

Priority Impact Areas

United Way of Central Jersey will only consider requests for funding through its annual RFP process to support operating costs for evidence-based programs with measurable outcomes that fall into one of the following issue areas with a primary focus on children, in particular from birth to age 5.

Children Ready to Succeed

Ensures healthy development and school readiness of children 0 to 5 years old.

Youth on Track

Prepares youth ages 6-18 to become accountable adults

Families Living Well

Ensures that families with children are healthy and economically self sufficient, safe and protected.

Safety Net Services

Provides critical, time-limited emergency support for children, youth and families with children

United Way also supports targeted initiatives in each of the areas above that are not part of the annual RFP process. These include the Quality Initiative, Nurse Family Partnership and Parent-Child Home Program (Children), Early Grade Reading (Kids), the VITA program (Families), immigrant services and 2-1-1 (all three areas). Ongoing oversight of these initiatives is provided by the volunteer Community Needs Committee.

United Way volunteers, staff and other community stakeholders determine funding priorities, which are reviewed regularly and amended as needed. Input is gathered from, among other sources, the Community Needs Committee, community service providers, United Way's program review volunteers, the United Way of Central Jersey Board of Trustees and United Way Worldwide.

Table 1

Children Ready to Succeed

Ensures healthy development and school readiness of children 0 to 5 years old

United Way

United Way will measure and report on these outcomes/ indicators to determine impact of its investment on the community

Funded Programs

Funded programs are required to measure at least one program outcome that can demonstrate a change in client knowledge, behavior, or skills.

United Way Outcomes

United Way Indicators

Funded Program Outcomes

Funded Program Measurements

Examples

Example Sources

HEALTHY DEVELOPMENT

1-A) Babies are born healthy into an environment that is free from neglect, abuse and avoidable illness

1-A-1) Documented measures using reasonable population comparisons which demonstrate increased rate of infants born full term, decreased low birth weights or other medical complications

1-a-1) Increased rate of infants born full term and/or with decreased low birth weights and other medical complications, based on NJ or national population statistics

Hospital and public health records

Examples of services which meet this outcome: parental education and support

1-A-2) Documented measures using reasonable population comparisons which demonstrate reduced interventions for abuse, neglect or illness

1-a-2) Reductions in reporting of neglect, abuse or avoidable illness for mothers which demonstrates they are able to provide a nurturing environment for their infants

Before and after case follow-up surveys which document knowledge gained through education and professional assessments or treatment; NJ or national baseline abuse statistics for serviced population which represent treated population, or data for program clients demonstrating a change in condition against baseline data

SCHOOL READINESS

1-B) Children are developmentally on track and demonstrate readiness to succeed in school

1-B-1) Documented improvement of early social and literacy skills to age-appropriate levels

1-b-1) Against baseline testing children within the program demonstrate improvement in desired skills at age-appropriate levels

NJ and/or nationally recognized child assessment tools. Before and after case follow-up surveys which document client population achieved or trending towards attainment of age appropriate skill levels

Examples of services which meet this outcome: Early Care and Education
Parent/Family Support
Mentoring

1-B-2 Documentation that client population serviced is experiencing increased numbers/rates of children developmentally on track

1-b-2) As compared with similar populations, children in program meet or exceed age-appropriate developmental milestones or demonstrate improvement on individual milestones

NJ and/or nationally recognized child assessment tools, such as the Ages and States questionnaire

1-B-3) Documentation that the agency is seeking to meet or exceed accreditation standards for staff training and program services provided

1-b-3) Documentation of receipt/revalidation of licensed accreditation program for centers or staff

Staff training, accreditation/licensing, graduation records

Table 2

2. Youth on Track

Prepares youth ages 6-18 to become accountable adults

United Way

United Way will measure and report on these outcomes/ indicators to determine impact of its investment on the community

Funded Programs

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United Way Outcomes

United Way Indicators

Funded Program Outcomes

Funded Program Measurements

Examples

Example Sources

II-A) Youth demonstrate improved personal and academic success.

Examples of services which meet this outcome: After-school and summer programs, substance abuse prevention, mentoring, literacy/reading programs, tutoring, parent literacy programs, parent resources/networks aligned with schools

II-A-1) Documentation of improved standardized test scores against baseline of pre or initial services contact.

II-A-2) Documented education records showing children are reading at grade level for target program participants.

II-A-3) Documentation of improved graduation rates (middle school/8th and 12th grade), and/or reduced drop-out rates for target program participants

II-A-4) Documentation of improved

II-a-1) Individual participant education records which demonstrate improved school academic performance.

II-a-2) Education records of participant children in selected programs/schools who were identified as below grade readers are reading at grade level by Grade 3 and/or documentation of improvement against individual milestones.

II-a-3) Participant youth remain in school on par with national attendance rates; II-a-3) Graduation rates for client population against pre program engagement baseline improve, drop-out rates decrease.

II-a-4) Participant youth

School records, standardized test scores

School records, report cards, teacher assessments. Third grade reading proficiency as measured by accepted indicators

School records; assessments of participants against NJ or national attendance/drop-out rates

School records; Assessments of participants against NJ or national

	<p>student attendance and/or reduced suspension rates over initiation of client contact or program initiation.</p> <p>II-A-5) Documentation against baseline of student self esteem and commitment to education (ex. improved attitude, attendance, grades, etc.).</p> <p>II-A-6) Documentation of reduced substance abuse, pregnancy, suicide, HIV/AIDS, or obesity.</p> <p>II-A-7) Documentation of utilization of support systems/tools for parents/caregivers making them equipped to help their children succeed in school.</p>	<p>demonstrate improved attendance rates against pre- program engagement or initial contact</p> <p>II-a-5) Post program engagement self assessment. Youth demonstrate increased self esteem as compared with pre/initial program engagement.</p> <p>II-a-6) Results of pre-post assessments indicate youth participants have increased knowledge of consequences and/or reduce risky behaviors; II-a-6) Youth have access to safe place and adult guidance for learning & development unavailable pre-program engagement.</p> <p>II-a-7) Parents have and use tools provided through program engagement to effectively support their children’s academic progress and serve as advocates for their children.</p>	<p>attendance/drop-out rates</p> <p>Accredited youth assessment tools/surveys.</p> <p>Pre-post assessment tools, documented achievements, youth assessment tool.</p> <p>Reporting indicating increased parental involvement with schools as compared with baseline pre program engagement</p>
<p>II-B) Children achieve and maintain good health.</p> <p><u>Examples of services which meet this outcome:</u> Family</p>	<p>II-B-1) Documentation of higher rates of recommended immunizations.</p> <p>II-B-2) Documentation of increased</p>	<p>II-b-1) Against a baseline of pre-post program participation families of newborns understand the importance of recommended immunizations and maintain immunization schedule.</p> <p>II-b-2) Documentation of children</p>	<p>Reporting indicating immunization rates against NJ or national averages or prior rates in targeted community/population.</p> <p>Reporting indicating number of clients,</p>

<p>health, parent/family support</p>	<p>access to routine primary healthcare for target program population.</p> <p>II-B-3) Documented increase in access to specialized care for disabilities for target community population.</p>	<p>enrolled in affordable primary healthcare facilities to ensure good health as a direct result of program initiatives.</p> <p>II-b-3) Children receive timely & appropriate treatment & support for disabilities.</p>	<p>visits and treatments provided by program. Professional assessment of client populations' health improvement or stabilization</p> <p>Documented increased access to needed disability services including number of clients, visits and treatments provided by program</p>
<p>II-C) Children live in an environment that that fosters their physical, intellectual and emotional development. <u>Examples of services which meet this outcome:</u> Parent/family support, parenting skills, mentoring</p> <p>-</p>	<p>II-C-1) Decreased rate of child abuse and neglect.</p> <p>II-C-2) Increased number/rate of children developmentally on track.</p>	<p>II-c-1) Against a baseline of pre-post program participation parents improve parenting skills and/or eliminate abusive or neglectful behavior.</p> <p>II-c-2) Improved parent-child interactions through education and mentoring.</p>	<p>Documentation of training, pre-post behavior assessment tools, increased knowledge; public records indicating client population improvement in contact with authorities for incidents of abuse or neglect</p> <p>Child assessment tools such as the Ages and Stages questionnaire</p>

Table 3

3. Families Living Well

Ensures that families with children are safe and protected, healthy and economically self sufficient

United Way <i>United Way will measure and report on these outcomes/indicators to determine impact of its investment on the community</i>		Funded Programs <i>Funded programs are required to measure at least one program outcome that can demonstrate a change in client knowledge, behavior, or skills.</i>	
United Way Outcomes	United Way Indicators	Funded Program Outcomes Examples	Funded Program Measurements Example Sources
III-A) Families with children live in safe homes and communities. <u>Examples of services which meet this outcome:</u> Support services, violence intervention, violence prevention	III-A-1) Documented reduction/elimination of domestic/family violence	III-a-1) Documentation of the number of families with children enrolled in the program and any new skills or knowledge learned as a result of being in the program.	Documentation that interventions have allowed participants to reduce or live free from domestic abuse, violence or neglect. Pre/post assessment tool/survey; comparison of client population incidents post program engagement to NJ or national averages
III-B) Families with children are able to function effectively and achieve and maintain economic independence. <u>Examples of services which meet this outcome:</u> Economic services, client advocacy, client training transitional housing and other supportive services	III-B-1) Documented number of families receiving temporary/permanent housing assistance III-B-2) Documentation of reduced unemployment / underemployment. III-B-3) Documentation of Increased enrollments in economic support programs.	III-b-1) Documentation by type of affordable, temporary/permanent sustainable housing achieved by homeless families with children. III-b-2) Adults with families/children improve job or job seeking skills through pre-post assessment evolution; adults with families obtain sustainable employment. III-b-3) Parents with children have improved job placement and/or financial management skills are improved as a direct benefit of program enrollment.	Number of families served; length temporary services were/are provided; length of time in transitional housing until permanent housing placement; reporting on post-assistant sustainment (6 mos,1yr) Accredited assessment tools/survey; program graduation records and documentation of job offers and employment Program graduation records; documentation of job offers and employment; client financial income / savings rates as compared to baseline pre-post program engagement

	III-B-4) Documentation of increased access to civil legal services for the disadvantaged not previously available to client population prior to program involvement.	III-b-4) Parents with children achieve legal status and recognition to which they are due. III-b-4) Parents with children receive civil legal services which resolve family and economic issues	Record of legal outcomes by type
III-C) Families with children are able to achieve and maintain good nutrition and health. <u>Examples of services that meet this outcome:</u> <u>Medical, mental health and food services</u>	III-C-1) Documented improved health and well being through nutritional feeding programs against pre-post program enrollment.	III-c-1) Families with children can provide good nutrition, health and well-being.	Quantitative program records of clients, meals, other support services, increased knowledge of good nutritional practices
	III-C-2) Documented increase in access to primary healthcare against pre-post program enrollment.	III-c-2) Families with children are able to maintain good health through routine access to appropriate private or government health care benefits.	Quantitative program records of: enrollments, treatments & improved health status, reduction in utilization of emergency room services, & inverse use of health facilities
	III-C-3) Documentation of a decrease in usage of emergency rooms for routine health visits.	III-c-3) Families with children gain routine access to affordable primary healthcare.	Quantitative program records of: enrollments, treatments & improved health status, reduction in utilization of emergency room services, & inverse use of health facilities
	III-C-4) Demonstration of parents with children or children receiving increased access to mental health & substance abuse treatment.	III-c-4) Families with children complete treatment goals at discharge. III-c-4) Cessation of or decrease in drug use, smoking and/or alcohol.	Functioning assessment tools/Global Assessment of Functioning (GAF)

Table 4

4. Safety Net Program Outputs

Non-disaster limited-duration emergency food and shelter for families with children

United Way

United Way will measure and report on the following limited duration acute Safety Net

Desired Output

Funded Programs

Funded programs are required to measure at least one program output

Funded Program Output(s) Examples

Funded Program Measurements Examples

IV-A) Food insecure families with children have access to emergency food programs that serve prepared, nutritious meals

Examples of services which meet this need: Soup kitchens, other limited duration feeding programs

IV-a-1) Families with children are able to receive prepared, nutritious meals

Number of families with children who are fed through the program

Number of individuals in the family

IV-B) Families with children have access to emergency food distribution programs (including infant formula and other single-use infant items)

Examples of services which meet this need: Food pantries, food banks

IV-b-1) Families with children are able to secure food to prepare at home

Number of families with children who receive goods through the program

Number of Individuals in the family

IV-C) Families with children have access to emergency rental and utility assistance

Examples of services which meet this need: limited duration rental payments, utility payments to restore services

IV-c-1) Families with children are able to secure emergency rent or security deposit to maintain existing or secure needed housing.

IV-c-2) Families with children are able to secure utility assistance to ensure continuation of heat and/or electricity

Number of families who are able to pay their rent, security deposit or maintain uninterrupted utility service

Number of individuals in the family

IV-E) Families with children have access to crisis intervention services for domestic abuse

IV-e-1) Families with children are able to receive domestic abuse crisis intervention or counseling

Number of families who meet with counselor/program staff

Number of families who have developed safety plans

Other documented services provided