



# Report Summary: How Did the Community Action Network Respond to the COVID-19 Pandemic?

Perceptions of Nationally Certified ROMA\* Professionals - Fall 2021

Authored by the Association of Nationally Certified ROMA Trainers and Implementers

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\*ROMA = Results Oriented Management & Accountability

## Introduction

Themes and findings of this report are the product of data collected from NCRPs 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.

To summarize how CAAs were able to pivot their organizational operations in response to the COVID-19 pandemic, NCRPs were asked to connect the initial response actions of their agencies with their anti-poverty mission and with the use of data analysis – both for the purposes of assessing needs and tracking implementation and impact. Specifically, NCRPs were asked:

- In what ways did CAAs function as **valuable emergency responders** in a sudden and transitory economic crisis and what successes did they experience?
- How have CAAs' responses to the COVID-19 pandemic **strengthened their anti-poverty mission**?
- How did the pandemic affect **data collection** throughout the CAA Network?
- Which best practice processes and tools were **quickly adapted or created** to address the crisis response?

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. During the COVID-19 crisis, the purposes and goals of the CSBG Act served as shared guiding principles for

the CAA Network's response to the pandemic. 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 individual/family movement toward self-sufficiency)
- CAAs consistently leveraged the power of community partnerships, which, in most cases, increased access to additional resources
- Strong data collection and analysis procedures are important resources to ensure a timely and effective response to quickly-changing 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.

Agencies responded to the COVID-19 pandemic strategically, assessing emerging/changing community needs and identifying relevant resources. Entering 2020, agencies had existing community assessment documents which demonstrated their understanding of the ordinary circumstances of the community, providing foundational data about community needs and resources. Subsequent to the onset of the pandemic, there was also a concerted effort by CAAs to obtain “current” data to supplement their understanding of rapidly changing community needs and resources.



Updated assessments were conducted by directly contacting customers, speaking with partner agencies, and administering needs assessment surveys in various ways. Some agencies collected data from 211 to identify the most commonly requested services. Agencies also gathered data from their own staff. Most CAAs collected data within the first two weeks of the initial national shutdown in spring 2020 and

continued ongoing data collection on weekly and monthly schedules.

Across the Community Action Network, there was an awareness that timely, quality data helped to accurately document and understand what was happening in the community.

### Identifying Family-Level Needs

During the pandemic, the vast majority of ROMA professionals reported housing as one of the top three needs for families in their community. Housing, for the purpose of this discussion, includes rent and mortgage assistance, utility assistance, and issues related to unhoused individuals. Only 15% of the respondents did not include housing-related needs as one of the top three family-level needs identified in their community. To further stress the magnitude of the housing issue as a priority need, about a third of the respondents cited housing issues as constituting more than just one of the top three family needs in their community.

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

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

### Identifying Community-Level Needs

Similar to the responses regarding family-level needs, ROMA professionals place housing issues at the top of the list of community-level needs. In this context, community-level housing needs

included such issues as availability and affordability of housing and a lack of options/resources to assist unhomed individuals. Because of physical distancing requirements, many agencies and community facilities that had been meeting housing needs were limited in their ability to continue operating in the same manner. This significantly decreased the availability of housing resources (such as emergency shelter) at a time when demand for them was surging.



The second most-cited community-level need was lack of access to goods, services, and information. Suddenly, the community did not have the ability to provide for many of the basic needs of families (food, supplies, and safety) due to existing service models being rendered inoperable under the conditions of the pandemic. As a result, coordination of services quickly developed as a common need for agencies trying to best serve the population experiencing the effects of the pandemic. Additionally, the challenge of how to effectively communicate the availability of and eligibility for resources was mentioned by a majority of ROMA professionals.

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

- 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 broadband and internet connectivity

Internet, broadband, and technology issues had a different level of impact on different communities. Responses related to internet and technology issues are low when compared with housing, access to services, employment, and food. However, because of the heavy reliance on virtual communications for work and school, it is likely under-reported in this section because it was a subject of vocal concern in interviews. In other words, because many vital services had to rely on technology to replace in-person interactions, virtually all community-level needs contained a strong component related to access to technology and broadband services – access disproportionately impacting communities with low-incomes.

### Identifying Resources

CAAs took time to gather data about the overall funding picture in the communities and 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 step:

- Avoided duplication of services (carefully considering service efforts)

- Ensured the resources were used in the most effective and efficient manner
- Maximized the reach of each resource to assure all populations had access to assistance

### **Planning to Meet the Needs**

Many NCRPs indicated they held weekly staff meetings to identify plans based on the assessment data, even before they received funding, as they were preparing to respond rapidly. It was not uncommon for staff to meet on a daily basis at the beginning of the crisis, then less as the crisis stabilized. Agencies came up with plans for their existing funding, deciding what they could do immediately and what they would have to put in place once other funds arrived. The “Rapid ROMA” adaptation of the planning processes was defined in part by consideration of their mission, which played a significant role in determining the services they provided and relationships with partners, which helped forge innovative responses to address the needs.

### **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

Agencies reported that they frequently planned jointly with their partners and did not make planning decisions alone. CAAs shared needs assessment data with partners to improve understanding of community needs and available resources. CAAs had prior experience with many of the issues presented, which allowed for faster analysis of the situation. They jointly determined how, when, and where to implement programs and services. When other resources were available, the CAA could reserve their resources for a later point in time. One example in the housing area was funding that needed to be used

by December 2020, thus, that resource was the first to be distributed to the families in need.

Existing relationships were expanded to engage new partners and other agencies (organizations, government departments) that approached the CAA to help them meet the COVID-related needs of the community. CAAs were sought by new partners who wanted help to decide how they could fit into a community-wide strategy to address the pandemic. ROMA professionals credit the attraction of new partners to the CAAs' ability to demonstrate understanding of community needs and strategic planning processes. Many identified the fact that they had actual assessment data to share that helped the entire community focus on priority needs. Other organizations in the community received funding that they were not prepared to use, so they subcontracted with CAAs, whom they respected and knew had the capacity to deliver services.

### **Innovative Implementation**

ROMA professionals also reported on direct emergency responses CAAs provided during the pandemic - both those services they typically provide as well as new ones. Food assistance, housing vouchers, funds for paying bills or securing services, essential supplies (like diapers), PPE, transportation, childcare, and many other services were either added to CAAs' service portfolio or were delivered in innovative ways. They also continued to provide their regular services, such as education and training of all kinds – both virtually and in-person. Indeed, many agencies reported ramping up case management services to help families consider service options.

### **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:

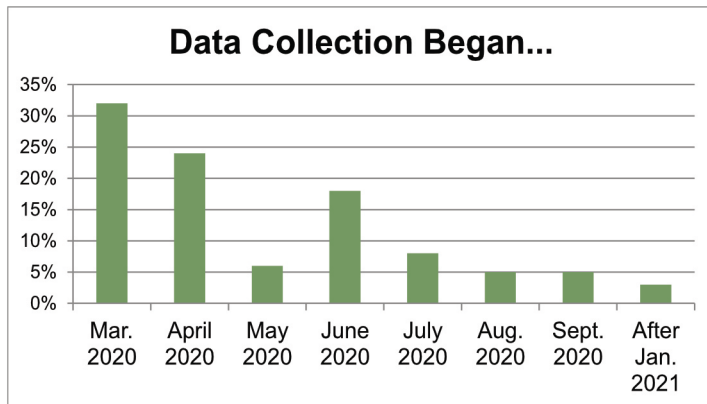
- Identify a customer as receiving services using COVID funds
- Connect individuals and families with specific kinds of COVID-19 programs and services
- Connect customer demographic data with services received
- Link service identification to the dollar value of the service

ROMA professional comments on the use of different 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 began.



With the advent of the pandemic, a different population emerged that was in need of assistance with different demographic characteristics than their regular customers.

One big difference in the population eligible for assistance under CARES and many other COVID-related funding was a statutory increase in the amount of household income allowed for eligibility determination – an increase from 125% (\$38,100 for a family of four) to 200% (\$53,000 for a family of four) of the Federal Poverty Guideline Level. Some other differences in customers that were identified included:

- Increase in male customers
- Populations not typically served

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, even within a single CAA.

Prior to the pandemic – and even more common as a result of it – CAAs often provide resources to a variety of partners, including school districts, housing agencies, and charitable organizations, like church groups to provide services. In these situations, the CAA has to rely on data collection efforts done by the partner to identify the demographics of families and the amount of services each received.

### Data About Outcomes

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 outcome data that was collected included evidence of:

- Immediate family-level need was met
- Improved status in one or more of the CSBG domain areas
- Change in community situation
- Change in community policies or practices

While the majority of agencies relied on customer reports at the time of service to determine if their emergency was met, nearly half of the agencies indicated they conducted follow-up contacts during the period of the pandemic. Agencies used their regular thirty-, sixty-, ninety-, and one hundred eighty-day follow-up contacts during the period of the pandemic. NCRPs said they found

ways to gather copies of certifications from training, employment, pay stubs with wage rate, and other documentation using virtual formats.

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 this, CAAs recognized the need for accurate and timely reporting to funding source(s) and to the community at large. Some reporting processes identified:

- Use of dashboards to convey service and outcome data, including real-time updates
- Community forums
- Recorded YouTube videos showcasing data, information, and updates for the community
- Weekly e-blast newsletters
- Sharing real-time information on social media
- 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 pandemic's impact on families, communities, and the agency itself.

### **What Changed?**

Many things changed in the Community Action Network during the pandemic. ROMA professionals identified several new or improved organizational practices that will continue post-pandemic – with the acknowledgment that before making decisions about institutionalizing these practices, agencies will examine the data from this unique time period to determine where those changes and practices fit in the overall strategic direction of their organization. Some of the changes identified:

- Changes to policies (e.g., eligibility for services) and procedures (e.g., board meeting requirements)
- Changes to agency structure (new department created, new positions created)
- New programs added to meet new needs
- Increased focus on employee safety (remote work, adaptation to facilities to support distancing, etc.)
- 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, CAAs 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.

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