Shared Outcomes

- 1. Each applicant will choose the pillar their program aligns with (Health, Education, or Income/Financial Stability).
- 2. Each applicant will choose one goal their program aligns with.
- 3. After the goal is chosen, each applicant will choose 2 outputs and 2 community outcomes associated with that goal. They will also choose 1-3 indicators with each community outcome.
- 4. Each applicant will provide one individualized goal for their program.
- 5. Input- Each applicant will list at least one input for their program.

Health Pillar:

- 1. **Goal** Access to physical and mental health care and live a healthy lifestyle to support their mental and behavioral health.
 - a. Community Outputs Associated with goal
 - i. # of people able to access health care.
 - ii. # of people able to access mental health care.
 - iii. # of people attending physical health care appointments.
 - iv. # of people participating in mental health services.
 - v. # of people who develop healthy behaviors and lifestyles.
 - vi. # of people who develop coping mechanisms.
 - b. Community Outcomes & Indicators Associated with goal
 - i. Participants have achieved/learned coping skills.
 - 1. #/% of participants in these program services, that are better able to cope when things go wrong.
 - ii. Program participants demonstrate proper management of health or mental health issue.
 - 1. #/% of participants who regularly attend mental/physical health appointments.
 - 2. #/% of participants who learn skills to improve their health and daily well-being.
 - iii. At risk participants stabilized.
 - 1. #/% If participant had not participated in these program services, they would have been at risk for hospitalization.
 - 2. #/% If participant had not participated in these program services, they would have been at risk for homelessness.
 - 3. #/% If participant had not participated in these program services, they would have been at risk of involvement with law enforcement.
 - 4. #/% If participant had not participated in these program services, they would have been at risk of not being able to function at school or work.
 - 5. #/% If participant had not participated in these program services, they would have been at risk of isolating themselves from family and/or friends.
 - 6. #/% If participant had not participated in these program services, they would have been at risk of self-harm, harming others or being harmed by others.

- 2. **Goal** Individuals engage in healthy eating and physical activity.
 - a. Community Outputs associated with goal
 - i. # of people able to access healthy food.
 - ii. # of people following through with physical activity.
 - iii. # of nutritious meals and snacks served.
 - iv. # of people taught nutritional skills.
 - b. Community Outcomes and Indicators associated with goal
 - i. People had a change in lifestyle that increased physical activity.
 - 1. #/% of individuals who regularly participate in program.
 - 2. #/% of individuals who engage in physical activity 3 times per week.
 - ii. People had a change in lifestyle that increased healthy eating.
 - 1. #/% of individuals who increased consumption of nutritious foods.
 - iii. People had an increased knowledge of healthy eating and behaviors.
 - 1. #/% of individuals who learned healthy eating habits and/or the importance of physical activity.
- 3. Goal- Individuals are educated and have access to services for domestic violence.
 - a. Community Outputs associated with goal
 - i. # of people provided with domestic violence services.
 - ii. # of nights provided with safe shelter.
 - iii. # of people provided with education on domestic violence.
 - b. Community Outcomes and Indicators associated with goal
 - i. People have increased knowledge regarding domestic violence.
 - 1. #/% of individuals are educated about physical, emotional and/or sexual abuse.
 - 2. #/% of individuals who become aware of safe choices and demonstrate decreased negative behaviors.
 - 3. #/% of victims of physical and/or sexual violence who receive counseling.
 - 4. #/% of domestic violence victims who learn ways to cope and build healthy relationships.
 - ii. People are living in a safe and stable environment.
 - 1. #/% of individuals who experience violence in the home and obtained safe shelter.

Education

- 1. **Goal** Youth have access to wide range of mentoring options and are prepared to succeed in later grades.
 - a. **Community Outputs** associated with goal.
 - i. # of children enrolled in partner agency services.
 - ii. # of children receiving academic and social emotional supports.
 - iii. # of families/children receiving in home visitation.
 - iv. # of parents increase education engagement activities.
 - v. # of parents demonstrating increase in knowledge of how and why to support child academically.
 - b. Community Outcomes & Indicators associated with goal.
 - i. Children 0-5 served who achieve developmental milestones.
 - 1. #/% of program participants demonstrate kindergarten readiness.
 - 2. #/% of children demonstrating passing grades by end of 3^{rd} grade.
 - ii. Children at or increased reading grade level.
 - #/% of children demonstrating reading proficiency by the end of 3rd grade.
 - iii. Improvement of academic performance and school attendance.
 - 1. #/% of children/youth served who are chronically truant will decrease.
 - 2. #/% of children who indicate the presence of more than one caring adult in their lives.
 - iv. Elementary and middle school students are prepared to succeed in later grades.
 - 1. #/% of youth enrolled who learn and demonstrate leadership skills.
 - 2. #/% of youth who learn and demonstrate respect for themselves and others.
- 2. Goal- Young adults' transition to post-secondary education, workforce or public service.
 - a. **Community Outputs** associated with goal.
 - i. # of children receiving academic supports in grades 6-12.
 - ii. # of youth participate in school and/or community based out of school time programs.
 - iii. # of youth receiving individualized supports.
 - iv. # of program participants developing interview skills.
 - v. # of program participants receiving job training skills.
 - b. Community Outcome & Indicators associated with goal.
 - i. Program participants gain post-secondary employment, further education or credentials.
 - 1. #/% of program participants served who graduate HS/Secondary school on time.
 - 2. #/% of participants who gain post-secondary employment, further education or credentials.
 - 3. #/% of participants who enter public services, employment or educational opportunity.
 - 4. #/% of students who learn post-secondary career and education options.

- 3. Goal- Adults of all ages with disabilities are enabled to achieve their highest quality of life.
 - a. **Community Outputs** associated with goal.
 - i. # of individuals provided with service.
 - ii. # of individuals receiving job training programming.
 - iii. # of individuals receiving health and wellness support.
 - b. Community Outcomes & Indicators associated with goal.
 - i. Program participants make progress on individualized outcomes.
 - 1. #/% of individuals who achieve all outcomes in their Person-Centered Plan.
 - ii. Program participants maintain/improved their ability to live independently.
 - 1. #/% of individuals who successfully live in the community or support services setting.
 - iii. Program participants have improved physical, mental, and/or social well-being.

Income/Financial Stability

- 1. Goal- Individuals have their basic needs met.
 - a. Community Outputs associated with goal.

i. # of people provided with disaster services.

ii. # of individuals who receive food.

iii. # of individuals who receive other forms of financial assistance.

b. Community Outcomes & Indicators associated with goal.

i. Individuals and families will have full access to basic needs.

1. #/% of individuals requesting monthly food.

2. #/% of individuals achieving food security.

ii. People have an increased knowledge of disaster services.

1. #/% of households assisted during times of disaster who were helped by providing temporary housing.

2. #/% of household assisted during times of disaster who were helped with basic needs such as food, clothing, transportation or other household necessities.

2- Goal- Individuals have access to stable housing options.

a. Community Outputs associated with goal.

i. # of bed nights provided.

ii. # of participants served.

b. Community Outcomes & Indicators associated with goal.

i. Individuals have access to emergency shelter and services.

1. #/% of individuals who enter emergency shelter.

2. #/% of individuals who enter transitional housing.

3. #/% of individuals who access permanent housing.

4. #/% of individuals who find permanent housing within 30 days of entering program.

5. #/% of individuals who stay in emergency shelter for 30 days.

6. #/% of individuals who stay in emergency shelter for 2 weeks or less.

3 **Goal**- Individuals have access to services and learn skills to achieve financial stability and independence.

a. Community Outputs associated with goal.

i. # of program participants that utilized a spending plan or budget.

ii. # of program participants who know how to check their credit score.

iii. # of individuals that are screened and accessed benefits for which they are eligible.

b. Community Outcomes & Indicators associated with goal.

i. Program participants who increase savings, reduce costs or reduce debt.

1. #/% of program participants who established a bank account.

2. #/% of individuals who increased financial literacy skills.

3. #/% of individuals who develop a household budget.

4. #/% of individuals who reduce debt.

ii. Program participants obtain employment.

1. #/% of program participants that maintain or increase wages.

iii. Individuals served who increase income by accessing benefits.

1. #/% of individuals who increase household income through enrollment in public benefits program.