
Washtenaw Coordinated Funding

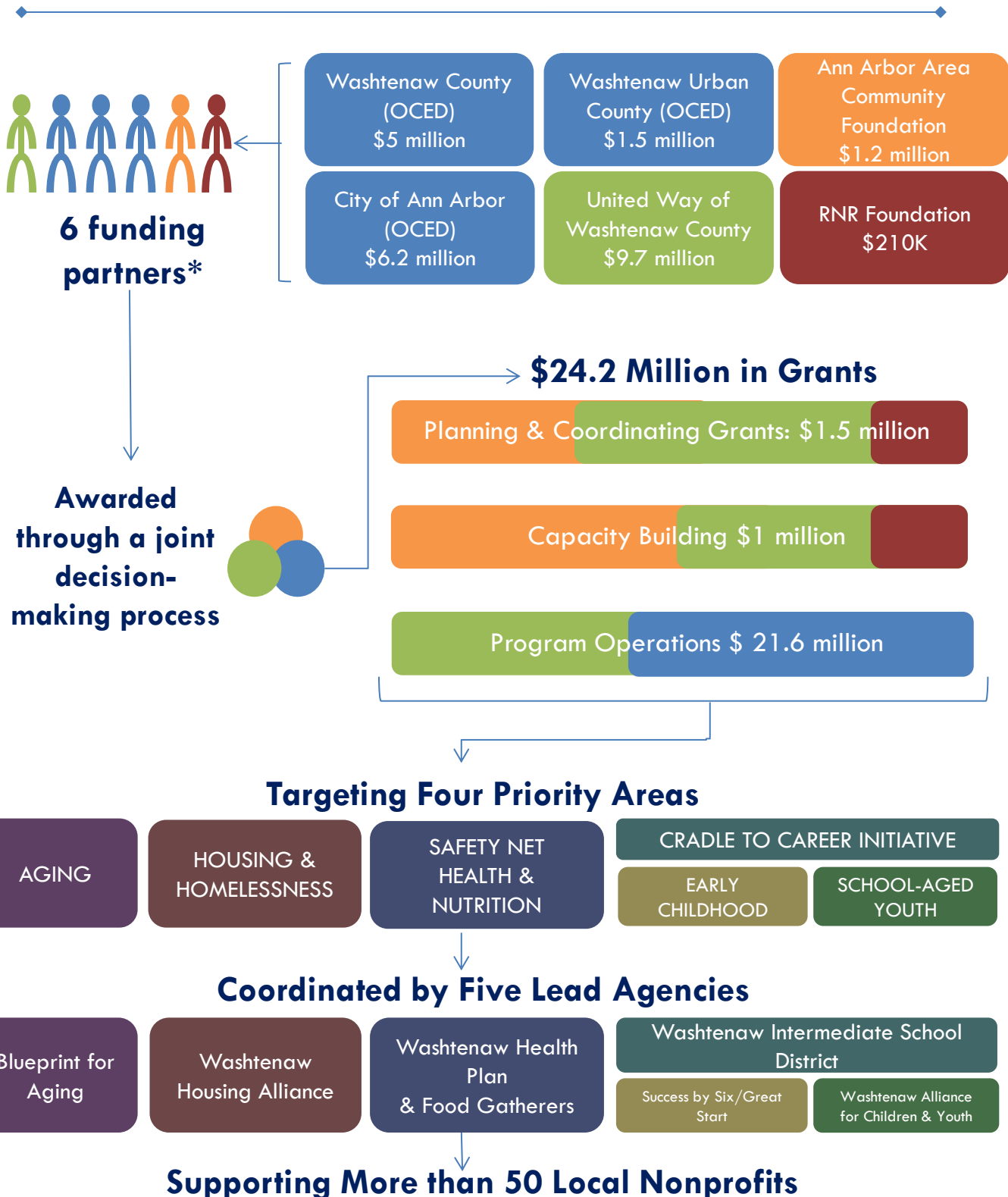
Investment Summary

May 2016



A Coordinated Funding Approach

5 years of Impact – 2011 to 2016



*In January of 2016, St. Joseph Mercy Hospital of Ann Arbor joined as a 7th funding partner with investments beginning in FY2016 – 17.

Understanding the Need

Washtenaw County

In 2011, the funders focused on increasing alignment of their existing investments and target areas. Need still exists in those areas as recent ACS and local data indicates.



Preschool Enrollment

43.6% of 3 & 4 year-olds are NOT enrolled in school



Graduation Rate

Only 71.9% for economically disadvantaged (ED) youth, compared to 92.4% for non-ED youth



Health Insurance

24,650 individuals still uninsured



Food Insecure

14.7% of residents, or over 51,000 individuals



Homelessness Services

Over 4,000 individuals experiencing homelessness annually

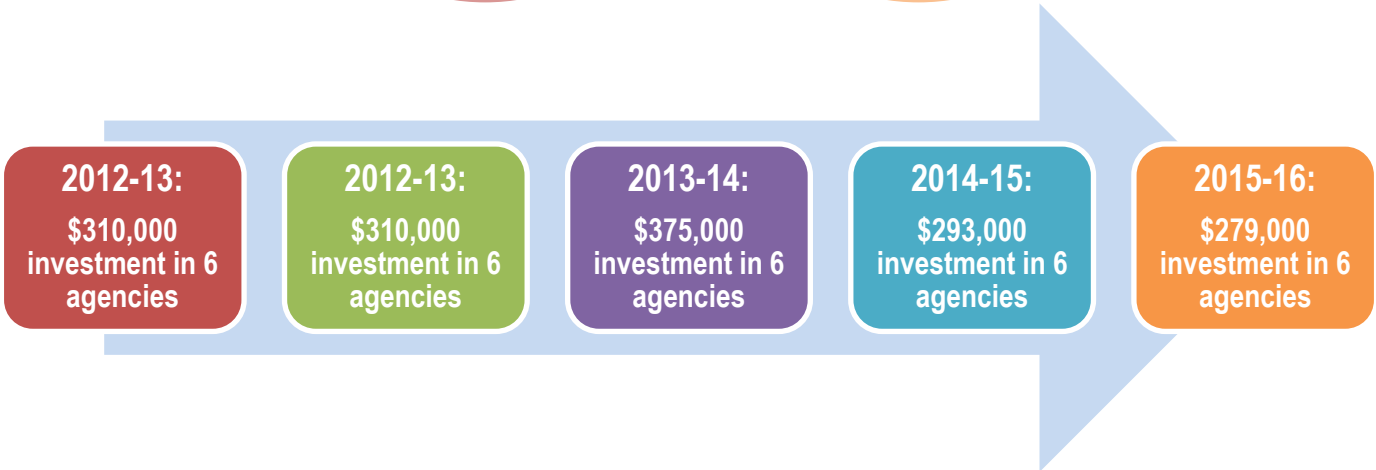


Seniors (62+)

58% increase since 2000, or 18,190 new individuals

Planning & Coordinating

Total Investment 2011 - 2016: \$1.5 million



Planning & Coordinating

Systems change requires systems investment.
Here are some highlights from Planning & Coordination investments:

**Success by Six
Great Start
Collaborative**



Improving success in school and in life for every child by bringing together cross-sector partners in early childhood and school- aged youth serving from birth into adult-hood

**Washtenaw
Alliance for
Children
& Youth**



**Washtenaw
Housing Alliance**



Provided leadership in a competitive application process to secure Washtenaw County's participation in Zero: 2016, a national campaign to end veteran & chronic homelessness by the end of 2016.

**Washtenaw
Health Plan**

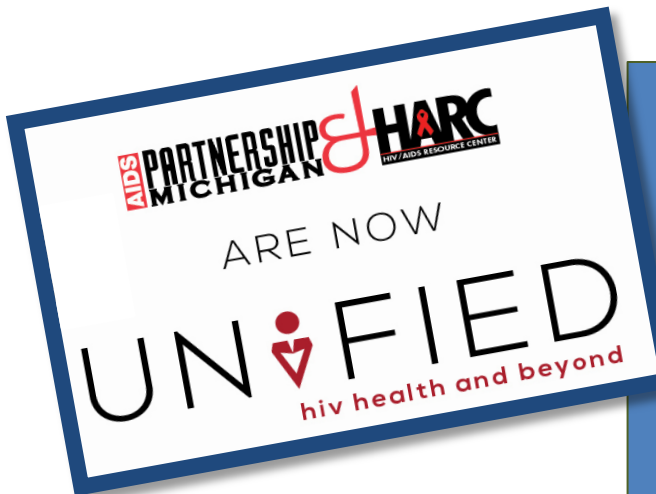
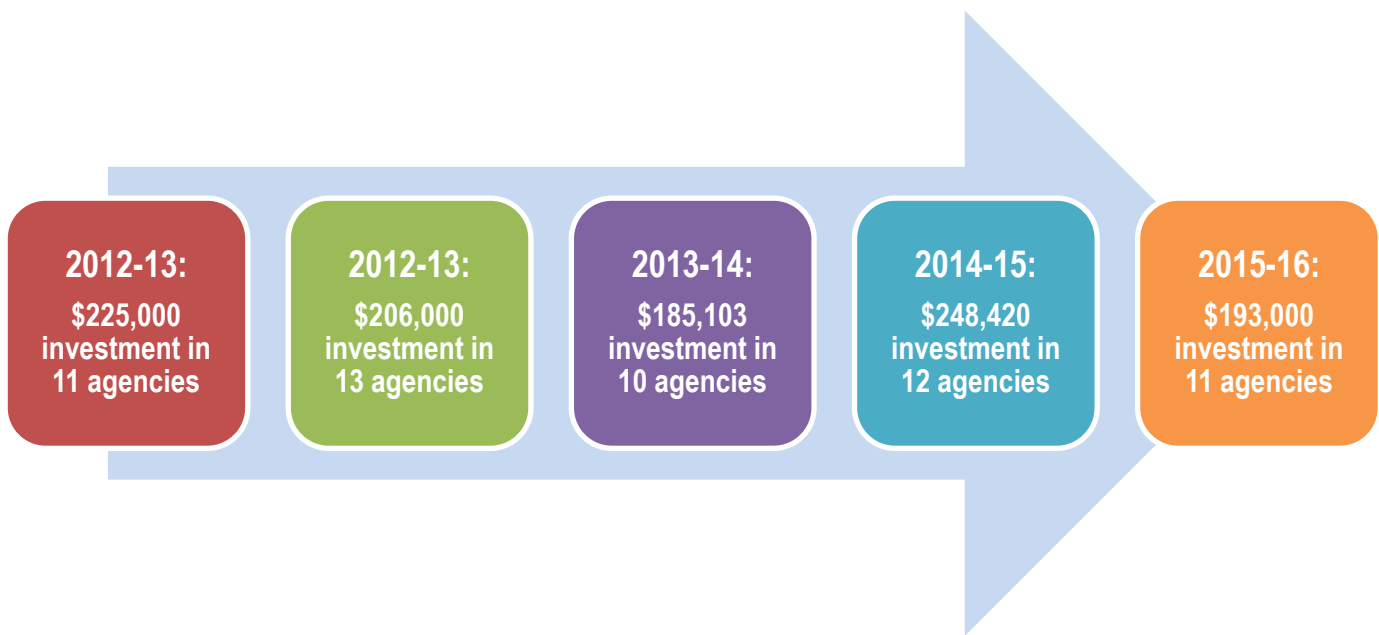


A focus on benefits advocacy
In their work provided more than 20,000 residents with health coverage as part of the implementation of the Affordable Care Act and Medicaid expansion.

Capacity Building

Total Investment 2011 - 2016: \$1 million

Capacity building is funding to increase non-profit effectiveness and improve their ability to deliver on mission. With capacity building, as well as other components of the funding model, the amount invested annually shifts to meet emerging needs.

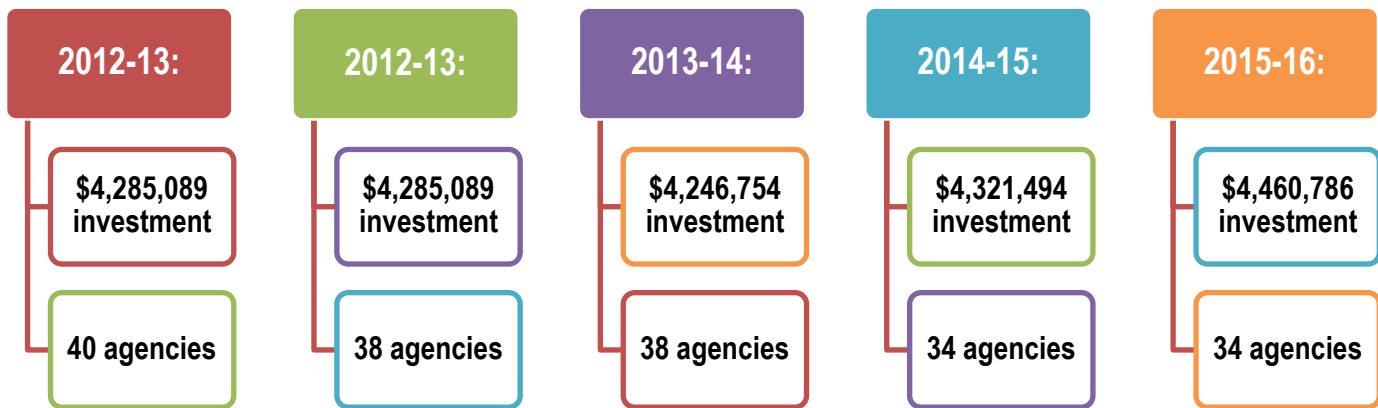


In 2014, HIV/AIDS Resource Center applied for support costs to aid the merger of two non-profit agencies to ultimately expand regional reach, reduce administrative costs and further improve service delivery. The merger was finalized in early 2015.

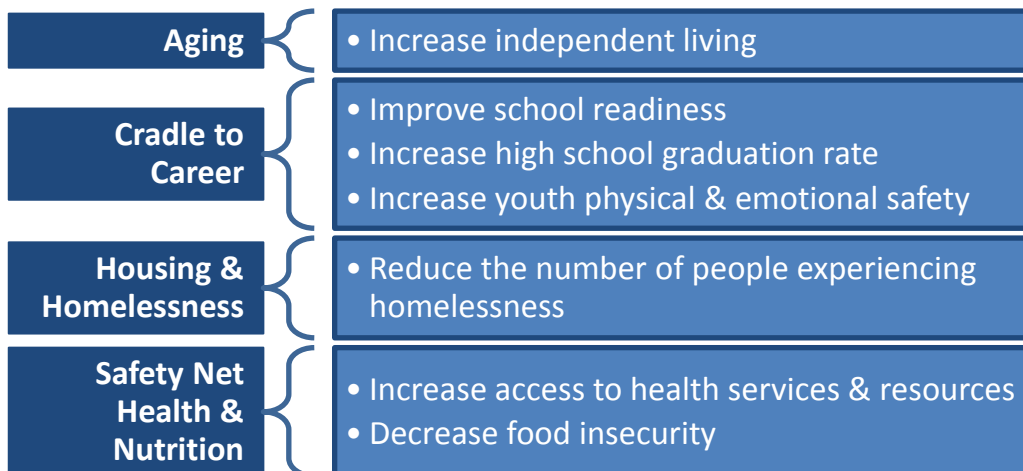
Program Operations

Total Investment 2011 - 2016: \$21.7 million

Program Operations is the largest area of investment. Funding is directed to non-profits for service delivery in the focus areas. All grantees are required to provide timely reporting to measure progress toward outcomes.









Program operations investments are aligned with work in four community priority areas targeting seven community outcomes. Agencies select from among twenty research-based, best-practice program strategies linked to the corresponding community outcome when applying for funding.



Program Operations

Who We Serve

Below are some programmatic highlights in each of the funding areas from the first 4 years of the Coordinated Funding investments. The final reporting for year 5 will be available in late summer 2016.

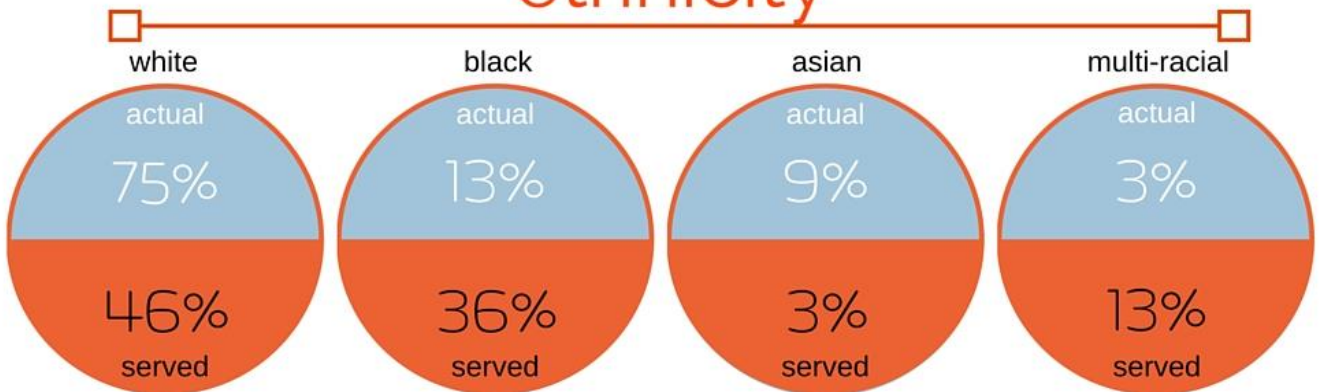
	1,729	Low-income children attended licensed daycare and early education facilities through scholarship support
	2,275	Low-income youth made educational gains as a result of participating in a program
	47,370	Low-income patients received subsidized medical and/or dental services
	> 20 million	Pounds of food distributed by Food Gatherers to food insecure individuals and families
	2,450	Low-income households maintained permanent housing for at least 12 months following exit from a program
	4,323	Low-income seniors whose critical need have been reduced

Program Operations

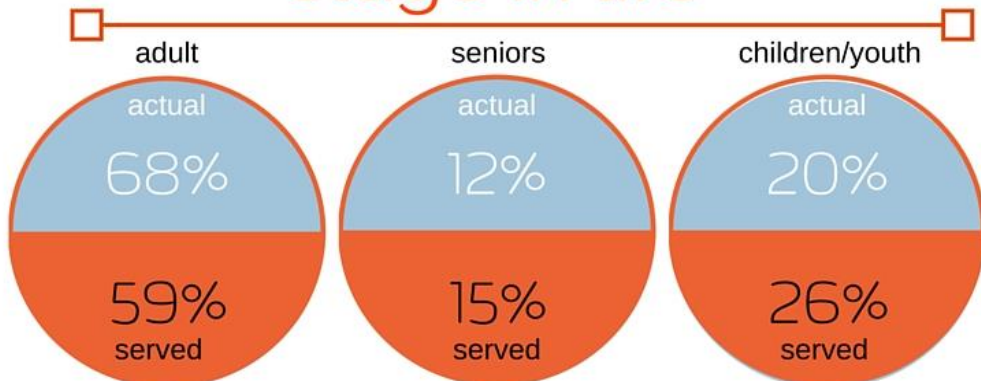
Who We Serve

Based on data from the first three years of Coordinated Funding investments, agencies funded in the program operations component reported data showing who was served by age, ethnicity and location in the county (served). When compared to American Community Survey Data from 2009-2013 (actual), we find cases where service providers appear to “over-serve” in a demographic area, showing the success of outreach and other targeted efforts to serve those most in need of services.

ethnicity



stage in life



Program Operations

Who We Serve

Income of program participants was compared to the Area Median Income (AMI) to confirm that funded agencies are indeed serving the most vulnerable residents in the region. As shown on the scale above, three-quarters of participants fall in the extremely low income category, while 97% of households served were low-income overall. Focused outreach and targeting of programs to those most in need have shown to be effective.

Participant Income

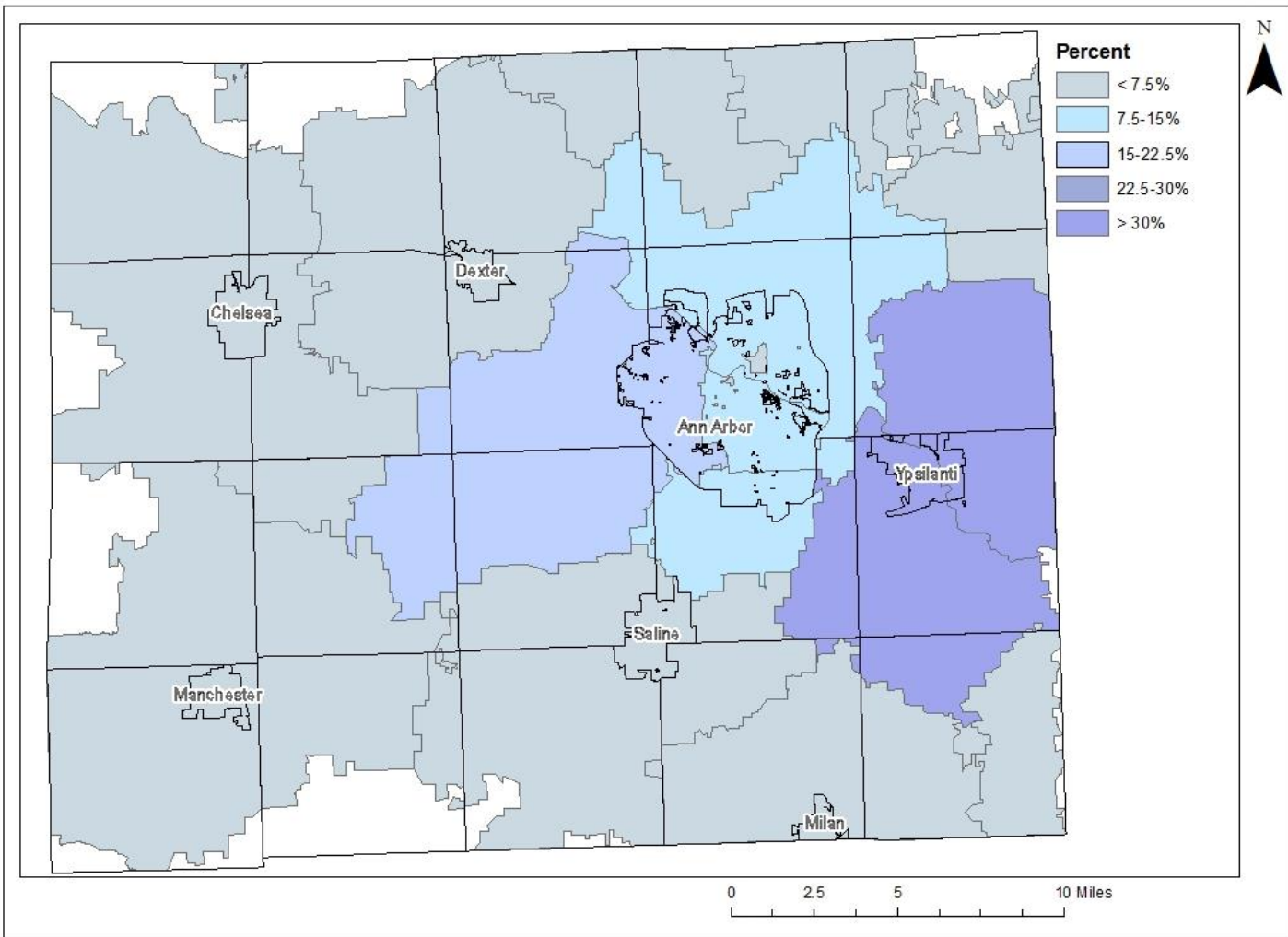


Of all program participants, 98% are low-income, meeting coordinated funding's objective to serve the most vulnerable in the county.

Program Operations

Who We Serve

Geography of Participants Served



Of all the individuals served by programs funded with Coordinated Funding dollars, almost 60% reside in Ypsilanti. Another 10% reside in the 48103 zip code of west Ann Arbor, based on preliminary data from program participant data reported by funded agencies in the first quarter of 2015.

In the 2016-18 funding cycle, a review of whether applicants provided services in and to residents of these high poverty areas was included in the award determination process.

Evaluating the Model

TCC Group - Philadelphia

In 2012, the TCC Group conducted an independent process evaluation of the Coordinated Funding model funded through a \$75,000 grant from the RNR Foundation. The evaluation highlighted a number of **strengths**, including:

Overall support for the concept and intent of the model

Evidence for increased grantee capacity

The evaluation also noted **areas for improvement**, including:

Opportunity for outcomes to be more meaningful

Caution against broadening the model beyond 6 priority areas

Based on these findings, the Coordinated Funders partnered with the Planning & Coordination entities to facilitate outcomes development through an iterative process with the funders and their network of service providers. **This work resulted in the seven community-level outcomes that drive our Program Operations investments, and is just one example of the improvements resulting from this evaluation.**

In 2015, the next phase of evaluation began with TCC. A Coordinated Funding outcomes evaluation will be conducted by end of 2016.