



Key Points on How the Community Action Network Responded to COVID-19

Perceptions of Nationally Certified
ROMA* Professionals - Fall 2021

Authored by the Association of Nationally Certified ROMA Trainers and Implementers

*ROMA = Results Oriented Management & Accountability



Introduction

This report is based on input from Nationally Certified ROMA Professionals (NCRP) who responded to an online survey, engaged in individual interviews, and/or participated in focus groups. NCRPs represent all levels of the CAA network: local agencies, state associations, state CSBG offices, and national partners.

Because of the flexibility of Community Service Block Grant (CSBG) funding and enhanced CSBG funding provided under the CARES Act, each local CAA across the country was able to respond differently to the specific needs of their own community when the pandemic hit. However, the focus of CSBG funding support surfaced as a guiding principle for crisis responses. Further commonalities in our network response may in part be the unifying application of the principles and practices of the ROMA system and the CSBG Performance Management Framework.

The following major themes were identified:

- CAAs were ready to respond to the crisis
- Planning processes adhered closely to the Network's mission (alleviating the causes and conditions of poverty and supporting movement toward self-sufficiency)
- CAAs consistently leveraged the power of community partnerships
- Strong data collection and analysis ensures a timely and effective response to quickly-evolving community needs

Agencies Were Ready to Respond to a Crisis

Survey respondents reported CAAs were prepared to move into this uncharted territory. Their readiness was based on three areas:

- Effective plans, policies, and practices in place prior to the pandemic. Practices that supported readiness include awareness of staff capacity and prior experience working as an agency-wide team.
- Shared assessment, planning and implementation principles based on the ROMA framework. ROMA principles provide a framework for an ongoing cycle of collecting and using data to make decisions that continuously improve/maintain high-quality program processes.
- Strong relationships with partners in the community. There is evidence CAAs responded to the pandemic with strategic consideration of the community needs and resources. Data helped accurately document what was happening in the community.

Identifying Family-Level Needs

The family-level needs are listed in order by the number of respondents who identified the need:

- Housing
- Economic
- Food
- Supplies
- Employment
- Transportation
- Health
- Remote education
- Childcare

Identifying Community-Level Need

The community level needs are listed in order by the number of respondents who identified the need:

- Various housing issues
- Access, coordination, information
- Access to food
- COVID-19 related health issues
- Employment opportunities
- Support for businesses
- Non-COVID-19 related health issues
- Childcare and education options
- Inadequate internet connectivity

Identifying Resources

CAAs took time to gather data about the overall funding picture in their communities and to identify the availability of all resources before determining the best place to use the agency's own resources/funds to address the remaining unmet needs. This assessment of community resources represents several core principles of the nationwide Community Action Network:

- Avoidance of duplication of services
- Ensuring limited resources are used in the most effective and efficient manner
- Maximizing the reach of each resource to assure all populations have access to assistance

Planning to Meet the Needs

Many ROMA professionals indicated their CAAs held weekly staff meetings to identify plans based on the assessment data even before they received funding - they were preparing in order to respond rapidly. It was not uncommon for staff to meet on a daily basis at the beginning of the crisis, then less often as the crisis and community conditions stabilized.

Planning Processes Respected the Network's Anti-Poverty Mission

Of the agencies participating in this study, 71% cited their mission statement as a guiding factor in planning. Even as agencies recognized the importance of rapid response to meet immediate needs, they remained mindful of their mission to support people as they strive to achieve self-sufficiency.

Agencies Leveraged the Power of Partnerships

Forging and sustaining partnerships that benefit families and strengthen the community is a foundational Community Action principle. Of the agencies responding to this study, 98% said they engaged new partners or refocused the contributions of existing partners during the time of the pandemic. While the number and nature of partnerships identified was impressive, the more important perception was about the meaningful nature of the relationships embodied by said partnerships and the ability of CAAs to develop new relationships or change existing ones in response to changing community needs. Creating, strengthening and expanding partnerships:

- Allowed the agencies to gather a more complete understanding of the needs and

resources in their communities

- Provided a way to use their own agency resources to leverage those controlled by their partners
- Facilitated identification of the funding sources that were more targeted, more flexible, or had to be used more quickly - thereby maximizing the efficiency of service delivery
- Committed the agencies to share data for reporting and analysis that was essential to measuring need, services, and impact

Data Collection and Analysis Procedures are Important

Across the Community Action Network, agencies identified the use of different software systems to manage their collected data. The majority of survey respondents indicated they made changes to their agency database to allow for both collection and management of data to permit identification of customers and services connected to the impacts of COVID-19. The changes included adding ways to:

- Identify a customer as receiving services using COVID funds
- Connect individuals and families with specific kinds of COVID-19 programs and services
- Connect customer demographic data with services received
- Link service identification to the dollar value of the service

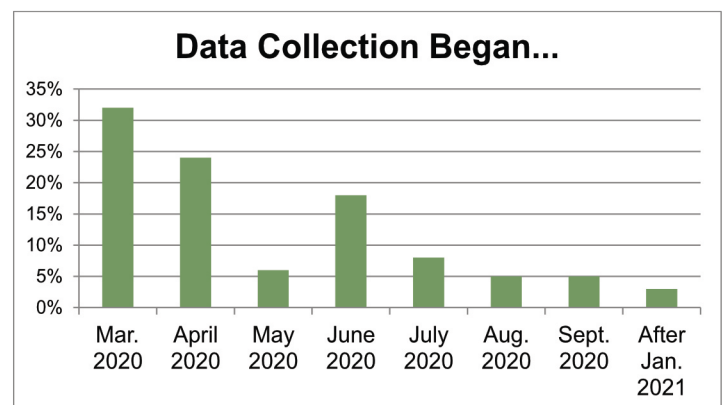
ROMA professional comments on the use of the different existing data collection and storage systems showed that some systems are more

flexible and could be more easily adapted than others.

About 25% of responding agencies did not change their data systems, but instead established practices to allow them to collect and store data that they plan to use in reporting at a later date. Only 5% of respondents reported no changes at all – and in those cases, it was because they felt their regular data collection system was adequate to any changes in funding or services under COVID-19.

Looking at the overall survey and interview responses, several factors impacted the timing of COVID-specific data collection across the country. Different contract periods in use across the Network had some impact on the data collection process. Additionally, there were many different forms of guidance from funding sources, and the timing of that guidance varied significantly.

This chart shows when respondents' data collection had begun.



While demographic data and service data was collected by CAAs, many respondents reported that their agencies collected limited data from customers that came for a food box or one-time service; agencies generally collected more data elements for those that came for tangible

assistance, and even more data from customers receiving longer-term service, such as case management, where a customer relationship to the agency could be established. Thus, data elements will often not be uniform across all customers and programs, or even within a single CAA.

ROMA professionals reported robust discussions in their CAAs about collecting data to document the achievement of outcomes. A key dynamic in these discussions included the degree to which a CAA can/should maintain a “results orientation” in the face of the pandemic crisis.

The family-level outcome data that was collected included documentation of:

- Immediate family need was met
- Customer improved status in one or more domains
- Change in community situation
- Change in community policies or practices

Nearly half of agencies indicated they conducted follow-up during the period of the pandemic. Agencies used their regular thirty-, sixty-, ninety-, and one hundred eighty-day follow-up during the time of COVID-19.

Agencies reported continuing to collect outcome data on their community partnerships and increasing their agency capacity. These included narrative reports from departments inside the agency or from partners, listing of partners and their contributions to a specific outcome, documentation of policy or practice changes that allowed more services to be provided, and additional documentation of community change.

Because of the difference in the start of data collection, CAA outcomes reporting to state and federal partners will tell different stories depending on the location of the CAA doing the report. Despite these realities, CAAs recognized the need for accurate and timely reporting – to funding source(s), and to the community at large. Agencies use a multichannel approach for sharing data about the impact of their services (others found in the full report):

- Community forums
- Recorded YouTube videos showcasing data, information, and updates for the community
- Weekly e-blast newsletters
- Share the Community Needs Assessment and Strategic Plan addendum on agency website
- Monthly reports to elected officials (state legislators, governor, congressional delegation, etc.)

NCRPs referred to various content areas that can be applied to the ROMA Cycle phase of analysis and evaluation. One agency stated that they will be comparing demographics, services, and outcomes from 2020 during COVID-19 with the same data elements in 2019 to provide a new and deeper understanding the impact the pandemic has had on families, communities, and the agency itself.

What Changed?

Some CAAs made changes within the agency to respond to the pandemic:

- Changes to policies and procedures
- Changes to agency structure

- New programs added to meet the needs of customers and the community
- Increased focus on employee safety
- Programs put on hold or offered in a different manner (virtual) because of limited in-person contact
- New technologies and equipment made available to staff and/or customers

Acknowledging the Complex Work of Community Action

As Community Action Agency leaders reflected on the challenges of the COVID-19 pandemic, there was strong consensus that even the massive upheaval caused by the pandemic did not change one enduring aspect of Community Action’s work: CAA’s, their staff, volunteers and Board members must constantly and strategically balance short-term and long-term family- and community-level challenges. More concretely, CAA’s must solve two puzzles whose solutions require very different approaches:

- How does a local CAA allocate its resources to meet families’ emergency needs while also providing services to help support those same families make permanent changes?
- How does a local CAA allocate its resources to provide critical services to individuals and families while also working to support changes in the very systems, practices, and policies that are intended to be supportive, but sometimes act as barriers to families’ movement out of poverty?

NCRPs acknowledged it is important to identify the complexity of an agency’s work, conveying it in an agency Theory of Change.



ROMA professionals participating in this study noted a range of limitations in the ability of CAA’s to collect data on services, outcomes, and to derive an unduplicated client count. Addressing these data limitations will require a collaborative, network-wide approach that uses the insights of agency leaders, CAA data experts and ROMA professionals. Given the critical role of timely data analysis guiding its COVID-19 response, the network should address ways to strengthen every CAA’s ability to access, analyze and act on data before the next crisis hits communities.

During the COVID-19 pandemic, the Results Oriented Management and Accountability (ROMA) system provided a framework for agencies to assess rapidly changing community needs and to quickly respond with the appropriate deployment of resources and provision of services. ROMA professionals highlighted the importance of continuing to apply the ROMA framework as communities recover from the pandemic and build long-term community resilience.

The Promise of Community Action

Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to helping people help themselves and each other.

