United Way of Greater Rochester
THE COMMUNITY FUND BLUEPRINT FOR CHANGE 2013-2019

At a Glance

How do we decide how to use the Community Fund dollars entrusted to us by thousands of generous people in our community? The Blueprint for Change. The Blueprint for Change is a public document that reflects our thinking, our goals, our strategies and our approach to evaluating our work.

The Blueprint uses data and evaluation findings to determine strategies that will accomplish, in our view, the most good for our investment. In short, it is our Community Fund at work. The Community Fund is the single largest and most integrated community-based resource to address our most daunting human service challenges.

We involved hundreds of individuals who shared their ideas and feedback to develop this plan. We identified the issues of greatest concern to the community and sought the most advanced, preventative approaches to addressing them. We also included an evaluation plan to ensure accountability and transparency in our work.

We have four areas of focus.

- **Meeting Basic Needs** makes sure that people have their most critical needs of food, clothing, shelter and transportation addressed. This transcends age, gender, zip codes or other specific needs—everyone in our community must have their basic needs met.
  - Funding focuses on *Basic Needs Programs* to help individuals and families establish a foundation upon which they can begin addressing other challenges they face and *Disability Resource Connection* to provide support to individuals with disabilities not already connected to support services.

- **Giving Babies the Best Start** helps babies become physically and emotionally ready to learn when they enter school.
  - Funding focuses on *In-home Parenting Support and Education*, promoting optimal child development and positive relationships between parents and their children, and *Early Screening and Intervention* programs to ensure kids have the opportunity for maximum learning by decreasing developmental delays.

- **Preparing Kids for Success** ensures that every young person in our community will be ready for college, work and life.
  - Funding focuses on *After-School Learning and Enrichment, Summer Learning and Enrichment*, and *Mentoring* programs that connect at-risk youth with committed, caring adults.

- **Supporting Seniors and Caregivers** enables our growing population of older adults to remain independent.
  - Funding focuses on *Care Coordination* to provide seniors and caregivers with information, *Multipurpose Aging Resource Centers* and *In-home Support* programs.

We believe our mission is best fulfilled when we embrace diversity and inclusion as a value and a practice. This Blueprint reflects full inclusion of the needs of people with disabilities; disabilities service programs are included within the four areas noted above.
Introduction

United Way’s mission is to magnify and focus the power of community resources to prevent and address our most pressing social needs. The primary strategy to accomplish this mission is to make a measurable difference in our community by investing dollars donated to the Community Fund in proven, preventive programs. The Community Fund is the single largest and most integrated community-based resource to address our most daunting human service challenges.

As we set out to craft the Blueprint for Change we developed the following principles to guide our work:

- Our first responsibility is to serve our community.
- Identify priorities and implement effective and efficient strategies to achieve measurable results in areas where we can make the most significant impact.
- Work for long-term success and seek to address the root causes of social problems.
- Proactively identify the most advanced approaches to community problem-solving so that our limited Community Fund resources are invested in strategies that best address the community’s problems.
- We believe that focusing on prevention and evidence-based and promising practices with demonstrated effectiveness are the best investments.
- We hold ourselves accountable for the prudent investment of community resources.
- Seek out a broad range of opportunities to create innovative and effective partnerships to address our community’s most critical challenges.
- Partner with others that share our passion and commitment.
- Build constructive relationships based on mutual respect, candor, and understanding.
- We are willing to take smart risks and move with urgency to address our community’s most pressing needs.
- We value transparency and accessibility through honest and full disclosure to donors, agencies, and the general community.
- We value inclusiveness and the perspectives, opinions, and experiences of the broadest-possible cross section of people—donors, partners, and people served—to inform our decisions.
- Set high standards for all we do and assess our performance.
- Learn from our mistakes and act nimbly on what we learn.

This document represents the planning process that will guide funding decisions for a six-year period, encompassing two three-year funding cycles. The first three-year funding cycle begins in August 2013.
Wicked Problems

“Some problems are so complex that you have to be highly intelligent and well informed just to be undecided about them.” Laurence J. Peter

There is no doubt that we live in an unprecedented time of great change and challenge. The problems that our community faces are increasingly complex and interrelated—challenges like poverty, education, and the largest generation of our time entering retirement.

These complex issues have become known as “wicked problems.” Jon Kolko describes these as “continuously shifting issues where neither the problem nor the solution is clear or stable.” Every wicked problem is unique and, as such, there are no common solutions or even a guide for how to tackle them. And, these problems are interconnected. In short, there are no single problems any more than there are single solutions.

Throughout our community conversations with more than 1,000 local people, we learned that the top areas of concern are:

- Living and working in safe neighborhoods.
- Meeting basic needs: having adequate food, clothing, shelter, transportation, and health care.
- Caring for an aging adult or person with a disability.
- Helping students graduate.
- Keeping older adults independent.
- Living in safe, affordable housing.
- Avoiding abuse and neglect: intimate partner abuse, child abuse, and elder abuse.
- Preparing children for kindergarten.

These are all complicated, interdependent issues for which there are no easy solutions. While on paper our focus areas and strategies seem separate, we appreciate how interconnected they are. As our approach matures, we will be better able to express the inter-relatedness. It is a journey and we are early in it.

Transition to Inclusion

The transition to inclusion has been a significant part of our journey over the past few years. United Way celebrates diversity in all of its forms, including but not limited to: age, disability, ethnicity, gender, race, religion, sexual identity, and economic circumstance. We believe that our mission is best fulfilled when we embrace diversity and inclusion as a value and a practice.

To live this commitment in our community investment work, we developed our 2010-2013 Community Fund Blueprints for Change to be inclusive in the broadest sense of the word. This principle has specific impact on the way we approach disability services. Rather than maintaining a separate Blueprint for disabilities services, we have integrated the needs of people with disabilities into our Blueprints focused on the needs of babies, youth, families, and older adults.

Community response to this initial demonstration of our commitment to inclusion was positive. We successfully engaged a diverse representation of both people and organizations in our planning process and the development of inclusive strategies that resulted for each of our funding areas. However, as our work progressed it became clear that our community wasn’t quite ready for that level of inclusion. As a result, we created a distinct Blueprint for people with disabilities in our last Blueprint for Change. As we started the work to refresh the Blueprints for 2013-2019, we considered two paths: keeping disability services separate or moving toward true and full inclusion. It became clear that full inclusion was the right path and this planning cycle was the right time to make the transition.

Our new Blueprint is truly inclusive. Through
early screening and intervention we will help babies with cognitive, emotional, speech, and language delays get the help they need to enter school ready to learn. Inclusive and specialized after-school, summer, and mentoring programs for youth with disabilities are an integrated part of how we prepare kids for success. We help seniors and their caregivers address disabling conditions many encounter as they age including hearing loss, vision loss, and chronic disease that may affect their mobility, ability for self-care and independence. And, we help all people meet their basic needs through the incorporation of strategies included in the 2010-2013 disability services Blueprint.

This decision was widely and enthusiastically endorsed both by providers serving people with disabilities and other members of the community. It was further validated by the Disabilities Funders Network, a national membership organization that promotes inclusion of people with disabilities within foundation grant making work:

“The basic needs of people with disabilities are not very different from those of other groups...and while the disability community has some needs that do not fit neatly into most foundations’ traditional program areas, it is not necessary to have a designated disability program area to make a difference. Foundations can have a positive impact on this underserved community by the simple act of including people with disabilities in their ongoing grant programs.”

Looking ahead we know there is ongoing work to be done to ensure that all services are provided in culturally competent ways to the diverse people needing assistance. To help us in this work we are recommitting to principles from the Disabilities Funders Network, which promotes inclusion of people with disabilities in effective philanthropy, including (1) including disability in our definition of diversity; (2) incorporating questions about inclusion in our grant process; (3) promoting equality of opportunity, including accessibility to United Way meeting spaces and materials for people who rely on assistive technology; and (4) including individuals with disabilities as staff, volunteers and partners in our work.

Ensuring We’re Making a Difference

It is critical that we know our work is making a difference and that we are using Community Fund dollars in the most effective way to achieve measurable results. We have a dual approach to doing this. We will continue to monitor program investments to ensure individual programs are getting the intended results.

We will also evaluate our funding strategies to ensure that we are making progress holistically. We piloted strategy evaluation work by focusing on a single strategy in three impact areas. For each area, we identified questions that our evaluation would seek to answer; worked with our agency partners on the selection of common tools to collect data; and had that data reviewed by an independent evaluator. This experience provides the framework for continued work to implement a complete evaluation for each strategy across our focus areas. As we move forward we will continue to:

- Involve our providers as partners in developing strategy evaluations.
- Consider process and client outcomes to explore the link between service delivery and results.
- Provide access to COMET, a web-based data collection and analysis tool, and the training needed to fully use this tool to our provider partners.
- Engage outside experts when needed.
- Balance our desire to know everything with the utility of collecting the most pertinent data that is most useful to understanding the impact of the strategy.
- Share results broadly.
We will continue to use learning circles to support our work in making change and as a platform for determining how to translate the results of our evaluation work into program practice. By definition, learning circles are groups of individuals with a common interest who meet regularly to lead action and change. Our pilot learning circles have proven successful in increasing coordination among agencies, improving information sharing, reducing duplication of effort, and increasing overall provider knowledge for the benefit of clients. Moving forward, we will use learning circles across all focus areas for discussion that leads to better understanding of our results and putting that understanding to work to improve programs.

Community Fund Investment Focus

Based on all of the input we received, we will be focusing Community Fund dollars in four major areas:

1) **Meeting Basic Needs** of food, clothing, shelter, transportation for those that need help most.
2) **Giving Babies the Best Start** through early childhood services.
3) **Preparing Kids for Success** in school...and in life.
4) **Supporting Seniors and Caregivers** as they live safely in their homes, with their families.

More information about each focus area and the strategies we plan to fund and evaluate follows. The data we reviewed, the public input we received, and a glossary of terms we use in our work can be referenced at our website [www.uwrochester.org](http://www.uwrochester.org), along with a list of acknowledgments recognizing the people that provided input and feedback as the Blueprint for Change was being developed. Also published on the website, is information on how to apply for Community Fund investments to implement programs aligned with our strategies, information about current investments, and highlights of the results we’ve achieved.

As we declare our investment strategies, it is important to also state that we realize that no single funder has the resources to tackle these issues alone. We will enlist others to work with us and join community efforts to help ensure we accomplish as much as possible in these four areas. We will also work to advocate for change and mobilize volunteer resources where appropriate to help advance this work.

Meeting Basic Needs

We believe that helping people to meet their most basic needs is the crucial first step to successfully helping them tackle other life challenges, such as effective parenting, school success, and aging gracefully. The recent economic climate has resulted in more people than ever before—families, older adults, and young people—in need of help obtaining the basics of food, clothing, shelter, and transportation. Of particular concern are our most vulnerable populations including homeless youth, victims of domestic violence and their children, and people with disabilities who, without specialized interventions, face significant barriers to reaching self-sufficiency.

The American Community Survey reports that 1 in 3 Rochester residents live in poverty. Federal guidelines define poverty as a single adult with an income of $11,170 or less. For a family of three including one adult, one preschooler, and one school-age child, the poverty level is $19,090. The Self-Sufficiency Standard for New York 2010 report states that it takes $20,042 for a single adult and $47,391 for a family of three living in Monroe County to actually cover their basic needs. For families in our community, that is two-and-a-half times the poverty level.

Meeting basic needs can be especially challenging for people with disabilities who, according to census data, experience poverty at more than twice the rate of their non-disabled
peers. From our experience, we know that over 80% of the local residents with disabilities who were served through funded transition coaching programs had annual incomes of $15,000 or less; too little for a single person to meet their basic needs without help. Limited understanding about the types of accommodations that work to address the needs of people with disabilities, particularly those with less visible conditions, can pose significant obstacles for providers who want to help but aren’t sure how.

Homeless teens and victims of domestic violence, due to their specific age and circumstance, also face obstacles to meeting their basic needs without special assistance. In Monroe County last year, 828 runaway and homeless youth spent time in emergency shelters. According to the National Alliance to End Homelessness, these homeless youth are often exposed to “acute diseases, physical assault, unwanted pregnancy, unmitigated mental illness, and sexual abuse.” Victims of domestic violence and their children fare no better. Studies show that violence against women is a leading cause of homelessness. The National Law Center of Homelessness and Poverty reports that women in socio-economically disadvantaged neighborhoods experience intimate partner violence at twice the rate of their non-disadvantaged peers. They are more likely to be abused repeatedly or to experience severe violence.

Our challenge is to make the best investments possible to help families and individuals meet their basic needs, recognizing the alarming rate of poverty in our community.

**Goal.** The goal for our work in basic needs is that all individuals and families in our community have their basic needs met. This means they have must have food, clothing, housing, transportation, and linkages to services to help them become more self-sufficient and access to government benefits such as healthcare coverage, including Medicaid and Medicare. We will be measuring our progress towards the goal using one outcome and four indicators.

**Outcome.** Increased Ability to Meet Basic Needs as measured by these indicators:

1. Immediate basic needs are met.
2. Increased screening for, and linkages to, financial resources and public benefits.
3. Increased linkages to, and utilization of, community resources.
4. Increased retention of individuals and families in permanent, stable housing.

**Investment Strategies.** We developed two strategies to achieve our goal and desired outcome for individuals and families struggling to meet their basic needs which take into the account specialized services for people with disabilities.

**STRATEGY 1: BASIC NEEDS PROGRAMS**

We will invest in services to help individuals and families struggling to meet their basic needs and establish a foundation upon which they can begin to address the other challenges they face. We will invest in several approaches to meeting basic needs, including programs that directly provide people with food, clothing, and housing assistance, programs that provide access to basic services, and emergency housing with support services for homeless youth and victims of domestic violence.

Basic needs assistance programs that directly provide food, clothing, and financial assistance needed to maintain housing are critical. These programs must exhibit quality practices and elements including:

- Reaching a broad and diverse population of individuals and families.
- Having trained staff skilled in working in culturally competent ways and knowledgeable of community resources and government benefits.
- Conducting a needs assessment to document the presenting concerns and any underlying causes.
- Helping resolve the immediate issues and make connections to other services (mental health services, substance abuse treatment, legal services, government
benefits, and job placement) as needed to help people move toward self-sufficiency.

Programs that give people the tools they need to access or link to basic services are also critical and include:

- Helping a person who doesn’t know where to turn connect with a basic needs provider.
- Transportation needed to access basic needs services.
- Legal assistance and other services to assist in obtaining public and private benefits including tax credits, child support, Supplemental National Assistance Program (SNAP-food stamps), health insurance, and government entitlements.
- Negotiations with landlords and lenders that ensure housing stability.

Emergency shelter programs for homeless youth and victims of domestic violence ensure people have their daily basic needs met while in residence and provide at a minimum:

- Emergency shelter in accordance with all applicable regulations governing such programs.
- 24-hour on-site staff support.
- A continuum of services including connections to safe, affordable, permanent shelter and management that connects residents to critical services that will support their transition to self-sufficiency, as appropriate.
- Focus on family mediation and reunification or other appropriate housing options.

**STRATEGY 2: DISABILITY RESOURCE CONNECTIONS**

Disability Resource Connections (formerly known as Transition Coaching) will provide support to individuals with disabilities who are not already connected to a system of care with case management or similar services. They will focus on ensuring that basic needs are met. Disability Resource Connections programs must have a demonstrated ability to work effectively with diverse people with different disabilities and at a minimum meet a specific set of quality practices and program elements including expertise in:

- Person-centered planning, balancing what is important to and what is important for a person with disabilities in order to achieve their self-sufficiency goals.
- The identification of, eligibility screening for, and connection to public assistance supports established for people with disabilities, including Social Security, Medicaid, Medicare, pharmaceutical programs, and waiver programs.
- Delivery of intensive, short-term (up to six months) services that help people meet their basic needs and develop information, skills and personal support networks to support the longer term journey toward self-sufficiency.
- Adaptive service delivery based on individual disabilities, including use of adaptive technologies and delivering services in a variety of locations, including the individual’s homes, as appropriate.

**STRATEGY EVALUATION**

The Disability Resource Connections strategy was implemented in August 2010 under the name Transition Coaching as a new service resulting from the hypothesis that many people with disabilities are falling through the cracks of publicly-funded services. With no hard data to support this contention, evaluation efforts focused on discovering who was coming for service and their needs. Data gathered show participants with multiple issues who were clearly in need of services due to these numerous challenges coupled with lack of monetary resources to deal with them. Specifically:

- Almost half of the 833 participants had two or more disabilities.
- 83% had incomes under $15,000; 53% lived in households with total incomes under $15,000.
• Many were dealing with changes in public benefits, housing and financial planning needs.

At present, evaluation of basic needs services has been at the program level with each program regularly reporting progress toward their individual goals. Last year these programs helped more than 45,000 people with food, shelter, and access to public benefits. While programs are achieving positive results, the individual data collection prohibits us from analyzing data across programs to better understand the needs globally and how they are being addressed.

Looking forward, we will build from our experience to develop an evaluation encompassing all programs funded for Meeting Basic Needs. We will work collaboratively with our funded agencies to develop and test a common intake form and associated measurement protocols to collect information on the people being served to include: demographics, presenting needs, if those needs are met and how and any unmet needs. The evaluation will allow us to identify the number of individuals and families served across programs—both duplicated and unduplicated—and gain a greater understanding of the complexity of needs they face. We will also be able to identify frequently-experienced basic needs that cannot be resolved due to access issues, lack of services, etc. As eligibility for government programs and entitlements continues to change, this will allow us to identify any gaps in services and to further refine services to address needs in a more meaningful way.

Giving Babies the Best Start

The sooner we can improve the lives of children, the higher our chances to make long term impact. When early experiences are consistent, developmentally sound, and emotionally supportive, there are positive effects on the child and the family. Positive early experiences help children enter school ready to learn. These children are more likely to achieve more in school and academic success has been linked to improved social, economic, and health outcomes.

When early experiences are not positive, the results are deleterious. Young children living in poverty are especially vulnerable. Research shows that children living in poverty suffer from poor diet, lack of mental stimulation, depressed mothers, and exposure to violence, which contributes to higher rates of academic failure, grade retention, school drop-outs, teen parenthood, smoking, and illegal drug use. Additionally, these children are likely to experience childhood trauma and research suggests that trauma is the underlying cause of many of our biggest public health problems.

Children in our community face challenges:
• Rochester ranks 7th in terms of child poverty of all large American cities.
• Poverty rates for our children are getting worse; half of all City children under the age of six live in poverty.
• 38% of RCSD students entering kindergarten had problems with their vision, hearing, motor skills, language, and cognition that put them at risk for poor school performance.
• 11% of RCSD kindergarteners witnessed violence in their neighborhoods; 9% in their homes.
• Over 2,200 Monroe County children were involved in verified abuse and neglect cases in 2009.

To prevent our at-risk kids from negative outcomes, we must invest in strategies that help them get the best possible start in life, free from the trauma of abuse and helping them make the developmentally appropriate progress necessary to enter school ready to learn.

Goal. Giving babies the best possible start in life means making sure that they have their basic needs met and:
• Are born healthy.
• Have secure attachments to nurturing, supportive families.
• Have parents who are fully equipped to
embrace their role as their child’s first teacher.
- Are free from physical, psychological, and emotional abuse.
- Have access to high quality early childcare and education.
- Are cognitively, physically, emotionally, mentally, and socially prepared for learning.

We will be measuring progress towards this goal using two outcomes and eight indicators.

**Outcome 1.** Decreased Child Maltreatment as measured by:
1. Increased parent knowledge of child development.
2. Improved parenting skills and practices.
3. Reduced child maltreatment risk factors (lack of empathy, role reversal and corporal punishment).
4. Reduced child abuse and neglect.

**Outcome 2.** Improved Age Appropriate Child Development as measured by:
1. Increased number of children screened for early learning delays and linked to appropriate services.
2. Improvement in physical, emotional, social and cognitive development.
3. Increased percentage of children exhibiting age appropriate or developmentally appropriate physical, emotional, social, and cognitive development.
4. Increased school readiness.

**Investment Strategies.** We selected In-home Parenting Support and Education and Early Screening and Intervention as the strategies to achieve our goal for babies and their parents:

**STRATEGY 1: IN-HOME PARENTING SUPPORT AND EDUCATION**
Evidence-based home visitation programs help children get the best possible start in life by addressing healthy births, positive parenting, and healthy child development.

Even the best prepared parents find challenges with the increasing demand of raising children. Parents living in poverty, teenage parents who have not completed high school, and those with unaddressed issues of trauma and toxic stress face extra challenges that can impact their ability to appropriately respond to their children’s needs.

We will invest in the two home visitation models we feel best align with our goal and outcomes and which have demonstrated success locally: Parents as Teachers and Nurse Family Partnership.

**Parents as Teachers** is a research-based model for parent education and family support designed for pregnant families and those with young children up to kindergarten entry. The program has demonstrated results in promoting optimal child development and positive parent-child relationships, including:
- Increased parent knowledge of early childhood development and improved parenting practices.
- Early detection of developmental delays and health issues.
- Prevention of child abuse and neglect.
- Increased children’s school readiness and school success.

The Washington State Institute for Public Policy estimates a $1.23 return per dollar invested for this program based on $3,500 cost per child and $4,300 in benefits.

**Nurse-Family Partnership** (NFP) is an evidence-based, nurse home-visiting program that improves the health, well-being, and self-sufficiency of low-income first-time mothers and their children. The program starts with first-time mothers early in their pregnancy and continues until their child turns two. Nurse-Family Partnership has been rigorously evaluated in three long-term studies and has shown to have long-term positive benefits for both the mother and child. Compared to similar families not participating in the program, NFP families had:
- 78% fewer days hospitalized for injuries.
and ingestions for children at age two.
- 67% reduction in children's behavioral and emotional problems at age six.
- 48% reduction in verified child abuse and neglect reports (at child age 15).
- 61% fewer arrests and 72% fewer convictions for mothers (at child age 15).
- 57% fewer arrests and 66% fewer convictions for children at age 19.

The report, “Early Childhood Interventions: Proven Results, Future Promise,” estimates a $5.70 return per dollar invested in NFP based on a $7,271 cost per child and $41,419 in benefits.

In 2010, more than 8,500 children were born in Monroe County. Of those births, approximately 3,090 were born to low income mothers. All parents need support raising children, but the additional stressors of being single, living in or near poverty, and having few or no support systems means additional assistance is critical to ensuring that children and their families have a great start in life to continue to grow and thrive. For every $250,000 in increased funding to Giving Babies the Best Start, we could increase the number of professional home visitors in our community and expand services to an additional 100 families a year.

**STRATEGY 2: EARLY SCREENING AND INTERVENTION**

There are times that, even with the best of conditions, some children are at risk for learning and physical disabilities that impact their life course. The early years are a critical time for learning and development and the timing of an intervention increases the opportunity for maximum learning and decreases delays in cognitive, social, emotional, communication, behavioral, and physical development. Early screening and intervention is an effective method for preventing problems from reaching a level of acute need, ensuring families have the support services they need to reduce the challenges to positive child development and future educational, workplace, and life success.

We will invest in early screening and intervention programs that have demonstrated effectiveness and which:
- Reach a broad and diverse population including pre-kindergarten age children.
- Use valid, reliable and research-based early childhood screening and assessment tools and practices to identify developmental and behavioral concerns and delays.
- Partner with parents and caregivers, teaching them to recognize delays and be knowledgeable of appropriate interventions and how to access them.
- Provide tailored services to meet the individual needs of children and their families.
- Do not replace or replicate early intervention services with mandated funding streams through the department of health or school districts.

**STRATEGY EVALUATION**

Strategy evaluations implemented for home visiting programs funded as part of our first Blueprint for Change revealed that we are targeting the right parents—most are at moderate to high risk for child maltreatment—and parents are improving. We saw a significant decrease in the proportion of parents at high risk for child abuse and neglect due to:
- Lack of empathy, down from 41% to 29%.
- Role reversal, down from 20% to 12%.
- Corporal punishment, down from 27% to 22%.

For the future, programs funded through the In-home Parenting Support and Education strategy will continue to collect information in COMET using the APPI-2. This tool is clearly focused on the critical factors related to risk for child maltreatment and most aligned with our efforts to prevent child abuse and neglect. We will also continue conversations with the Monroe County Department of Human Services to determine the potential for tracking the incidence of child abuse and neglect reports among families participating in these programs over time to better understand the longer term impact.
We will also work with providers funded through the Early Screening and Intervention strategy to select tools to measure the outcomes and indicators identified to assess progress for this strategy. We expect to begin by focusing on measuring the number of children screened for early learning delays and linked to appropriate services. We envision this will involve developing standard metrics for programs to track the number and percentage of children screened, identified as having a delay, treated directly by the program or linked to an outside service, and enrolled in an appropriate intervention. Data collected will be aggregated and analyzed and used to set future targets.

Preparing Kids for Success

Our work in Preparing Kids for Success continues the work of Giving Babies the Best Start. Our youth face daunting challenges—poverty being the leading concern—as poorer kids are at greater risk for poor academic achievement, school dropout, abuse and neglect, behavioral problems, physical health problems, and developmental delays.

Here are just a few of the most startling statistics that inform our work with youth:

- More than 40% of city youth ages 6-17 live in poverty.
- 85% of RCSD children are eligible for free or reduced-price school lunches.
- Less than half of RCSD ninth graders graduate from high school in four years.
- 12.5% of county youth and 17.5% of city youth are classified with disabilities for special education.

Youth tell us they want the same things we hope to provide them: safe places to live, learn, and play along with caring adults—parents, teachers, youth workers, and community members—to guide them. We need to ensure that youth have these supports to help them develop a positive sense of self and make the meaningful connections to family, school, and community that lead to high school graduation, post-secondary training, and careers.

Without a high school education, the likelihood of our youth working their way out of poverty is extremely low. To prevent our at-risk kids from those kinds of negative outcomes, we must invest in strategies that support our children’s positive development into adulthood, with a particular focus on supporting their success in school.

Goal. In Preparing Kids for Success, we aspire to ensure that every young person in our community is ready by 21 for college, work, and life. We will be measuring our progress towards the goal using one outcome and four indicators.

Outcome. Prepared for a Successful Future as measured by:

1. Increased social-emotional and physical wellness.
2. Regular attendance in out-of-school-time programs.
3. Increased school attendance.
4. Improved academic performance.

Investment Strategies. We selected After-School Learning and Enrichment, Summer Learning and Enrichment, and Mentoring as strategies to achieve our goal.

STRATEGY 1: AFTER-SCHOOL LEARNING AND ENRICHMENT

Since our youth spend the majority of their waking hours out of school, providing high quality, positive, engaging programming to fill this time can make the world of difference in their behavior and their school work. Decades of research conducted by the Harvard Family Research Project tells us that “children who participate in quality after-school programs have higher school attendance and achievement and are less likely to be involved in risky behaviors in the hours immediately following school.”

We will invest in high quality, structured after-school programs focusing on the inclusion of youth, who are academically or developmentally in kindergarten through 8th grade, to help them
stay on track and be prepared to enter high school. Programs will provide a variety of activities including physical activities, nutritious snacks, homework help, literacy, arts and culture, health and wellness, social-emotional learning, career exploration, leadership, service learning and science, technology, engineering, and math (STEM). Youth program participants will inform all programming choices as part of engaging them in their learning and skill development.

STRATEGY 2: SUMMER LEARNING ENRICHMENT
All young people experience learning losses when they do not engage in educational activities during the summer. For our urban youth, who often lack resources to participate in these activities, the summer loss is significant. These losses are contributing factors to the achievement gap between lower- and higher-income youth. Johns Hopkins University research shows that “more than half of this achievement gap can be explained by unequal access to summer learning opportunities. As a result, low-income youth are less likely to graduate from high school or enter college.”

We can help level the playing field by ensuring that at-risk youth have high quality summer learning and enrichment opportunities. For example, after-school learning and enrichment programs and summer learning and enrichment programs will focus on the inclusion of youth who are academically or developmentally in kindergarten through 8th grade and provide a variety of activities including physical activity, nutritious meals, literacy, arts and culture, health and wellness, social-emotional learning, career exploration, leadership, service learning and science, technology, engineering, and math (STEM).

Our investment in Summer Enrichment and Learning will help reduce summer learning loss and help at-risk youth succeed. We know that there is more need for programming than currently exists and that we are limited by funding. For every $250,000 in increased funding to Preparing Kids for Success we could engage an additional 200 youth in summer enrichment and learning programs.

STRATEGY 3: MENTORING
Ask young people and you will hear about the importance of caring adults in their lives. Equally important, countless studies tell us that kids with a caring adult in their lives do better. Youth mentoring programs connect youth to committed, caring adults in order to build attitudes and skills which will help them be successful students and citizens. For at-risk youth, having a mentor reduces the incidence of delinquency, substance use, and academic failure while improving self-esteem, social skills, and relationships with parents and peers.

We will invest in evidence-based and promising mentoring programs that are highly structured, one-to-one and long-term for at-risk youth from kindergarten through twelfth grade. We’ve identified the following two evidence-based programs.

Community-Based Mentoring Program. This evidence-based program, developed by Big Brothers Big Sisters of America, matches at-risk youth (predominately from low-income, single parent households) with adult volunteer mentors who engage them in a range of developmentally appropriate activities. The program is effective in reducing children’s negative behaviors while improving their academic achievement, self-confidence, and relationships with peers and parents. Compared to their non-participating peers, participants:

- Are 46% less likely to start using illegal drugs.
- Hit someone 32% fewer times.
- Skipped 37% fewer classes and skipped 52% fewer days of school.
- Had a higher degree of trust and quality relationship with their parent/guardian.

The Washington State Institute for Public Policy estimates a return on investment of $3.28 per dollar invested.
**Bry Achievement Mentoring** is an evidence-based program that matches a trained mentor with a middle school student identified by the school as having poor grades, attendance, behavior, or other factors that put him or her at risk for school failure for weekly meetings and group sessions over a two-year period. Mentors keep in regular communication with teachers, parents, and other key adults in the student’s life to provide common positive reinforcement. Evaluations have shown the program to be effective in achieving academic outcomes; mentored students’:

- Grades declined slightly between 6th and 8th grades; non-participating students’ grades declined more sharply.
- School attendance improved while non-participating students’ attendance declined.

### STRATEGY EVALUATION

Evaluation efforts for Preparing Kids for Success are currently focused on the after-school and summer enrichment strategies. Research tells us that youth regularly attending these types of programs have increased school attendance, standardized test scores, and graduation rates. We believe that understanding program attendance and its impact is a critical first step. In the long term, we believe that youth will see multiple benefits from regular program attendance during their school years.

In order to test that hypothesis, we started with basic program attendance and instituted a tracking system to determine program utilization, degree of youth participation, and demographic characteristics of youth served. Results for the 2010-2011 and 2011-2012 school years show:

- Overall demand is high: 141% utilization for afterschool in 2010-2011 and 136% in 2011-2012.
- Overall youth are attending regularly:
  - 56% attended during the whole 2010-2011 school year; 49% for 2011-2012.
  - 61% met or came close to meeting the attendance standard for 2010-2011; 56% for 2011-2012.
- Attendance patterns vary by age; younger students met the attendance standard at higher rates.
- 54% of students that participated in 2011-2012 also participated the previous school year and the average attendance of these students (216 hours) during the 2011-2012 school year was significantly higher than that of students participating only for the 2011-2012 school year (133 hours).

We are currently engaging in a data sharing project with the Rochester City School District and COMET Informatics to establish measurement protocols and report group-level academic results for participants in funded after-school programs compared to similar students not involved in these programs. Initial results are promising. In comparing results we found:

- Participants had higher school attendance and fewer illegal absences than their peers not involved in our programs.
- Participating 7th and 8th grades had higher GPAs.
- Greater program attendance is linked to stronger outcomes, with students attending programming more hours having better school attendance and GPAs on average.

For the future, programs funded through both the After-School Learning and Enrichment and Summer Learning and Enrichment strategies will continue to collect attendance data in COMET. This information has proven valuable in understanding program utilization. With regular attendance being a foundation for positive outcomes from these programs, it is critical that we continue to monitor it. We will also continue our collaborative work with the Rochester City School District and our COMET partners to track the academic results of participants compared to students not participating. We expect that over time this work will tell us whether students’ academic performance is improved as a result of participation in after-school and summer programs and how changes in school performance vary by factors such as frequency.
and length of program participation. We will also work collaboratively with our funded agencies to launch a strategy-level evaluation focused on improved social-emotional wellness that crosses the three school age youth strategies.

Supporting Seniors and Caregivers

In 2011 the Baby Boomers, the largest generation of our time, started turning 65. AARP estimates that over the next 18 years, boomers will be turning 65 at a rate of about 8,000 a day. As a group, they are staying healthy, remaining active, working, and living longer. Longer life expectancy, together with the impact of the recession on retirement savings, not having saved enough in general, and rising health care costs make it harder for older adults to maintain their standard of living into retirement. All of these factors contribute to older adults working later in life and interesting demographic shifts. Ranging in age from 65 to over 100, the older adult demographic now includes both parents and their children. The oldest old, those 85 and over, is expected to grow and comprise an increasing portion of the older adult population. Disparity in age among the group is matched by disparity in income, health, and activity level; it is a very diverse group.

Common among older adults is the preference to remain independent and comfortable in their own homes as they age. To do so, they tend to need varying degrees of help such as transportation to medical appointments, financial management, housekeeping, personal care, home repair, and coordinating care. They often get some help from nonprofessional caregivers such as their neighbors, friends, and family. According to a 2009 survey, the typical New York caregiver for older adults that accesses aging support service programming is an older adult herself, specifically a 64-year-old woman providing care for her mother. Serving as a family caregiver can create significant stress—physically, emotionally, and financially. With the ratio of potential caregivers to older adults shrinking, balancing demands will likely become more challenging.

It is critical that we meet the changing needs of our growing and diverse older adults and their equally diverse caregivers as:

- In Monroe County the number of older adults is increasing; up 23% in the past decade.
- 1 in 4 County residents are 55 or older; by 2040, 1 in 3 will be.
- 17% of older Rochester adults live in poverty.
- 30% of older adults in the County live alone.
- More than 44,000 older adults in the County may be income-eligible for food stamps but just under 10,000 were receiving them in 2010 and may be considered nutritionally at risk.
- 32% of County older adults self-identify as having one or more disabilities including hearing, vision, and mobility losses.
- For older adults, falls – the leading cause of accidental death, injuries, and hospitalization – are on the rise in NY with falls-related hospitalizations up 15% and falls-related deaths up 13% between 2000 and 2007.

Complicating the lives of older adults is New York State’s transformation of Medicaid. In an effort to improve the quality of care while also reducing per capita costs, the State is moving rapidly toward a system of “care management for all.” This will have far-reaching implications for how community-based providers interact with each other and regional health systems to ensure better support for vulnerable older adults.

Goal. The goal of our work in Supporting Seniors and Caregivers is to ensure that older adults and their caregivers have the resources they need to remain vital and independent for as long as possible. We will be measuring our progress
toward this goal using one outcome and three indicators.

**Outcome.** Maximized Independence for Seniors as measured by:
1. Older adults maintaining their independence in their homes.
2. Maintaining or improving social, mental, and physical wellness for seniors.
3. Increasing caregivers' knowledge of, access to, and utilization of appropriate community resources.

**Investment Strategy.** We selected Supporting Seniors and Caregivers as the key strategy. Within this strategy are three tactics: Multipurpose Aging Resource Centers, Care Coordination, and In-home Supports.

**STRATEGY: SUPPORTING SENIORS AND CAREGIVERS**
Most seniors hope to “age in place,” that is, to live in their current homes and neighborhoods for the rest of their lives. To successfully remain at home often means finding the right tools and support networks as physical changes associated with aging may limit an individual's ability to do so without assistance. We will invest in services to help seniors maintain their independence in the community, including services for their caregivers. We will support the following approaches to ensure that older adults remain in the community.

Our community benefits from a rich array of senior services. Yet those services are remarkably fragmented, resulting in older adults and their caregivers needing to piece together services from different organizations and visit multiple sites to get the services they need. The Multipurpose Aging Resource Center (MARC) is an intentional and integrated approach to overcome this fragmentation and provide multiple services in a single location within the seniors’ neighborhood. Our approach requires: bringing together providers with diverse specialties to the single site, selected based on density of seniors in the neighborhood; having seniors who naturally congregate there; housing multi-generational programs; and, having designated space for senior-specific activities. At the MARC site, a myriad of senior services are all available, such as: exercise, nutrition and health screenings; government benefit eligibility reviews; evidence-based wellness programming such as A Matter of Balance for falls prevention and Chronic Disease Self-Management; recreation and socialization; lifelong learning and opportunities for volunteerism; and caregiver education and connections to care coordination. Nowhere else is this rich array of diverse and critical services so easily accessible in one place.

We launched the Multipurpose Aging Resource Center in 2011 with a single pilot site, the Caroline “Lily” Lobozzo Aging Resource Center. We are continuing the implementation and evaluation of this site and anticipate replicating the strategy at two additional sites over the next six years. The expansion will be done slowly and thoughtfully. We will identify future MARC sites based on factors including demographic patterns of older adults, evidence reflecting where older adults predominantly gather, and infrastructure opportunities such as facilities and transportation. Based on these factors, we anticipate selecting suburban sites, one in an eastern suburb and on the west side of the County. Sites and program partners will be selected in a separate process and require raising an additional $250,000 per site.

Care Coordination provides seniors and their informal caregivers with comprehensive information and expertise to assess their individual needs, educate them about community resources and options, make plans for the future, and help implement decisions—all toward the goal of keeping people safely at home. Care coordination is characterized by connecting resources across systems and agencies, as well as connecting families and informal supports into a comprehensive service plan. This coordination is critical because the array of aging services is complex and families are typically hard pressed to make quick decisions—decisions that can lead to unintended, potentially negative
consequences. We will fund comprehensive care coordination services that:

- Reach a broad and diverse population of seniors and their caregivers.
- Provide tailored services to meet the individual needs of seniors and their caregivers.
- Are inclusive and well-connected to a wide array of community-based direct service providers.

In-home supports provide older adults minor assistance with daily activities that allow them to remain safely and independently in their homes. These include assistance with shopping, light chores, managing personal finances, and meals, as well as adaptive skills to adjust to personal physical changes like decreases in hearing, vision, and mobility that can impact ability to remain safely at home. We will provide financial support for in-home supports that are inclusive and:

- Reach a broad and diverse population of seniors and their caregivers.
- Provide tailored services to meet the individual needs of seniors and their caregivers.

**STRATEGY EVALUATION**

At present, evaluation of aging services has been at the program level with each program regularly reporting progress toward their individual outcomes. Last year, over 36,000 people were served by programs that helped older adults and their caregivers with services including: needs assessments, case management, nutrition, in-home support services, exercise, and socialization. While programs are achieving positive results, this individual data collection prohibits us from analyzing data across programs to better understand the needs and how they are being addressed. Looking forward, to evaluate the Supporting Seniors and Caregivers strategy we will work collaboratively with our funded agencies to define common indicators, measures, and measurement protocols to collect information on people served and the impact of the service provided. This evaluation will allow us to understand the impact of the strategy and explore opportunities for improvement.
Acknowledgements

More than 1,000 local community members—volunteers, service providers, field experts, and program participants—contributed to the Blueprint for Change by responding to surveys regarding issues of greatest concern, sharing information, resources and ideas, and giving feedback as the work progressed. A special thanks to the Community Investment Cabinet volunteers for their strategic leadership and vision, expertise, and wise counsel.

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- Fredericka Macek, Community volunteer, Rochester Labor Council
- Michele Marinaro, Front End Manager, Irondequoit Wegmans Food Markets, Inc.
- Kevin McDonald, Vice President for Diversity and Inclusion, Rochester Institute of Technology
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- Rick Mihaljevic, Rochester General Manager, Johnson & Johnson, OrthoClinical Diagnostics
- Mary O'Connell, Esq., General Counsel, Sweetwater Energy, Inc.
- Dianne Ostendar, Steward and Executive Board Member, CWA Local 1570/Frontier
- Thomas Rogers, CPA, Chief Operating Officer, Broadstone Real Estate
- LaRon Rowe, Director, Information Technology, Rochester RHIO
- Ellen Rusling, Ph.D., Community Volunteer
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Finally, our deepest thanks to each and every person who makes contributions to the Community Fund—the single largest and most integrated community-based resource to address our most daunting human service challenges.