

Fort Worth Community Assessment

Of The Economically Disadvantaged

A Foundation for Strategic Giving

ABRIDGED VERSION

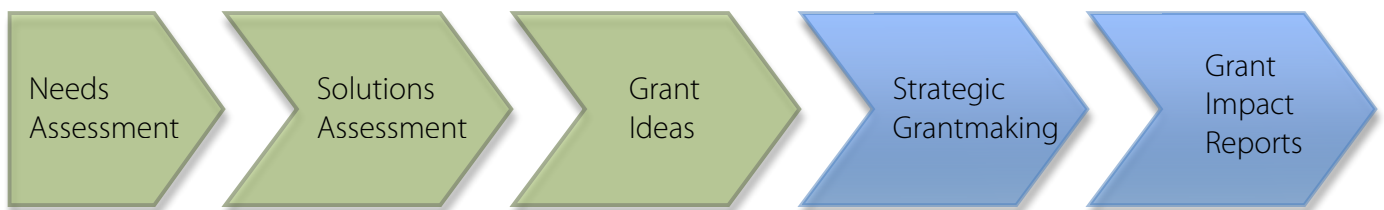
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EXECUTIVE SUMMARY

At the request of a local family foundation, *Excellence in Giving* assessed the needs and services for the economically disadvantaged in Fort Worth between June and September 2011. The goal of the assessment was to identify high-impact giving opportunities that would produce positive measurable results among the economically disadvantaged population in Fort Worth. The process included a topically focused “Needs Assessment” and “Solutions Assessment” that resulted in strategic grant recommendations.

The results of the assessment summarized below describe each step in the process. The “Needs Assessment” differentiates between adequately addressed needs and outstanding needs (pp. 2-6). The “Solutions Assessment” differentiates between needs where private donations can make a significant, measurable difference and needs where government funding predominates or no known effective program exists (pp. 7-9). *Excellence in Giving* analyzed the results of both assessments to make strategic giving recommendations (p. 9). Strategic giving recommendations take into account: (1) the number of “Outstanding Needs” addressed, (2) the number of “Program Success Indicators” that characterize an organization’s work, and (3) the “Community Value” produced. Giving opportunities that receive high marks in all three categories and successfully complete *Excellence in Giving*’s organizational due diligence process are presented as grant ideas (see example on p. 10). Informed and strategic grants targeting the economically disadvantaged in Fort Worth grow out of this understanding of needs and solutions, services and gaps, and ineffective and effective program models.



RESEARCH METHODOLOGY

The research team identified qualitative and quantitative indicators of need in Fort Worth through a process of interviews and data collection. Forty-eight interviews allowed the research team to establish consistent narratives about community needs, needs being effectively addressed, and the most outstanding needs in the community. Programs designed to address the outstanding needs were evaluated for their levels of proven success or future promise. The process guided the research team toward existing initiatives and new initiatives that would address the community’s most critical needs and make a measurable, positive impact.

The data collection demonstrated the factual or anecdotal nature of the interview findings. The data primarily originated from the following sources:

- **65 community experts** contributed their wisdom and experience in a series of 48 interviews between July 14, 2010 and August 25, 2010 (compared to 12 community expert interviews conducted for the 2008 United Way Tarrant County Community Assessment: Fort Worth Supplement).
- **Demographic data** was collected and analyzed for Tarrant County from local, state, and federal surveys and agencies.
- Local **news articles** from the *Star-Telegram* about community needs and initiatives were retrieved and reviewed.
- Other Tarrant County **community assessments** commissioned by JPS, Cook Children’s Hospital, and the United Way were reviewed.
- **Statistical data** compiled by public and non-profit social service agencies were collected and analyzed.

NEEDS ASSESSMENT

NEEDS ADDRESSED EFFECTIVELY. To prioritize community needs in Fort Worth, the research team differentiated among outstanding needs, less pressing needs, and those needs being effectively addressed. Statistical data and community leader interviews were used both to distinguish critical needs from smaller scale needs and to collect evidence for needs being effectively addressed. Four needs (homelessness, hunger, financial literacy, juvenile crime) were all identified as (1) critical needs in the community and as (2) needs addressed effectively. A sampling of evidence for how these four needs have been addressed effectively is provided below. The examples of coalitions, organizations, technology, and supporters of working solutions do not imply that the needs no longer exist or would no longer benefit from additional support and attention. However, the examples demonstrate that significant attention has been given to these issues, which has produced statistical improvement in each area of need. [\[Hunger, Financial Literacy, & Juvenile Crime data have been omitted from the Abridged Version\]](#)

1. HOMELESSNESS

- **COALITIONS:** **Tarrant County Homeless Coalition (TCHC)** and **Directions Home**.

Full Report Excerpt: **Directions Home** was birthed by the Mayor's Advisory Commission on Homelessness in 2008 when they created a 10-year plan to end chronic homelessness in Fort Worth. Best practices were included from successful programs in Denver, Houston, and elsewhere. The City Council approved the plan and has designated \$3 million each year to its implementation. The plan is called "Directions Home" and has been credited with housing 200 of the most vulnerable homeless citizens between 2008 and 2010.

- **ORGANIZATIONS:** **John Peter Smith (JPS) Hospital, Union Gospel Mission (UGM), TCC Visions Unlimited, and Project W.I.S.H.**

Full Report Excerpt: **Project W.I.S.H.** (Workforce Innovative Solutions to Homelessness) is a collaborative partnership between Workforce Solutions for Tarrant County, the City of Fort Worth, the City of Arlington, Tarrant County's homeless service providers, and a number of public & private sector businesses in Tarrant County designed to offer job preparation, placement, retention, and advancement activities to homeless individuals and families in Tarrant County. The program provides a 7-week rotating series of employment preparation workshops weekly in 7 shelters in Tarrant County. In addition, the program provides intensive & coordinated case management, individualized job development & placement services, retention & advancement services, and support services tailored to each customer's needs. Project W.I.S.H. helped approximately 450 of the program's 1,200 participants find work. The Project WISH employer consortium was the *2009 Transitional Workforce Award Winner* at the 13th Annual Texas Workforce Conference in December.

- **TECHNOLOGY:** Tarrant County ACCESS manages the online **Homeless Management Information System** for Tarrant County. The *Client Track* software enables service providers to the homeless to track services and measure success by scanning an ID card.
- **SUPPORT:** **BNSF Foundation** and the **City of Fort Worth**. The **City of Fort Worth** provides \$3 million and the Directions Home program draws down federal funding.
- **STATISTICAL SUCCESS:** Homelessness reduction efforts have contributed to an approximate 17% decrease in the number of homeless living on the street and residing in emergency and transitional housing programs between 2008 and 2010.

TOP 13 OUTSTANDING NEEDS

The following needs in Fort Worth have been identified as both large scale and inadequately addressed needs. They have been ranked according to the frequency of their mention in interviews and the severity of the need that interviewees attributed to them. This ranking methodology is highly subjective, but the corresponding evidence for the prevalence and severity of the need has been included. The evidence supporting the critical nature of each need in Fort Worth has been placed in the category of either (1) facts or (2) consequences. These categories should allow the objective evidence to portray both the presence of each need and the dangers of leaving them inadequately addressed.

1. EDUCATION (HIGH DROP-OUT RATES IN FWISD)

FACTS: According to Cumulative Promotion Index (CPI) calculations, Fort Worth Independent School District (FWISD) has a 49% graduation rate compared to the state average of 67% and a national average of 70% (CPI assumes graduation is a multi-year process rather than a single event for a high school senior). Specifically, CPI captures the four key steps a student must take in order to graduate: three grade-to-grade promotions (from 9th to 12th and ultimately earning a diploma). The Texas Education Agency (TEA) uses a different calculation and reports the FWISD graduation rate at 72%. (*Final AYP Results, 2008*) The average percentage of Fort Worth adults aged 25 years and older without an education above 9th grade is 11.2%, which is higher than the overall average for Tarrant County (7.5%), Texas (10.5%) and the United States (6.5%). (*American Community Survey, 2007*)

CONSEQUENCES: Texas adults aged 25 years and older without a high school diploma have some of the highest rates of poverty (women at 21.6% and men at 31.3%). As a person's educational attainment increases, poverty rates decrease to just 3% of women and 4.2% of men having a bachelor's degree or higher. Individuals without a high school diploma versus college graduates are four times more likely to have "fair to poor" health in Tarrant County. (*Texas Department of State Health Services, BRFSS Survey*)

2. FATHERLESSNESS (SINGLE MOTHER HOUSEHOLDS; PARENTAL INCARCERATION)

FACTS: In 2000, 17% of the 371,565 families in Tarrant County had no father in the home. That means approximately 140,000 children in Tarrant County do not live with their father. In Tarrant County, 23% of female-headed households fall below the poverty line. Female-headed households are twice as likely as male-headed households to be in poverty and over five times as likely as married couple households. (*Tarrant County Public Health, 2004*)

CONSEQUENCES: Fatherless children are at greater risk of drug and alcohol abuse, mental illness, suicide, poor educational performance, teen pregnancy, and criminality. (*U.S. Department of Health and Human Services, National Center for Health Statistics, Survey on Child Health, Washington, DC, 1993*) "The economic consequences of a [father's] absence are often accompanied by psychological consequences, which include higher-than-average levels of youth suicide, low intellectual and education performance, and higher-than-average rates of mental illness, violence and drug use." (*William Galston, Elaine Kamarck. Progressive Policy Institute. 1993*)

3. TRANSPORTATION

FACTS: Only 1.4% of Fort Worth residents and 0.7% of Tarrant County residents use public transportation, which falls below the Texas average at 1.7% and the national average at 4.8%. Only 7.2% of Fort Worth residents have a vehicle to use, which is higher than the 4.6% of employed residents over the age of 16 in Tarrant County. (*American Community Survey, 2005-2007*)

CONSEQUENCES: The main problem with transportation for the poor is the lack of public transportation between communities in Tarrant County. It primarily affects job training, employment, and access to healthcare. (*Tarrant County Community Assessment: Fort Worth Supplement, 24*)

4. MENTAL HEALTHCARE

FACTS: Mental Healthcare is a resounding need according to testimony from Tarrant County judges, homeless service providers, hospitals, school workers, and social service case managers. It is difficult to quantify the need. Approximately 30% of the chronically homeless suffer from mental health disorders. Currently, Tarrant County does not have enough mental healthcare providers; the number of trained practitioners is diminishing as non-profits lose United Way support and all providers feel the impact of reduced state support.

CONSEQUENCES: Research indicates that the indirect costs (e.g., lost productivity) of depression are more than twice the direct costs of treatment (*Sullivan, 2005. Promoting Health and Productivity for Depressed Patients in the Workplace. Journal of Managed Care Pharmacy, 11[3 Suppl], S12-5*). The Mental Health Association of Tarrant County puts the success rate of patients showing some level of improvement for depression at 80%. Lack of available services and ineffective marketing of services does not make this type of improvement possible among the depressed in Fort Worth.

5. SUBSTANCE ABUSE

FACTS: According to the 2009 Tarrant County Drug Impact Index, nearly one-third (32.9%) of Fort Worth youth reported using any illicit substance in the month prior to the survey and 33.5% admitted consuming alcohol during that same period. Alcohol accounts for 30-40% of hospital admissions each year.

CONSEQUENCES: Substance abuse is a contributing factor in approximately 64% of Child Protective Services (CPS) cases (*Tarrant County Challenge, Inc.*). According to NIDA and SAMSA studies, 1% of state funding is allocated to substance abuse treatment while 34% of the budget is related to issues caused or exacerbated by substance abuse. It contributes to homelessness, criminal activity, and child neglect/abuse.

6. TEEN PREGNANCY

FACTS: Texas has the third-highest teen birthrate in the nation. Out of every 1,000 births, 64 were attributed to teenaged mothers, far higher than the national rate of 43 teenaged births per 1,000 (*Annie E. Casey Foundation's 2010 Kids Count Data Book*). This ranks Texas as 48th among the 50 states in teenaged births, behind only New Mexico and Mississippi. This is an improvement over 2008, when Texas was ranked as having the highest teenaged birth rate in the country. Single mothers age 18-24 are Fort Worth's largest population in poverty.

CONSEQUENCES: Children of teenaged mothers perform worse in school than those children born to older parents. Children of teenaged mothers are 50% more likely to repeat an academic grade, less likely to complete high school than the children of older mothers, and have lower performance on standardized tests. (*Tarrant County Community Assessment: Fort Worth Supplement, 37*)

7. EMPLOYMENT

FACTS: Unemployment in Tarrant County was 8.5% as of June 2010 (approx. 78,000 individuals unemployed). Tarrant County maintained an unemployment rate about 2 points lower than the national average in 2009. In 2010, the Tarrant County unemployment rate worsened to only 1 point lower than the national average. Fort

Worth has lost some jobs due to offshore outsourcing and the economy, but the greatest pressure on jobs is the rapidly growing population of Fort Worth (*Texas Workforce Commission*). The Fort Worth population grew by 38% (adding 201,506 individuals) between 2000 and 2010 compared to Dallas' 11% growth rate (127,770 individuals added) based on the North Central Texas Council of Governments annual population growth estimates.

CONSEQUENCES: High unemployment rates lead to increased crime rates for particular crimes—burglary, larceny, and fraud, not violent crime. (Eric Gould, Bruce Weinberg and David Mustard, "Crime Rates and Local Labor Market Opportunities in the United States: 1979-1997," *Review of Economics and Statistics*, Vol. 84, No. 1, 2002) The unemployed also have increased rates of depression. Dr. Richard H. Price of the University of Michigan, Ann Arbor, has found that the depressive episodes, loss of personal control, and lowered self-esteem typically last more than two years even after new employment has been found. (*Journal of Occupational Health Psychology* 2002; 7:302-312) Researchers from the Wellington School of Medicine reported that suicide linked to unemployment was just 6%. However, men and women aged 25 to 44, and men who were aged 45 to 64 who were unemployed were two to three times more likely to commit suicide as their employed peers. The Mental Health Association of Tarrant County is currently trying to create effective outreach to the unemployed struggling with depression.

8. NAVIGATING/ACCESSING SOCIAL SERVICES

FACTS: Multiple service providers to the homeless, to teenaged parents, to delinquent dads, to the unemployed, and more cited "case managers who can navigate social services" as the number one priority for effective service to those in need. Community experts did not fault Fort Worth for lack of existing services but more often for the accessibility of services.

CONSEQUENCES: Without adequate navigation, the quality and availability of programs in Fort Worth is irrelevant.

9. OBESITY/DIABETES

FACTS: Tarrant County's obesity rate is 25% (*BRFSS Survey, 2009*).

CONSEQUENCES: Obesity is a leading cause for both diabetes and heart disease. Obesity raises blood pressure levels and blood cholesterol levels. In Tarrant County, approximately one-fourth of all deaths each year are due to heart disease. The Texas Health Institute predicts that obesity will cost the state of Texas \$15.6 billion in 2010.

10. INFANT MORTALITY

FACTS: The infant mortality rate in Tarrant County has increased since 2000 and was at 7.6 deaths per 1,000 live births in 2006, higher than the state rate (6.3) and the national rate (6.7). The 2006 Tarrant County infant mortality rate is the most recent data available and is lower than the rate of 8.2 per 1,000 from 2005. In 2006 African Americans had the highest infant mortality rate in Tarrant County (15.3 per 1,000 live births), while Whites had the second highest rate (6.7 per 1,000 live births), and Hispanics the third (5.9 per 1,000 live births). In Tarrant County, just as across the United States, babies born to African American mothers are two to three times more likely than Whites and Hispanics to die within the first year of life. The rate among African American women represents an increase of 21%, from 12.6 to 15.3 per 1,000, between 2001 and 2006.

CONSEQUENCES: Infant death contributes to feelings of depression for mothers and relational problems for married couples.

11. PAROLEE RE-ENTRY SERVICES

FACTS: Between 2000 and 2006, there were a total of 14,764 release events (with available data) to Tarrant County. During the seven years examined in a recent report, a full third of all parolees released during this time, returned to only four zip codes within Tarrant County (76107, 76119, 76105, and 76106). Data reveal that two zip codes (76107 and 76119) consistently receive the most parolee returns. Between 2000 and 2006, 1,716 parolees were released to zip code 76107 (Como) and 1,433 parolees were released to zip code 76119 (SE Fort Worth). These two zip codes account for 18.8% to 23.3% of all annual parolee releases to Tarrant County.

CONSEQUENCES: Without easily accessible and highly strategic re-entry services, parolees cannot reintegrate into society well (no jobs, no affordable living situations, etc.) and return to criminal activity for survival. The recidivism rate for Tarrant County parolees in these zip codes is 30% after 12 months and 45% after 24 months (based on a 2006 release cohort).

12. PHYSICAL ABUSE

FACTS: Confirmed victims of child abuse doubled from 2002 to 2008. (*Texas Department of Family and Protective Services*) About 6,030 children experienced some form of reported child abuse in Tarrant County in 2009 (*ACH Child and Family Services*). Out of all Texans, 74% have themselves, a family member and/or a friend experienced some form of domestic violence. (*National Coalition Against Domestic Violence NCADV.org*) Approximately 30-60% of perpetrators of intimate partner violence also abuse children in the household.

CONSEQUENCES: If a child is abused or neglected, the likelihood of arrest increases by 53% as a juvenile, by 38% as an adult, and by 38% for being involved in a violent crime. A significant risk factor for becoming a child abuser, domestic violence perpetrator, and violent juvenile offender is having been abused and/or witnessing violence as a child at home. Child victims often experience academic problems, agitation, aggression, behavior problems, depression, emotional distress, feelings of guilt, low self-esteem, post-traumatic stress disorder, social problems and withdrawal. (*Toolkit To End Violence Against Women, www.toolkit.ncjrs.org*).

13. ACCESS TO HEALTHCARE

FACTS: Texas has the highest rate of uninsured individuals in the nation at 25%. (*Texas Health Institute*) BRFSS statistics from 2009 put the uninsured rate in Tarrant County among 18-64 year olds at 24%. Community Health Clinics that provide charity care in Tarrant County have clinical wait times up to 45 days. The Hispanic population has particular difficulty accessing healthcare. According to a UNT study of JPS Hispanic patients in July-August 2000, one-fourth (23.7%) of Hispanic immigrants surveyed reported problems getting healthcare they needed in the past year and 16.4% reported difficulty getting prescription medicine that they needed. The emergency department saw 38.8% of Hispanic patients, but only 17.2% had a physician visit and 19.0% had an overnight stay in hospital. Only 90% of the men but less than 1/3 of the women report being employed although only 10.3% report having health insurance through work. The greatest barrier to accessing healthcare reported is competing needs for food, clothing, and shelter (31.7%) followed by difficulty with transportation (18.2%), not having someone to accompany them to the doctor (14.4%), problems with getting a language interpreter (9.2%), and problems with paperwork (4.4%).

CONSEQUENCES: The facts leave multiple individuals without access to healthcare when it is needed or cause them to revert to the most expensive form of healthcare services in the emergency room.

SOLUTIONS ASSESSMENT

FEASIBILITY FACTORS FOR MEASURABLE IMPACT

To identify initiatives where private funding would create measurable impact, each area of outstanding need in Fort Worth had to be evaluated by the following two criteria:

- Impact of government funding versus private funding
- Availability of proven or promising programs that are creating positive measurable impact

Using these two criteria, the 13 outstanding needs listed above for Fort Worth have been placed in the following three categories: (1) Areas of outstanding need where government funding creates the most significant impact, (2) Areas of outstanding need with no known effective programs, and (3) Areas of outstanding need with proven or promising programs.

1. GOVERNMENT FUNDING CREATES THE MOST SIGNIFICANT IMPACT

- **Access to Healthcare**
- **Mental Healthcare**
- **Transportation**
- **Substance Abuse**

*Full Report Excerpt on **Mental Healthcare**:* The government-funded *Mental Health Mental Retardation* (MHMR) of Tarrant County provides the most extensive network of mental healthcare services. The highly effective *Mental Health Connection* (MHC) has improved the collaboration among all mental healthcare service providers, but one of its key successes has been connecting Tarrant County service providers to available government grants. MHMR and MHC were able to acquire the “Hand in Hand” children’s mental healthcare grant for Tarrant and surrounding counties. “Hand in Hand” is a six-year \$8.2 million cooperative agreement with the *Substance Abuse and Mental Health Services Administration* (SAMHSA) of the U.S. Department of Health and Human Services. The grant will enhance the system of care in Tarrant County for families with children between birth and age 6. Private funding to support mental healthcare service providers is meaningful on a small scale, but therapists at *Lena Pope Home* or the *ACH Child and Family Services* rely primarily on local, state, and federal funding to provide significant mental healthcare services for the community.

2. NO KNOWN EFFECTIVE PROGRAMS

- **Infant Mortality**
- **Obesity/Diabetes**
- **Physical Abuse**

*Full Report Excerpt on **Infant Mortality** (30-year problem):* The 18 organizations in the *Infant Mortality Network* in Tarrant County led by Catholic Charities is working to coordinate services, educate the public, and partner with businesses and churches to promote healthier habits for pregnant mothers. An annual *Infant Mortality Summit* has been held since 2002 to promote these goals in Tarrant County. Since the infant mortality rate is double among African-American women, Catholic Charities specifically targets them and pregnant Latinas through their Healthy Start program. However, the trend lines since 2002 have been an increase from 6.9 to 7.6 deaths per 1,000 in Tarrant County while the national trend has lowered from 6.9 to 6.7 deaths per 1,000 babies in that same time period. Although health experts know the leading cause of death is poor maternal

health that results in premature and underweight infants, no effective plan has been implemented in Tarrant County. Private funding for a program, such as the March of Dimes Prematurity Campaign, has no promise of making a measurable impact in Tarrant County at this point.

3. PROVEN OR PROMISING SOLUTIONS FOR OUTSTANDING NEEDS

The following categories represent the six areas of outstanding need where both (1) proven or promising programs have been identified and (2) private funding can have a more significant impact than government funding. The specific programs creating a positive, measurable impact are listed in a subsequent section entitled “Proven or Promising Programs.”

- Teen Pregnancy
- Fatherlessness
- Re-Entry Services
- Navigating Services
- Employment
- Education

PROGRAM SUCCESS INDICATORS

Successful human services programs for the economically disadvantaged in urban settings typically involve multiple characteristics from the list below. These characteristics have been identified in high-performing human services programs in Fort Worth and in communities around the U.S.

- Locations or outreach inside local communities with greatest need
- Sufficient number of caring, well-paid, well-trained case managers
- Long-term support system that simulates a dependable family unit for clients
- Eligibility requirements ensure motivated and hard-working clients enter programs
- Holistic care that includes wrap-around services for all of an individuals’ needs
- Positive “word-of-mouth” marketing with high level of trust from current and potential program clients
- Effective use of volunteers

PROMISING/PROVEN PROGRAMS

The following programs demonstrated either (1) significant statistical impact in one of Fort Worth’s areas of outstanding need or (2) a model with enough program success indicators to promise future results. The full report contains more extensive data on program strengths and results including more specific data on outstanding needs addressed, program success indicators, and community value measurements.

Fatherlessness Programs

- H.O.P.E. FARM: Significantly raises academic performance and college entry for urban boys while reducing crime rates in local neighborhoods.
- NEW DAY SERVICES: Fathers who graduate FOCUS classes pay TWICE as much support during the 12 months following graduation than the previous 12 months.

Re-Entry Programs

- OPENING DOORS TO WOMEN IN NEED: Serves 20+ women each year who abstain from drugs, hold jobs for more than 6 months, and save money for cars and homes.

Education Programs

- PROJECT REACH (PREGNANT AND PARENTING TEENS EDUCATION ASSISTANCE): 79% graduation rate
- BREAKTHROUGH (AT-RISK YOUTH EDUCATION ASSISTANCE): More than 90% of *Breakthrough* graduates who attend college are the first to do so in their family.
- BOYS & GIRLS CLUB – UPWARD BOUND PROGRAM (AT-RISK YOUTH EDUCATION ASSISTANCE): 94% of high school seniors in the program graduated (2009 annual report).

Employment Program

- WOMEN’S CENTER – EMPLOYMENT SOLUTIONS: 76% of *Jobs NOW!* Clients obtained employment and 79% of participants who found jobs were still employed after one year (2009 annual report).

Navigating Services Assistance

- CORNERSTONE ASSISTANCE NETWORK - CASE MANAGERS: Case managers who work with clients under the care of church volunteers are able to leverage their services at a 1:60 ratio.

STRATEGIC GRANT RECOMMENDATIONS

Strategic grant recommendations represent promising or proven programs that could significantly expand their impact with well-structured private donations. Each recommended opportunity provides solutions for some of Fort Worth’s most outstanding needs. The recommended programs are characterized by multiple success indicators for effective service to the poor in urban settings and display significant community value (see Sample Grant Recommendation in *Appendix A*).

Appropriate grant amounts must still be determined to ensure that (1) enough money is invested to create noticeable community impact and (2) to prevent more money from being given than some of the smaller organizations have the capacity to put to work immediately. For a private donor to experience the joy of funding this increased impact, appropriate grant structures and outcome measurement will need to be developed before any grant is disbursed.

EIG is currently working with the family foundation that sponsored the Fort Worth Community Assessment to execute a strategic grantmaking plan and track the outcomes. The foundation has the confidence that their grants are well-positioned to create a positive, measurable impact among the economically disadvantaged in their backyard. The forthcoming Grant Impact Reports will track the results.

APPENDIX A

SAMPLE - STRATEGIC GRANT RECOMMENDATION

NEWDAY SERVICES

Strategic Funding Opportunity

Increase organizational capacity. NewDay plans to expand FOCUS classes for all categories of fathers in the CPS system in Tarrant County at the request of regional CPS officials. The expansion includes FBSS fathers whose child has NOT been removed and CVS fathers whose child HAS been removed. In 2011, NewDay plans to facilitate weekly at least 5-7 concurrent class sessions. To do so, NewDay needs to increase its organizational capacity.

Program Strengths

1. In 8 years, almost 2,000 men have taken NewDay's FOCUS class for fathers.
2. Average FOCUS graduation rate is 80%.
3. FOCUS graduates paid TWICE as much support during the 12 months following graduation than the previous 12 months. (OAG audit)
4. 40% of FOCUS fathers substantially increased time spent with their children.

Program Success Indicators

- Outreach in local communities with greatest need (FOCUS classes at multiple sites)
- Effective use of volunteers (1:7 staff to volunteer ratio)
- A support system that simulates a dependable family unit for clients
- Positive "word-of-mouth" reputation with high level of trust from OAG and CPS

Outstanding Needs Addressed

- Fatherlessness
- Navigating Social Services
- At-risk Youth

Community Value

- Fathers more engaged with their children
- Smaller jail population
- Economic contribution from fathers