment and comparison group families.

Services Available to Individuals Experiencing Homelessness or Housing Instability

Services Received: Comparison Group Families

Families in the comparison group received “business as usual” services provided by community organizations in Arapahoe County, many of whom were referral partners to the GOALS program. Agencies provided various levels and amounts of services to families experiencing homelessness or housing instability. For example, CWEE and A/D Works! provided extensive employment services, such as job skills training and job search support. Those needing rental assistance and housing case management were often referred to Aurora@Home. Family Tree and the Comitis Crisis Center offered shelter, health, housing, and employment services to women with children experiencing homelessness or housing instability.

Services Received: Treatment Group Families

GOALS Program Model

Families in the treatment group received housing stays of up to nine months (unless families were granted an extension) at the Oxford Vista campus operated by Family Tree in Aurora, Colorado. Up to fifteen families could be served at a time. In addition to providing safe, stable, congregate housing and food, resident families had access to:

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

The Goals Program Model key components are detailed below in Figure 2.

Figure 2. Key Components of the GOALS Program

Safe and Stable Housing & Food	Case Management	Establishing & Tracking Goals	Referring & Connecting Families to Intervention Services
<ul style="list-style-type: none">• Families live on the GOALS campus for up to 9 months.• Groceries provided for families to prepare their own meals.	<ul style="list-style-type: none">• On average, families met with their navigator 2x per week & met for half an hour each meeting.• Followed a 2Gen Framework & took a trauma-informed approach.	<ul style="list-style-type: none">• Families set goals in the outcome areas of housing, employment, education, or health & well-being.• Navigators helped monitor progress on an on-going basis.	<ul style="list-style-type: none">• Families were assessed and connected to relevant services through a navigator.• On- & off-site services were provided by community partners.

As described above, a wide variety of intervention services are available to parents, children, and families both on-site at the Oxford Vista campus and off-site through referrals to community partners. Some on-site services available include parenting education and support, social capital development, employment services and training, and early childhood education. Families are also connected to off-site services such as family counseling, health, and mental health treatment, credit recovery assistance, and tutoring, after-school, and summer programs for children.

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

Figures 3 and 4 outline the service needs treatment group families reported for adults and children throughout their time living on the GOALS campus, as well as the percentage of families who received those services by program exit. Adults' health and well-being, housing, and supportive services (e.g., transportation) were among the top three priorities for families. Nearly three-quarters of parents indicated they needed help with children's health and well-being and employment services.



Key elements of GOALS program model identified by families with lived experience:

- Support clients to make their own plans and solve their own problems.
- Support the creation of community among residents so that residents co-create policy on campus, and whenever possible and avoid unnecessary restrictions.
- Orientation and mentorship of new residents.
- Group recreational activities.
- Weekly, resident-led meetings to address issues related to communal living.
- Celebrate milestones and successes (birthdays, job interviews, good grades, etc.)
- Support one another through childcare and meal preparations.
- Create opportunities for residents to "give back" to the GOALS community through service activities.
- Request and incorporate formal feedback from residents on program practices and solicit suggestions for improvement.

Figure 3. Adults Service Needs and Delivery (N = 75)

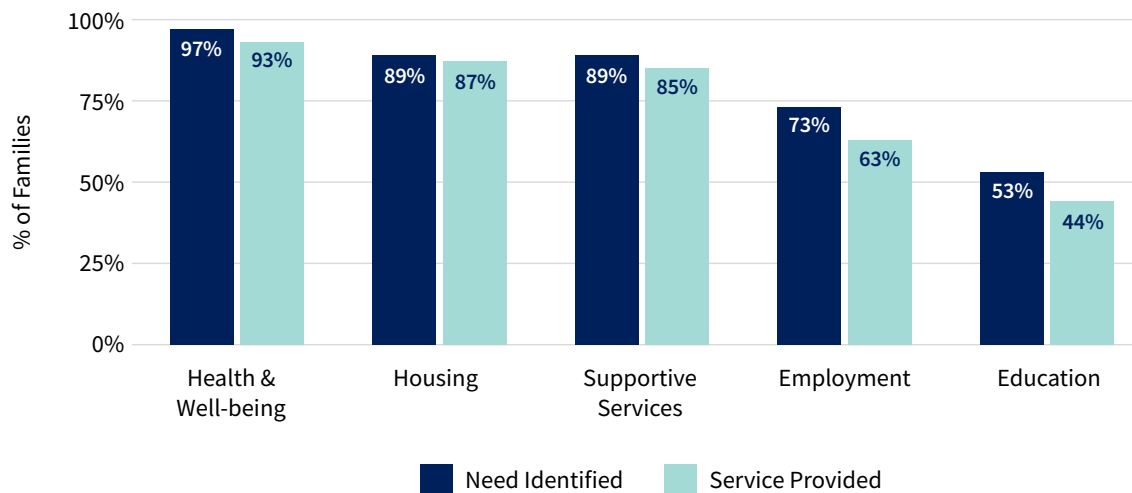
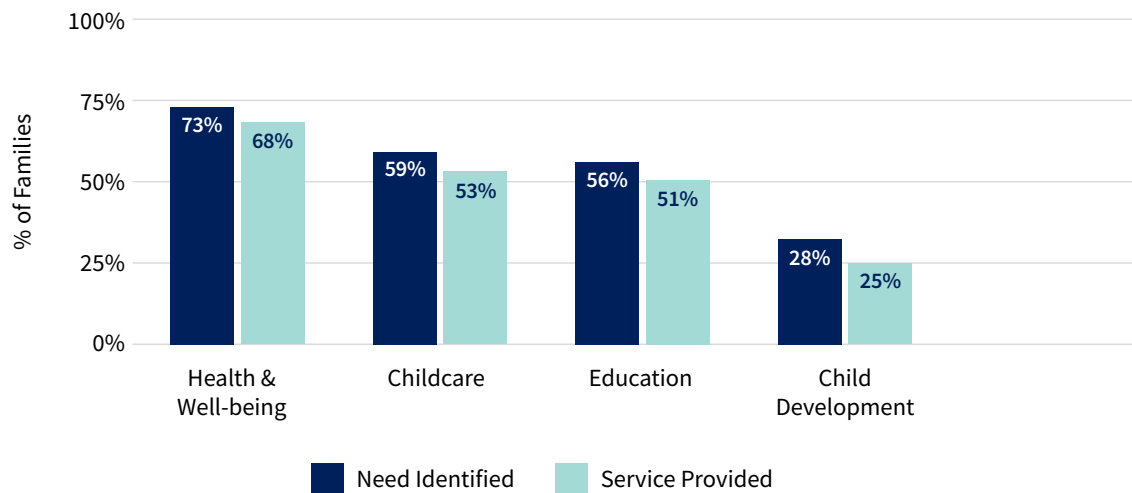


Figure 4. Child Service Needs and Delivery (N = 75)



Parents were less interested in receiving services for adults' and children's education and development services. Regardless of parents' specific service needs, results in column two indicate that nearly all families who identified a need throughout the program had those needs addressed before they exited the program. No fewer than 83% of families who reported having a need, later reported having that need addressed through program services, which suggests the program was successful with connecting families to the services they requested.

Workshops and Activities

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

Family Voice meetings were held weekly. They afforded an opportunity for residents to offer feedback to the GOALS staff about the services they found most valuable and the challenges they faced as a community. According to staff, these sessions fostered community-building and collective problem-solving. Other workshops were held to address the needs of families on the GOALS campus.



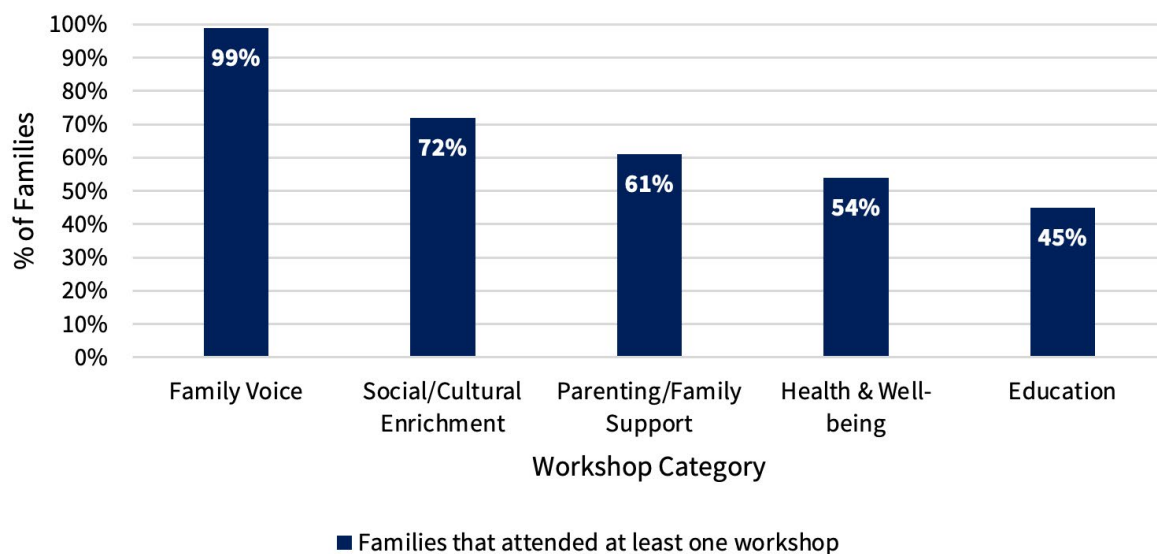
Figure 5 shows the total workshop attendance by category. Nearly all families (99%) participated in at least one workshop while enrolled in the GOALS program. Each family attended an average of 13 workshops, and adults and children attended an average of four workshops. Children were heavily involved in all workshops and totaled 58% of all workshop attendees.

Examples of Workshops:

- **Arapahoe County Human Services, Child and Adult Protection Division's** Together Achieving Permanency and Stability (TAPS) program provided mentoring and coaching support with a trauma-informed lens.
- **Aurora Mental Health** provided parenting classes aimed at helping parents develop better communication and relationships with their children, especially those affected by trauma.
- **Canvas Credit Union and Wells Fargo** offered financial literacy workshops to help families improve financial management skills.
- **Workshops for Youth Residents** engaged children, especially teenagers, in conversations about their experiences in shelters, helping them understand and communicate better with their parents about their emotions and the circumstances they faced.
- **Job Training** workshops, training programs and referrals helped parents gain skills and certifications necessary for employment.

- **Self-Care Workshops** focused on self-care practices for both mothers and fathers, offering strategies to maintain their well-being.
- **Holiday Activities** included Christmas and other holiday-themed workshops, such as Christmas cookie decorating, and gingerbread house making to help families engage and bond.
- **Routine and Ritual Workshops** focused on family routines and rituals, including family-style dining practices and bedtime routines to promote structure and communication. Workshops fell into five general categories: Family Voice (regular community meetings), Health and Well-being (e.g., meditation), Parenting/Family Support (e.g., Nurturing Parenting program), Social Event/Cultural Enrichment (e.g., language exchange), and Education (e.g., financial planning).

Figure 5. Percentage of Families that Attended at Least One Workshop by Category



Follow-up Engagement

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



Summary of Findings

The GOALS study demonstrates that families experiencing homelessness or housing instability who received the GOALS intervention fared significantly better than families receiving services as usual within the community on several key outcome measures. Outcomes for this brief are reported by treatment group (N = 75), comparison group (N = 75), and “successful completers” (N = 53), who are defined as treatment group families that successfully completed the GOALS program and exited to safe and stable housing.

Treatment group families reported that their ability to earn a livable wage and access critical resources significantly increased from program entry to program exit.

- Compared to program entry, treatment group families at program exit were significantly less apt to report concern and more apt to report stability on several indicators. They felt more positive about their ability to get on-the-job training, obtain the education they needed, and ability to find employment at a livable wage (+0.3 change in rating), and their ability to save for unexpected expenses (+0.4 change in rating).
- Compared to program entry, treatment families at program exit were significantly less apt to report concerns and more apt to report stability about having safe and stable housing and enough healthy food to eat (+0.6 change in rating), and an income that covered their essential expenses (+0.5 change in rating).
- Treatment families who completed the program registered the strongest gains between program entry and exit and were significantly less apt to express concern about their ability to have the job training, education, and/or skills needed to become employed at a livable wage (+0.4 change in rating), and more apt to report stability about safe and stable housing and enough healthy food to eat (+0.7 change in rating), and an income that covered their essential expenses (+0.7 change in rating).

Table 2 presents the ratings reported by families in the treatment group on select 2Gen index measures of family need and stability.

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

2Gen Index Measure	Treatment Group <i>n</i> = 75		"Successful Completers" <i>n</i> = 53	
	Program Entry	Program Exit	Program Entry	Program Exit
Livable Wages: Training and Barriers				
1. I (we) have the job training, minimum education, and/or skills for employment earning a livable wage.	2.8	3.1~	3.0	3.4*
2. I (we) are able to save money for unexpected expenses.	2.1	2.5~	2.3	2.7~
3. I (we) am fully employed at a livable wage.	1.8	2.3*	1.9	2.5*
4. My child participates in childcare while I(we) work.	2.4	2.7	2.5	3.0~
5. My (our) physical and mental health is not an obstacle to having a job.	3.2	3.1	3.2	3.3
6. I (we) do not have legal or other barriers (transportation, equipment) that interfere with having a job.	3.0	2.9	3.0	3.1
<i>Category Average</i>	2.6	3.0*	2.7	3.2*
Family Well-being: Resources				
1. We have safe and stable housing and enough healthy food to eat.	2.8	3.4*	2.9	3.6*
2. My (our) income covers our essential expenses.	2.4	2.9*	2.4	3.1*
3. We have family or other people we can count on for support.	2.6	2.9~	2.8	3.1
4. Our family can manage stress and unexpected setbacks.	3.0	3.1	3.2	3.3
5. We have access to health and mental health care.	3.4	3.6	3.4	3.7~
<i>Category Average</i>	2.4	3.2*	2.5	3.5*

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

The GOALS intervention helped treatment group families significantly increase their access to public benefits.

- Between enrollment and 12 months post enrollment, treatment group family's access to the following public benefits increased: Medical Assistance (+11%), TANF (+9%), SNAP (+5%), benefits for children (+9%) and receipt of any public benefit (+5%).
- Comparison group families' access to public benefits remained the same between program enrollment and 12 months post program enrollment.

The GOALS intervention significantly improved access to safe and stable housing and reduced the likelihood of returning to homelessness for treatment group families.

- Treatment group families registered a significant increase of 32% in access to safe and stable housing from program entry (52%) to program exit (84%).
- Treatment group families (6%) were also significantly less likely than comparison group families (17%) to experience homelessness at any point in the 12 months following GOALS enrollment.

- Treatment group families that successfully completed the GOALS program reported significantly fewer moves (1.9 times) than families in the comparison group (2.8 times) during the 12 months following GOALS enrollment.
- Administrative data that was extracted from public agencies an average of 14.5 months after enrollment in GOALS showed that "successful completers" in the treatment group were significantly more likely to have access to safe and stable housing (93%) than comparison group families (80%)

GOALS provided treatment group families with housing stability and employment supports, which led to significant increases in their employment rates, stability of employment, and wages.

- Between enrollment and 24 months post GOALS enrollment, treatment group families had a 12% increase in rates of employment, and "successful completers" had an even larger increase of 16%. To contrast, comparison group families saw a 2% decrease in rates of employment during this time-period.
- During those same time periods, treatment group families that successfully completed the GOALS program improved their annual wages by more than \$8,000.

Table 3 below details key housing and employment outcomes using administrative data from multiple sources including homeless services and employment records by group.

Table 3. Summary of Outcomes in Administrative Data by Group

Family Housing/Employment Indicator	Treatment Group		Comparison Group
	Full Treatment Group	"Successful Completers"	
Most recent housing update (up to 4 years post-GOALS enrollment; on average 14.5 months)	<i>n</i> = 56	<i>n</i> = 42	<i>n</i> = 41
Stable Housing	91%	93%~	80%
In own home or with a partner	73%	81%	66%
In a family member or friend's home	14%	10%	12%
Transitional housing	4%	2%	2%
Unstable Housing	9%	7%~	20%
Emergency shelter, hotel or motel	9%	7%	15%
Jail, prison, or juvenile detention facility	0%	0%	2%
Place not meant for habitation/homeless	0%	0%	2%
Differences in Employment and Earnings between enrollment and 24 months post enrollment			
Jail, prison, or juvenile detention facility	+12.0%	+16.0%	-2.00%
Head of household's earnings in months 12–24 following enrollment (employed only)	\$15,401.71	\$8,306.87	\$7,273.21

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

GOALS provided families with significantly greater access to services and support designed to improve family health and well-being, and helped families improve their physical and mental health.

Treatment group families accessed “family support” services in the 12 months post GOALS enrollment 44% more frequently than comparison group families.

- Family support services available on the GOALS campus included: counseling, parenting skills, social capital development, financial literacy, self-sufficiency planning, and recreational activities.
- “Successful completers” (39%) were more likely than comparison group families (34%) to report improvements in adult physical health in the 12 months post GOALS enrollment.
- “Successful completers” (47%) were more likely than comparison group families (40%) to report improvements in adult mental health in the 12 months post GOALS enrollment.
- “Successful completers” (41%) were more likely than comparison group families (28%) to report improvements in their children's mental health in the 12 months post GOALS enrollment.

Table 4 below presents the differences in key family health and well-being measures by group.

Table 4. Perceptions of Family Health and Well-being 12 Months Post-GOALS Enrollment by Group

Family Health and Well-being Indicator	Treatment Group		Comparison Group <i>n</i> = 48
	Full Treatment Group <i>n</i> = 53	"Successful Completers" <i>n</i> = 38	
Family Health and well-being services accessed			
Healthcare	45%	55%	38%
Family Supports	70%*	68%*	26%
Help with money management or budgeting	26%	34%*	15%
General/physical health indicators			
Family's ability to access health services is "good" or "great"	73%	78%	63%
Your physical health has improved over the past 12 months	32%	39%	34%
Mental health indicators			
Family's ability to access mental health services is "good" or "great"	66%	71%	55%
Head of household's mental health has <u>improved</u> over the past 12 months	47%	47%	40%
Your child(ren)'s mental health has <u>improved</u> over the past 12 months	40%	41%	28%

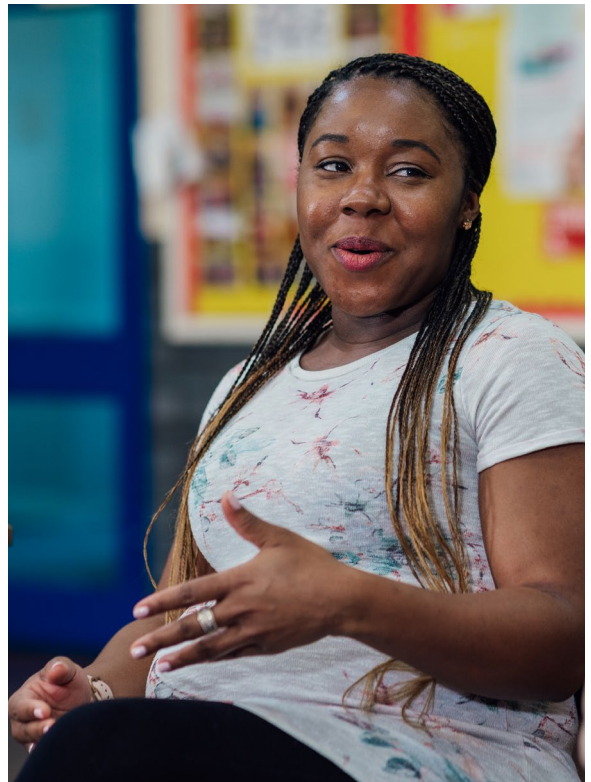
Notes: There were no significant differences between treatment or “successful completers” and comparison group families.

Parents and children in the GOALS treatment group accessed educational services for children and adults at higher rates than did families in the comparison group with the patterns being strongest for those who successfully completed the program.

- Treatment group families that successfully completed the GOALS program were almost 25% more likely (50%) to access educational services for their children than comparison group families (26%) 12 months post-enrollment.
 - Educational services available through GOALS included: school-based services, after-school and summer tutoring, school readiness support, early childhood education, and group activities like reading clubs.
 - GOALS also provided school supplies and transportation to support children's education.
- Treatment group families were 25% more likely (46%) to access support for adult education, such as applying to school, job training, GED and attending classes, than comparison group families (21%) in the 12 months post GOALS enrollment.
- Ten percent more treatment group families (31%) than comparison group families (21%) reported being enrolled in an adult education program at 12 months post GOALS enrollment.

Reactions from program staff, referral partners, and GOALS leadership were overwhelmingly positive and showed dedicated support for the program model.

- Program staff viewed the GOALS program as a highly effective and unique model for supporting families experiencing homelessness or housing instability, particularly praising its inclusive approach. Staff highlighted the program's holistic, community-focused framework, which integrates services for both parents and children, and emphasized the importance of maintaining strong community partnerships and continuously enhancing service delivery.
- Referral partners described the GOALS program as a "beacon of hope" for families experiencing homelessness or housing instability by providing not just shelter but a comprehensive support system aimed at rebuilding lives. Partners highlighted the importance of advocacy and persistence in navigating bureaucratic processes to ensure families receive necessary services and resources.
- The GOALS leadership team expressed dedicated support for the GOALS program's adherence to the Two-Generation (2Gen) model, emphasizing its effectiveness in serving whole families and its ability to adapt and respond to the needs of diverse families. They also identified areas for growth, such as expanding partnerships with organizations supporting mental and physical disabilities, improving mental health services, and enhancing opportunities for education and employment to meet families' broader aspirations.





Conclusions and Implications for Future Programs

The GOALS program was designed to support families experiencing homelessness or housing instability by offering housing and an array of on and off-site services for a short period of time (typically up to nine months) to help families get back on their feet. The model was designed to provide wraparound services and support to child and adult members of the family with the ultimate goal of breaking the cycle of poverty. This ambitious program model was tested through a rigorous study that involved randomly assigning comparable families to receive the GOALS intervention (treatment group) or to receive “business as usual” services from community agencies (comparison group). Families in both groups were assessed at enrollment, and 12- and 24-months post enrollment in the study. Information about them was also drawn from administrative records maintained by a variety of public agencies that deal with employment, public assistance, and homelessness.

The study found that families in the treatment group, and particularly those who completed the GOALS program exhibited significant improvements in safe and stable housing, access to public benefits and services, positive employment and earnings outcomes, connections to childcare and education for children, and improved family well-being. GOALS succeeded in helping families to:

- Stabilize their current housing situation.
- Address their health and well-being needs and access mental and physical health services.
- Build community and social networks.
- Access healthy food and other basic necessities.
- Access educational supports for adults and children.
- Access direct employment services and supports to overcome barriers to employment.
- Access critical public benefits such as TANF, SNAP, Medical Assistance, and benefits for their children.
- Stabilize their family, access critical supports that lead to long term housing and employment, improved family well-being and increased wages.

The chief limitation of the study was its small sample size. With only seventy-five families in each group, it was difficult to perform the types of analyses needed to make definitive conclusions about the program components that were most impactful and the types of families who benefited the most. More research with a larger sample of families would lend valuable evidence to support the replication of this model.

This study is the first of its kind in that it utilizes a 2Gen intervention with families experiencing homelessness or housing instability and has broad implications for the field. The following are some lessons learned from GOALS and recommendations for architects of future programs.

- **Enhancing the 2Gen Approach:** Although GOALS offered workforce and educational opportunities for children and adults, future programs should deepen their partnerships with mental health agencies, educational institutions, healthcare providers, and workforce development agencies to offer a broader array of services in these areas.
- **Tailored Services for Diverse Family Structures:** GOALS had success including single fathers and serving other non-traditional family structures. Future programs should consider flexible inclusion criteria (i.e., a broad definition of family) and service provision models that can adapt to the unique needs of diverse family units.
- **GOALS serves a particular demographic well:** Those families who successfully completed GOALS and exited to safe and stable housing tended to be characterized by the following:
 - Families with a high school diploma or greater education level
 - African American/Black families
 - Families with fewer members in the household
- **Addressing the trauma of homelessness must take priority:** Families experiencing homelessness or housing instability face numerous barriers which are compounded by the trauma of poverty and homelessness. GOALS offered mental health services to the whole family—adult and child—in order to help them address more concrete concerns such as housing, education and employment.
- **Buy-in from leadership:** The success of GOALS was enhanced by the dedicated support the program received from all levels of leadership. This included continually supporting the program and providing valuable input and guidance on the service model as well as supporting connections and partnerships with community agencies.
- **Invest in staffing through training, onboarding, and ongoing support.** GOALS program staff emphasized the importance of training staff on conflict management and trauma-informed care so that they can support families navigating through severe challenges..
- **Screening at program entry and setting rules and expectations of families living on campus.** Clear communication of responsibilities and program expectations and rules prior to entry helps set the stage for a successful stay and should be routinely pursued.
- **Set realistic and family-centered expectations for success.** GOALS staff recommend that program objectives reflect the perceptions of success held by families. They note that family definitions of 'doing well' and success may not align with professional/conventional benchmarks, and that honoring these differences is essential to empowering families and supporting their journey towards self-sufficiency.

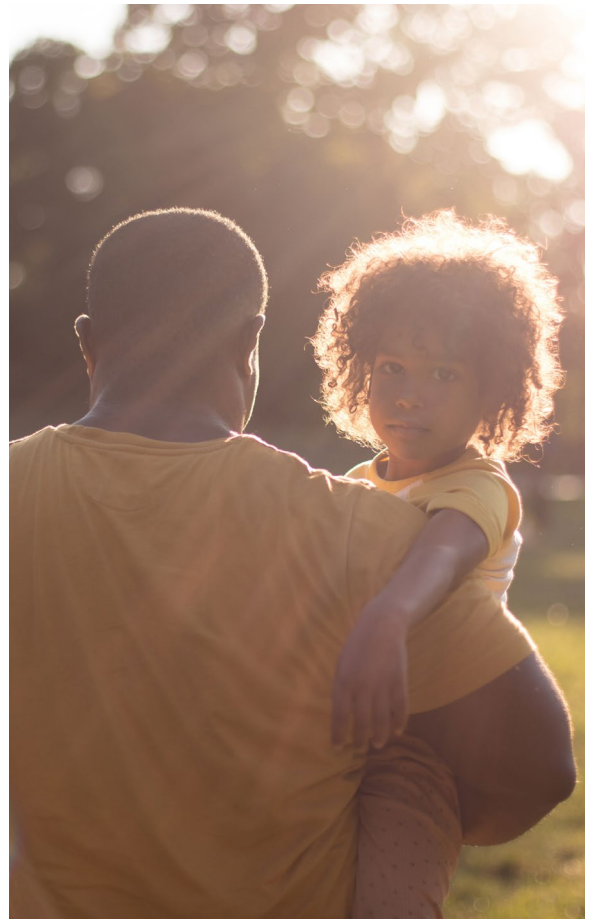
"I also think there's opportunities to think about expanding our ideas of employment and education outside of meeting families where they're at and start thinking about how we meet families where they dream."

— GOALS Program Director

- **Use administrative data to evaluate program outcomes.** Most program evaluations rely exclusively on information gathered from clients, staff, and service providers. While the perceptions and reports of key actors are critical to making program improvements and assessing outcomes, they are not infallible or sufficient. Administrative data maintained by relevant public agencies on program participants provides more reliable information on many relevant outcomes including but not limited to employment, earnings, the use of public benefits and homelessness. It also provides some valuable information on participants who cannot be located and contacted after program exit.

- **Ensure sustainability of the GOALS model:** GOALS architects, staff, and family's agreed that there are ways to strengthen the GOALS model. One suggestion involves introducing more flexibility in the length of stay at the GOALS campus so that families can obtain the support that they need prior to their departure. Another suggestion is to extend the support provided to families following their departure. GOALS is a

novel new program that achieved impressive results based on an intensive and rigorous study. The uniqueness of the GOALS program and its promise for continued success in moving families from homelessness to economic stability is perhaps best summarized by the GOALS Program Director....



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

— GOALS Program Director

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