

# Community Outcomes, Program Strategies & Program Outcomes for 2016-18 Program Operations Investments

(Please note: This list is a simplified format of the outcomes and strategies and a companion document to [full Community Outcomes document](#).)



## **EARLY CHILDHOOD: Increase the developmental readiness of children with high needs\* so they can succeed in school at the time of school entry.**

*\*Children with high needs are defined as: children from birth through kindergarten entry who are from low-income families (i.e., at or below 200% FPL) or otherwise in need of special assistance and support. Specifically those who have disabilities or developmental delays; those who are English learners; those who are migrant, homeless, or in foster care; and/or those who are the children of teen mothers.*

### **Program Strategy #1: Parent Engagement and Education**

**Outcome 1A:** Increased number of parents developing measurably stronger parenting skills & knowledge of child development, as measured by curriculum evaluation tool\* and program attendance.

### **Program Strategy #2: Access to High-quality Early Learning**

**Outcome 2A:** Increased number of children with high needs participating in high-quality child care and preschool programs, as measured by program attendance.

### **Program Strategy #3: Strengthen Social Emotional Health**

**Outcome 3A:** Increased number of parents participating in home visiting programs, as measured by program attendance. In addition, outcomes should align with those of the evidence-based program model being implemented.

## **SCHOOL-AGED YOUTH (Grad): Increase the high school graduation rate of economically disadvantaged youth.**

*\*Economically disadvantaged youth are defined as those who qualify for the free or reduce lunch program and/or youth from families with incomes below 185% of the federal poverty limit (FPL), particularly children and youth living in low equity/opportunity neighborhoods*

### **Program Strategy #1: Intervention Programming to Foster Literacy, Academic Success, and School Engagement**

**Outcome 1A:** Increased/maintained school attendance among youth who missed 10% or more days of school, as measured by PowerSchool or report cards.

**Outcome 1B:** Increased youth showing academic improvement of at least one grade level, as measured by a research-based and normed pre/post assessment for the specific area being targeted, to be chosen by the agency (see the QRI, TABE, or National Assessment of Educational Progress as examples).

**Outcome 1C:** Decreased letter grades of D's and F's (or elementary equivalent) and/or maintained letter grades of A's and B's that individual students earn, as measured by PowerSchool or report cards.

### **Program Strategy #2: 21<sup>st</sup> Century Skills and Youth Leadership Development Programming**

**Outcome 2A:** Increased/improved 21<sup>st</sup> Century Learning Skills acquisition among youth, as measured by a research-based and normed pre/post assessment for the specific area being targeted, to be chosen by the agency (e.g. the Youth Experiences Survey 2.0).

**Outcome 2B:** Increased youth who report feeling greater sense of agency and opportunities for meaningful youth voice and engagement, as reported by Youth Self Report.

## **SCHOOL-AGED YOUTH (Safety) Increase the physical and emotional safety of economically disadvantaged children and youth\* in their homes, schools and communities.**

*\*Economically disadvantaged youth are defined as those who qualify for the free or reduce lunch program and/or youth from families with incomes below 185% of the federal poverty limit (FPL), particularly children and youth living in low equity/opportunity neighborhoods.*

### **Program Strategy #1: Out-of-School Programming**

**Outcome 1A:** Increased youth who report feeling safe at home, as measured by Youth Self Report.

**Outcome 1B:** Increased social competency skills and behaviors among youth as measured by pre/post-test survey (e.g. Social Competence Teen Survey).

**Outcome 1C:** Increased positive well-being (mental health) among youth, as measured by Youth Self Report.

**Outcome 1D:** Reduced drug/alcohol usage or frequency of use in the past 30 days among youth, as measured by Youth Self Report.

## **Program Strategy #2: Programming that Facilitates Youth-Adult Relationships**

**Outcome 2A:** Increased youth who report feeling safe at home, as measured by Youth Self Report.

**Outcome 2B:** Increased youth who report at least one adult outside of their immediate family, as a result of participation in the program, who provides practical and emotional support, as measured by Youth Self Report.

**Outcome 2C:** Increased social competency skills and behaviors among youth as measured by pre/post-test survey (e.g. Social Competence Teen Survey).

**Outcome 2D:** Increased positive well-being (mental health) among youth, as measured by Youth Self Report.

**Outcome 2E:** Reduced drug/alcohol usage or frequency of use in the past 30 days among youth, as measured by Youth Self Report.

## **Program Strategy #3: On-Site School Programming**

**Outcome 3A:** Increased youth who report feeling safe at home, as measured by Youth Self Report.

**Outcome 3B:** Increased youth who report feeling safe in school, as measured by Youth Self Report.

**Outcome 3C:** Increased social competency skills and behaviors among youth as measured by pre/post-test survey (e.g. Social Competence Teen Survey).

**Outcome 3D:** Increased positive well-being (mental health) among youth, as measured by Youth Self Report.

**Outcome 3E:** Reduced drug/alcohol usage or frequency of use in the past 30 days among youth, as measured by Youth Self Report.

## **SAFETY-NET HEALTH: Increase access to health services and resources for low-income residents.\***

*\*Low-income residents are defined as individuals or households that are at or below 200% of the federal poverty limit (FPL) as measured by proxies for "access" such as the Medicaid Green Book to indicate Medicaid enrollment at a county level, and/or the American Community Survey to report annually on the level of insurance coverage.*

## **Program Strategy #1: Benefits Advocacy and Referral Coordination**

**Outcome 1A:** Eligible individuals are enrolled and/or re-enrolled in publicly funded programs, including Medicaid, SNAP benefits, WIC, congregate meals, summer food programs, local benefits, etc., as measured by program-level data (i.e., participant tracking of applications).\*

**Outcome 1B:** Increased and/or maintained individuals who have providers/places for services for their medical, dental, mental health, substance use disorder, and/or disability needs, as measured by program level data (e.g. participant tracking).\*

## **Program Strategy #2: Accessing Care Services**

**Outcome 2A:** Increased or maintained access to health care services for the uninsured and for those with Medicaid or other health coverage, as measured by the organization's tracking of assistance to clients.\*

## **NUTRITION: Decrease food insecurity\* for low-income residents.\*\***

*\*Food insecurity is defined as the limited or uncertain availability of nutritionally adequate and safe foods, or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.*

*\*\*Low-income residents are defined as individuals or households that are at or below 200% of the federal poverty limit (FPL).*

## **Program Strategy #1: Hunger Relief**

**Outcome 1A:** Increased fruit and vegetables distribution to targeted low-income populations (at or below 200% FPL), as measured by pounds of produce distributed and percent of locations providing fresh produce.

## **Program Strategy #2: Nutrition Education Enhanced Produce Distribution**

**Outcome 2A:** Increased consumption of fruits and vegetables among targeted low-income populations (at or below 200% FPL) at organizations that also provide fresh/perishable food distribution, as measured by nutrition risk assessment and consumer survey adopted by Food Gatherers.

**Outcome 2B:** Decreased nutritional risk for low-income (at or below 200% FPL) residents, as measured by nutrition risk assessment and consumer survey adopted by Food Gatherers.

## **Program Strategy #3: Home-Bound Food Distribution**

**Outcome 3A:** Decreased nutritional risk for low-income (at or below 200% FPL) residents, as measured by the reduction or elimination of waiting lists.

## **HOUSING & HOMELESSNESS: Reduce the number of people who are experiencing homelessness**

*The target population for programs that align with this outcome is persons at or below 30% AMI.*

### **Program Strategy #1: Homelessness Prevention**

**Outcome 1A:** Increased number of people who maintained housing for at least 6 months after receiving direct financial assistance for housing-related payments and/or housing stabilization services as measured by [HMIS\\*](#).

**Outcome 1B:** Increased number of people who remained stably housed for 6 and 12 months after service intervention as measured by [HMIS\\*](#).

### **Program Strategy #2: Emergency Shelter, Transitional Housing and/or Homelessness Outreach**

**Outcome 2A:** Increased exits to permanent and/or positive housing (including RRH and PSH) as measured by [HMIS\\*](#).

**Outcome 2B:** Increased or maintained income and/or benefits as measured by [HMIS\\*](#).

**Outcome 2C:** Decreased length of time people are homeless (which includes time spent in ES and TH) as measured by [HMIS\\*](#). *\*\*Please report "Average Length of Time Homeless" for this Outcome.*

### **Program Strategy #3: Rapid Rehousing (RRH)**

**Outcome 3A:** Increased exits to permanent and/or positive housing (including RRH and PSH) as measured by [HMIS\\*](#).

**Outcome 3B:** Increased or maintained income and/or benefits as measured by [HMIS\\*](#).

**Outcome 3C:** Increased number of people who remained stably housed for 6 and 12 months after service intervention as measured by [HMIS\\*](#).

### **Program Strategy #4: Permanent Supportive Housing (PSH)**

**Outcome 4A:** Increased exits to permanent and/or positive housing (including RRH and PSH) as measured by [HMIS\\*](#).

**Outcome 4B:** Increased or maintained income and/or benefits as measured by [HMIS\\*](#).

**Outcome 4C:** Increased number of people who remained stably housed for 6 and 12 months after service intervention as measured by [HMIS\\*](#).

## **AGING: Increase or maintain independent living factors\* for vulnerable, low-income\*\* adults who are 60 years of age and older.**

*\*Independent living factors are those that lead to an older adult's ability to age in the location of their choosing (age in place). Factors can include matters related to finance, housing, physical and mental health, social support, transportation, and personal care.*

*\*\*Low-income residents are defined as individuals or households that are at or below 200% of the federal poverty level (FPL). Note: Geographic Catchment and Housing Area Priorities are rural townships, subsidized housing units, mobile home communities, and community dwellers who live alone.*

### **Program Strategy #1: Senior Crisis Intervention**

**Outcome 1A:** Number or percent of *clients* seeking and receiving critical senior services.

**Outcome 1B:** Number or percent of clients who report the program helped them get the services they needed to move from crisis to stabilization (i.e. maintain independence).

### **Program Strategy #2: Senior Service Network Navigation**

**Outcome 2A:** Number or percent of *clients* seeking and receiving protective senior services.

**Outcome 2B:** Number or percent of clients who report the program helped them get the services they needed to maintain their independence.

### **Program Strategy #3: Senior Social Integration**

**Outcome 3A:** Number or percent of people participating in program activities.

**Outcome 3B:** Number or percent of participants who report participation in program activities helped maintain their *social integration*† status.

## Program Outcomes: Shortened Text Versions for Foundant

EC Parent Engagement & Education: Parenting Skills & Child Development Knowledge (1A)  
EC Access to High-quality Early Learning: High Quality Childcare & Preschool Programming (2A)  
EC Strengthen Social Emotional Health: Home Visiting Programming (3A)  
SAY-G Fostering Literacy, Academic Success & School Engagement: School Attendance (1A)  
SAY-G Fostering Literacy, Academic Success & School Engagement: Increased Grade Level (1B)  
SAY-G Fostering Literacy, Academic Success & School Engagement: Letter Grades Change (1C)  
SAY-G 21st Learning Skills & Youth Leadership Development: Learning Skills Acquisition (2A)  
SAY-G 21st Learning Skills & Youth Leadership Development: Agency & Opportunity (2B)  
SAY-S Out of School: Home Safety (1A)  
SAY-S Out of School: Social Skills & Behaviors (1B)  
SAY-S Out of School: Well-Being (1C)  
SAY-S Out of School: Drug & Alcohol Use (1D)  
SAY-S Youth-Adult Relationships: Home Safety (2A)  
SAY-S Youth-Adult Relationships: P&E Support (2B)  
SAY-S Youth-Adult Relationships: Social Skills (2C)  
SAY-S Youth-Adult Relationships: Well-Being (2D)  
SAY-S Youth-Adult Relationships: Drug & Alcohol Use (2E)  
SAY-S On Site School: Home Safety (3A)  
SAY-S On Site School: School Safety (3B)  
SAY-S On Site School: Social Skills (3C)  
SAY-S On Site School: Well-Being (3D)  
SAY-S On Site School: Drug/ETOH (3E)  
SNH Benefits Advocacy & Referrals: Publicly Funded Programming (1A)  
SNH Benefits Advocacy & Referrals: Medical Provision (1B)  
SNH Access to Health Care (2A)  
NU Hunger Relief: Fruit & Vegetable Distribution (1A)  
NU Ed Enhanced Produce Distribution: Fruit & Vegetable Consumption (2A)  
NU Ed Enhanced Produce Distribution: Nutritional Risk (2B)  
NU Home-Bound Distribution: Nutritional Risk (3A)  
HH Prevention: Housing Maintained by Assistance (1A)  
HH Prevention: Stably Housed (1B)  
HH Emergency, Transitional & Outreach: Housing Exits (2A)  
HH Emergency, Transitional & Outreach: Income/Benefits (2B)  
HH Emergency, Transitional & Outreach: Homelessness Length (2C)  
HH Rapid ReHousing: Housing Exits (3A)  
HH Rapid ReHousing: Income/Benefits (3B)  
HH Rapid ReHousing: Stably Housed (3C)  
HH PSH: Housing Exits (4A)  
HH PSH: Income/Benefits (4B)  
HH PSH: Stably Housed (4C)  
Aging Crisis Intervention: Receiving Senior Services (1A)  
Aging Crisis Intervention: Maintaining Independence (1B)  
Aging Network Navigation: Receiving Senior Services (2A)  
Aging Network Navigation: Maintaining Independence (2B)  
Aging Social Integration: Program Participation (3A)  
Aging Social Integration: Maintaining Social Integration (3B)

7 Community Outcomes • 20 Program Strategies • 46 Program Outcomes