1.a. Childhood Success

| Mobilize Resources | Strengthen Communities | Change Lives | Change Comm | unities |
|---|---|---------------------------------|--------------------------|----------------------------|
| 3 | | Childhood Success | Childhood Succ | ess |
| Mobilize Resources | Systems Improvement | Youth Success | Youth Succes | ss |
| | Direct Supports and Services | Economic Mobility | Economic Mob | ility |
| FRAMEWORK | | Access to Health | Access to Hea | llth |
| | | | | |
| Instructions Video | Download Da | ta Guide | Download Indicator List | C |
| Impact Area Description | | | | |
| P CS Impact Area Qualitative Des | cription (Start Here) | | Mast Recent Period | Current Actual Value |
| Mobilize Resources | | | | |
| P CS Mobilize Resources | | | Most Recent Period | Current Actual Value |
| CS Total # of volunteers supporting c | :hildhood success | | 2018 | 27 |
| PM CS Total amount of resources invested | d in childhood success | | 2018 | 174,492 |
| System Improvement | | | | |
| P CS Systems Improvement | | | Most Recent Period | Current Actual Value |
| PM CS # of policies promoted, enacted of | or modified to promote childhood success | | - | - |
| PM CS # of community partners organize | ed, led and/or managed by United Way to promote cl | hildhood success | 2018 | 21 |
| PM CS # of early childhood staff trained t | to provide quality programs, services | | 2018 | 23 |
| Direct Supports and Services | | | | |
| P CS Direct Supports and Services | 'S | | Most Recent Period | Current Actual Value |
| PM CS1 # of children (0-5) enrolled in hig | gh-quality early childhood programs supported by Ur | nited Way | 2018 | 241 |
| PM CS2 # of children served receiving lite | eracy supports in K-3 | | SY 17/18 | 1,378 |
| PM CS3 # of families, caregivers served th | hat are provided with information, resources, tools, tr | ainings, and/or teaching skills | 2018 | 8,000 |
| Change Lives | | | | |
| P CS Childhood Success Client Ou | utcomes | | Most Recent Period | Current Actual Value |
| CS4 % of children (0-5) served who ac | chieve developmental milestones | | 2018 | 75.6% |
| • PM CS5 % of children served who are pro | oficient on school readiness assessments by the end o | of their kindergarten year | - | - |
| CS6 % of children (K-3) served reading | .g at grade level | | SY 17/18 | 51.9% |
| • PM CS7 % of children (K-3) served who m | naintain satisfactory or improve school attendance | | - | - |

1.b. Youth Success

| Mobilize Resources | Strengthen Communities | Change Lives | Change Con | nmunities |
|--|--|--|----------------------------|----------------------|
| <u> </u> | A | Childhood Success | Childhood S | uccess |
| Mobilize Resources | Systems Improvement | Youth Success | C Youth Su | cess |
| | Direct Supports and Services | Economic Mobility | Economic N | lobility |
| FRAMEWORK | | Access to Health | Access to | Health |
| Instructions Video | Download Da | ta Guide | Download Indicator | list |
| | | | | |
| Impact Area Description | | | | |
| P 🗵 Impact Area Qualitative De | escription (Start Here) | | Most Recent Perioc | |
| Mobilize Resources | | | | |
| P VS Mobilize Resources | | | Most Recent Perioc | |
| PM YS Total # of volunteers supporting | youth success | | 2018 | 27.00 |
| PM YS Total amount of resources invest | ted in youth success | | 2018 | 166,992 |
| System Improvements | | | | |
| P VS Systems Improvement | | | Most Recent Period | |
| PM YS # of policies promoted, enacted | or modified to promote youth success | | - | - |
| PM YS # of community partners organiz | zed, led and/or managed by United Way to promote y | outh success | 2018 | 3 21 |
| PM YS # of youth development staff training | ained to provide quality programs, services | | 2018 | 23 |
| Direct Supports and Services | | | | |
| P YS Direct Supports and Service | ies | | Most Recent Period | |
| PM YS1 # of elementary/middle/high sc individualized supports | chool youth served who participate in school and/or co | ommunity-based out-of-school time prog | rams and/or receive SY 17/ | 18 4,447 |
| PM YS2 # of youth served who receive j | job skills training | | SY 17/ | 18 2,165 |
| Change Lives | | | | |
| P YS Youth Success Client Outco | omes | | Most Recent Perioc | |
| YS3 % of youth served who graduat | te high school on time | | SY 17/ | 18 100.0% |
| PM YS4 % of youth served who gain po | ost-secondary employment, further education or creder | ntials | SY 17/ | 18 80.0% |
| PM YS5 # of youth (ages 15-24) served | who gain employment | | - | - |
| YS6 % of middle school/high school | ol youth served who earn passing grades in core subjec | t areas | - | - |
| YS7 % of elementary/middle/high so | school youth served who maintain satisfactory or impro | ove school attendance | SY 17/ | 18 84.1% |
| YS8 % of middle/high school youth | served who develop soft skills | | SY 17/ | 18 97.4% |
| YS9 % of youth who transition from | n middle to high school on time | | - | - |
| Page 1/1 | | | | 6/11/2019 7:48:22 PM |

1.c. Economic Mobility

| Mobilize Resources Strengthen Co | ommunities | Change Lives Childhood Success | | e Comn Ihood Suc | |
|--|----------------------------------|-----------------------------------|---------------|--------------------------|----------------------------|
| Mobilize Resources Systems Imp | provement | Youth Success | Yo | uth Succe | ess |
| GLOBAL Direct Supports | and Services | Economic Mobility | Eco | nomic Mo | bility |
| RESULTS FRAMEWORK | | Access to Health | Acc | ess to He | alth |
| Instructions Video | Download Data G | uide | Download Indi | cator Lis | t |
| Impact Area Description | | | | | |
| P M Impact Area Qualitative Description (Start Here |) | | | Most Recent Period | Current Actual Value |
| Mobilize Resources | | | | | |
| P Mobilize Resources | | | | Most Recent Period | Current Actual Value |
| PM EM Total # of volunteers supporting economic mobility | | | | 2018 | 12 |
| PM EM Total amount of resources invested in economic mobility | | | | 2018 | 510,302 |
| System Improvement | | | | | |
| P M Systems Improvement | | | | Most Recent Period | Current Actual Value |
| PM EM # of policies promoted, enacted, or modified to promote e | conomic mobility | | | - | - |
| PM EM # of community partners organized, led and/or managed b | y United Way to promote econor | nic mobility | | 2018 | 33 |
| PM EM # of financial sector staff trained to deliver quality services | | | | - | - |
| Direct Supports and Services | | | | | |
| P EM Direct Supports and Services | | | | Most Recent Period | Current Actual Value |
| PM EM1 # of individuals served who receive job skills training | | | | 2018 | 311 |
| PM EM2 # of individuals served who access affordable housing, fin | ancial products, and services | | | 2018 | 899 |
| Change Lives | | | | | |
| P EM Economic Mobility Client Outcomes | | | | Most Recent Period | Current Actual Value |
| PM EM3 % of individuals served who gain employment | | | | 2018 | 80.0% |
| PM EM4 # of veterans served who gain employment | | | | _ | _ |
| PM EM5 % of individuals served who increase their wages | | | | 2018 | 100.0% |
| PM EM6 % of individuals served who increase their disposable inco | ome by accessing benefits and/or | reducing their costs | | 2018 | 98.8% |
| PM EM7 Total dollar amount of refunds returned to individuals/far | nilies through VITA and/or MyFre | eTaxes | | _ | _ |
| EM8 % of individuals served who earn job-relevant licenses, ce | rtificates, and/or credentials | | | 2018 | 46.2% |
| | | | | | |

1.d. Access to Health

| Mobilize Resources Strengthen Communities Change Lives Change | | |
|--|--------------------------|----------------------------|
| | th Succes | |
| | omic Mobi | |
| | ss to Hea | |
| rkametyuka | | |
| Instructions Video Download Data Guide Download Indic | ator Lis | t |
| Impact Area Description | | |
| P AH Impact Area Qualitative Description (Start Here) | Most Recent Period | Current Actual Value |
| Mobilize Resources | | |
| P AH Mobilize Resources | Most Recent Period | Current Actual Value |
| PM AH Total # of volunteers supporting access to health | 2018 | 61 |
| AH Total amount of resources invested in access to health | 2018 | 797,850 |
| Systems Improvement | | |
| P AH Systems Improvement | Most Recent Period | Current Actual Value |
| PM AH # of policies promoted, enacted or modified to promote health | 2018 | 2 |
| M # of community partners organized, led and/or managed by United Way to promote health | 2018 | 45 |
| PM AH # of health sector staff trained to deliver quality programs, services | 2018 | 450 |
| Direct Supports and Services | | |
| P AH Direct Supports and Services | Most Recent Period | Current Actual Value |
| AH1 # of individuals served participating in physical activity and/or healthy food access/nutrition programs | 2018 | 1,714 |
| AH2 # of individuals served with access to healthcare services and supports | 2018 | 22,717 |
| PM AH3 # of individuals served with access to healthcare insurance | 2018 | 2,989 |
| Change Lives | | |
| P AH Access to Health Client Outcomes | Most Recent Period | Current Actual Value |
| | Fellou | |
| RM AH4 % of children/adults served who eat healthier, increase their physical activity, and/or move towards a healthy weight | 2018 | 58.1% |
| | | 58.1% 98.0% |

1.e. Community Engagement



This area and related indicators refers to a United Way's efforts to engage community residents in order to increase social cohesion (i.e. a willingness of individuals in a community to work together to achieve common goals - safe, healthy, and inclusive communities; quality schools; access to jobs, etc.).

| Instructions Video | Download Data Guide | Downlo | ad Indio | ator Lis | t |
|--|---------------------|--------------------------|----------------------------|------------------|----------------------|
| Community Engagement (Social Cohesion) | | | | | |
| P CE Community Engagement - Qualitative Description | | Most Recent Period | Current Actual Value | Current Trend | Baseline % Change |
| (e.g. forums, meetings, summits, community conversations) to bring community residents together on issues of shared importance | | 2018 | 141 | → 0 | 0% → |
| CE2 # of community residents participating in convenings | | 2018 | 689 | → 0 | 0% → |

CVUW supports the health impact priorities of access to mental and physical healthcare, maternal health and infant well-being, and increasing healthy behaviors/reducing risky behaviors. A large portion of our efforts are focused on accessing mental healthcare services. Through community assessments and conversations, we have identified mental illness as the furthest reaching and one of the most prevalent issues in our area. Iowa ranks very low in the number of mental health beds, providers and children's services. As a result, we facilitate the Cedar Valley Mental Health Planning Coalition, a large community group consisting of most major providers in the area, legislators, law enforcement, schools, the University of Northern Iowa, County Social Services (the agency responsible for distribution of our region's mental health and disability state funds), local funders, DHS, NAMI, family members of individuals with mental illness and concerned citizens. Our goal is ultimately to improve coordination of care and increase access to mental health services. We also facilitate the local ACEs work, a mental health legislative advocacy group, and have begun convening community members for suicide prevention work.

Core Services/Supports

CVUW invests in programs that aim to increase individuals' access to physical and mental healthcare services through interpretative services, accessing insurance benefits and placing mental health providers in schools and with other social service providers in order to grow capacity where it is needed most. We also support programs that assist victims of abuse, domestic and sexual assault, programs that provide health education in order to increase healthy lifestyle behaviors (exercise and nutrition), and programs that work to reduce risky behaviors such as substance abuse and unhealthy sexual behaviors.

Target Beneficiaries

The population served through our health strategies are defined as having a severe vulnerability that prevents them from accessing healthcare and/or living a healthy lifestyle. In many/most cases, this vulnerability is financial, however in other cases, these vulnerabilities include a lack of available providers, surviving dangerous situations, language barriers, etc.

Success Stories

1. Ashley came to parent education programming as a single mother of two who was struggling with addiction, domestic violence and unable to financially support herself and her family. She was guarded and skeptical of any relationship, including those who were in her life to help and support her. Initial observations and assessments of her parenting skills showed that this young mom appeared to know what she needed to do to parent her children in a healthy and positive manner, but she was so burdened by the other daily struggles that she couldn't put her knowledge into action. Staff assisted with and encouraged Ashley to actively participate with community resources who could assist with her journey away from addiction and domestic violence. Staff was also able to connect Ashley with resources in the community that could assist with self-sufficiency issues such as housing, budgeting and meal preparation. During weekly parent education sessions over a period of fourteen months, staff provided Ashley with the tools that she needed to provide a safe, stable and predictable home for her children. Although Ashley is no longer a formal participant in programming, she and staff continue to have regular and frequent communication-- Ashley has reported that she sees staff as a positive support in her life. In the last fourteen months Ashley has secured safe and stable housing that she has made a home for her family, has paid down her debt and established a savings account, has graduated from Hawkeye Community College with her AA degree, and has obtained employment which allows her to not only assist but be a positive role model for others in situations similar to hers. Ashley credits the support and education that she received through parent education programming as a large part in her success

2. One of our pediatricians saw a newborn Congolese patient with parents present. Baby needed to go to hospital for tests that are not done here at Peoples Clinic. The parents did not understand the importance of their baby needing to get tests immediately and with the help of our French Interpreter, the parents were able to understand how important it was. Once they fully understood, the baby's mother started crying and hugged our doctor and the interpreter. The baby's father made sure he understood what was needed and where they needed to go. The father then shook our interpreter's hand, smiled and nodded at the doctor. The baby got the needed tests done that evening and treatment was begun. If it wasn't for the interpreter on site that evening to translate the medical need and directions to the hospital, the young Congolese parents would not have understood the importance of getting their baby the needed tests or treatment. Baby is thriving today!!

Local efforts, with the assistance of Representative Timi Brown-Powers, were focused on the passing of a bill that would require training and protocols in our schools relating to suicide prevention. Through our partnership with Representative Bob Kressig, who serves on our Mental Health Coalition as well as the Legislative Advocacy committee, we were able to organize a showing of the film "Resilience" at the state capital for the 2018 lowa legislative session. The event was well-attended by legislators from across the state and resulted in a policy win regarding ACEs training for lowa school employees. Training and protocols relating to the identification of adverse childhood experiences and strategies to mitigate toxic stress response were included in the passing of SF 2113 along with the suicide prevention language.

Best Work

Through conversation at Cedar Valley Mental Health Planning Coalition meetings, community partners and representatives expressed that a mental health summit would be beneficial in helping to build mental health and trauma-sensitive service capacity. CVUW brought together interested partners to make this a reality. We formed a partnership with Hawkeye Community College, Waterloo Schools, UnityPoint Health, Wheaton Franciscan, People's Community Health Clinic and the University of Northern Iowa and hosted our first Cedar Valley Mental Health Summit, focused on building a resilient community. Our purpose was stated as follows:

"to equip our community's service delivery professionals with tools and best practices to support individuals in our community who face mental health challenges. We seek to help educators, healthcare and social work professionals gain a better understanding of the underlying issues of these individuals' behaviors, as well as how to best respond in a positive, healthy and impactful way."

The summit was held in September 2017 and sold out with 125 attendees. Due to a lengthy wait list, we held a second offering in April of 2018 and were able to allow for 200 attendees. This will now be an annual event with a different mental health focus each year.

CVUW supports early childhood priorities of school readiness (including quality childcare opportunities), achieving developmental milestones, and 3rd grade reading proficiencies. We invest in programs that most strongly support and show outcomes in these areas, and that also demonstrate strong collaborative efforts in the community to reach these outcomes. Key partners include both major metro school districts, area childcare centers, Childcare Resource and Referral, Head Start and 1st Five.

Core Services/Supports

We fund scholarships for low-income families to access high quality learning opportunities and childcare, as well as provide pre-school and childcare support to childcare centers so they are able to accept higher numbers of low-income and state-funded families. Centers are typically forced to place a cap on the number of state-funded families they will allow due to the very low reimbursement rates. With our support, they are better able to make up that gap in their budget and provide more opportunities to these families. We also invest in programming that supports high-risk children in achieving key developmental milestones and 3rd grade reading proficiencies. These programs include PrimeTime Reading buddies, afterschool programs and mentoring programs.

Target Beneficiaries

Over 85% of children served are low income, or below 200% of FPL. Most are also identified as high-risk and in need of additional assistance through referral sources such as the schools, AEA, Head Start and other local social service programs.

Success Stories

"Connor," age three, has participated in our program since he was 18 months old. He lives with his mother, 12 year old brother and 10 year old sister. There is a shared custody plan with his father and three older step siblings that involves him moving from house to house several times per week. Arrangements haven't always been consistent nor amicable and adequate sleep, adjusting to different environments, and rules have been very difficult for little "Connor." This disruptive scheduling and lack of sleep has made it challenging for him to get along with others and comply with the daily routines in our preschool and child care setting. In the last several months he has displayed negative behaviors including hitting, kicking, throwing shoes and toys, and extensive temper tantrums. He did not interact well with friends nor share. Through consistent structure, regular naps, an engaging environment, daily routines, good nutrition, and supportive staff interactions "Connor" is making strong progress!!! He now follows directions well and enjoys himself. The tantrums are greatly decreased and he has much improved self regulation skills. He is a bright child, as noted by his recent DECA and Ages & Stages III assessments. Though he still has his "moments," he is well on his way to being a happy, successful life-long learner!!!

Key Policy Wins

CVUW supports the economic mobility priorities of workforce development, financial literacy and achieving financial stability. Our ultimate goal is to support all families and individuals towards financial self-sufficiency. Key partners in this work are local housing experts, mental health providers and substance abuse treatment facilities, the local community college and financial institutions.

Core Services/Supports

We invest in programs that provide job skills training, help individuals earn HiSETS, trade certificates and/or credentials and that assist individuals with securing and keeping employment. CVUW also invests in programs that remove barriers to school or work, teach financial literacy, and help individuals and families gain access to affordable housing and other financial supports.

Target Beneficiaries

CVUW's economic mobility target beneficiaries are mainly those living below 200% the FPL. However, we also support other vulnerable groups through this work, such as immigrant and refugee populations, victims of domestic violence, and others who have major barriers to accessing basic needs.

Success Stories

School was difficult for Michael from elementary into high school. After a car accident, he fractured his skull and had a blood clot in his head. He was told he wouldn't be able to concentrate in class. "After years and years of trying to go to class, trying to earn my high school diploma, I couldn't concentrate in school, so I dropped out." Michael decided to find a job because he felt he had no other options.

As a young father, Michael paid child support until he received custody of his then 7-year-old son. Michael describes feeling hopeless during this time in his life. He knew he needed money, which meant he also would need an education. He would attend school for a short time, but then quit to do another job to support his small family.

After becoming a Hawkeye Community College student, he joined the Family Literacy Program because he was interested in improving skills with his child. His son's reading was below average at that time, and it worried him. "I didn't want my son to do the things I did and drop out, and go the long way, or not even get a diploma at all."

Michael started to see his school work pay off in 2016 when he passed his first HiSET test. He passed his next test four months later. Some tests took multiple tries, but he did not let that stop him. He credits his teachers as his motivation, who worked with Michael until he was ready to take a test. If he failed, they worked further. Michael passed his final HiSET test in October 2017. "I thought I was dreaming. My score was so much higher than I expected." Michael got his high school equivalency diploma and immediately applied for a job at a local restaurant where he is enjoying his job and wage. But, he has his sight set on the Automotive Technology Program at Hawkeye, which begins in Spring 2019. Michael is a role model to his son for pursuing an education, and Michael has credentials for family-sustaining employment. The new options available to them are because of Michael's unstoppable perseverance and determination.

Key Policy Wins

CVUW supports youth success priorities of college and career preparation, strong mentor relationships and afterschool learning opportunities. Key partners include both major metro school districts and Catholic schools, IJAG, Big Brothers Big Sisters, Boys and Girls Club of the Cedar Valley, YMCA and YWCA. Our ultimate goal is to equip young people with the skills and confidence needed to transition successfully from school to work, and to secure self-sustaining employment as adults. John Deere Waterloo Works is our strongest corporate supporter of education and youth development work, providing large numbers of volunteers through mentorship programs and also through priority investing.

Core Services/Supports

We fund in-school leadership and career planning classes for at-risk youth, as well as strive to provide a caring adult role model for each child. We also support programs that focus on skill-building, confidence, and developing a positive sense of future.

Target Beneficiaries

Most youth served are low income, or below 200% of FPL. Youth program participants are also identified as high-risk and in need of additional assistance, mainly through teacher and school staff referrals. These risk factors include low-income family status, being one or more grades behind in school, basic skill deficiencies, limited English, excessive absences, previously dropped out, lives in an environment not conducive to education, pregnant or parenting, history of substance abuse, convicted of a criminal offense, homelessness, childhood trauma, emotional or physical disability that impairs education, is the child of an incarcerated parent or migrant worker, etc.

Success Stories

It Takes a Village

Nearly three years ago Sauya began mentoring his Little, "D," who came from difficult circumstances in his early life and was subsequently adopted by a single woman. Sauya was the perfect match to understand the needs and challenges D faces as a young black male.

Sauya has been instrumental in helping D, now 11, learn to set and reach personal goals through positive affirmations. Some of D's affirmations include listening to his teacher, completing homework, and graduating from high school and college.

Sauya talks openly with D and encourages him to take pride in himself, to be respectful, and to make the most of his education. They have a lot of fun together both in the community and at school, and always make time for computer games and sports, too.

D trusts Sauya and looks up to him as a kind, respectful and hard-working man of integrity. Through this role model D is learning to accept his own value as a neat young person with a bright future. D has said he wouldn't trade Sauya for anything!

Key Policy Wins