November 6, 2017

Dear United Way Partner:

In 2014, we announced three bold goals aimed at strengthening our community by 2022. We have already made great strides: (1) third grade reading proficiency has improved four percentage points across the Valley in 2017; (2) 17,000 fewer people are food insecure across the region since 2014; (3) 50% of the at-risk population of seniors are today meeting their basic needs at home; in 2017, we reached our healthy aging goal.

In the spirit of collective impact, we know these results are thanks to a full community effort of nonprofit partners, school districts, senior health management organizations, colleges and universities, the business community, generous donors and community members engaged in meaningful action. Thank you, Lehigh Valley!

We still have a long way to go. 63,000 people are without regular access to nutritious food. An additional 40,000 Valley residents will become seniors by 2025, and 34% of third graders are not reading at grade level. It will take a United Lehigh Valley to maintain and achieve our goals by 2022:

**Education:** Increase the number of third grade students reading at grade level by 50%.

**Food Access:** Reduce the number of people in the Lehigh Valley who are food insecure by 50%.

**Healthy Aging:** Increase the number of seniors whose basic needs are met at home by 50%.

United Way fights for the education and health of every person in the community. We continue to assess the community, raise and invest funds, mobilize key partners, and measure results. We connect residents to programs and services to help children succeed in school, families gain access to quality food, seniors live healthy at home, and residents in crisis receive emergency services.

If you have questions about our plan or the application process, please feel free to contact us.

Sincerely,

David S. Lewis
President

J. Marc Rittle
Vice President, Impact

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BUILDING A COLLECTIVE IMPACT STRATEGY

BACKGROUND AND CONTEXT

In January 2011, the Stanford Social Innovation Review published a white paper on a concept called “Collective Impact.” Since then, this concept has grown as a framework for effective, results-focused collaboration. The authors of the article, John Kania and Mark Kramer, argued, “large-scale social change requires broad cross-sector coordination, yet the social sector remains focused on the isolated intervention of individual organizations.” United Way follows the work of Kania and Kramer, as well as similar champions for collective impact. By studying this model alongside our Results Based Accountability framework, United Way evolves our investment process.

Through collective impact, United Way, with community partners, contributes common goals and thereby, deepens connections, maximizes effectiveness and strengthens the community.

A CHANGING COMMUNITY

We can only meet our goals through coordinated systems change efforts in the Lehigh Valley. Thanks to deep partnerships and an increasingly aligned community, we are making significant achievements across the region. Here are just a few ways the Valley is transforming:

- **Third Grade Reading**: Allentown, Bethlehem Area and Easton Area School Districts are shining a spotlight on third grade reading. Bethlehem Area has announced a goal – to have all third graders reading on grade-level by 2020.
- **Early Learning**: Fifteen of the 17 Lehigh Valley school districts have introduced full day kindergarten, many within the last three years. Full-day kindergarten is a key benchmark to early student success.
- **Healthy Aging**: The Lehigh Valley Alliance on Aging developed a plan to make our region age-friendly. Age-friendly communities are designated places where all people, including seniors, have the resources in place to lead strong lives and remain healthy at home.
- **Food Access**: Following community planning sessions with nearly 200 residents across the Lehigh Valley, United Way helped create the Lehigh Valley Food Policy Council, a group of dedicated organizations and residents tackling the issue of food access from a community-wide systems lens.
- **Emergency Services**: Homeless persons in the Lehigh Valley have more support today, thanks to the Regional Homelessness Advisory Board’s creation of a Coordinated Entry System for the Lehigh Valley.
COLLECTIVE IMPACT 3.0

In 2016, Mark Cabaj and Liz Weaver penned a series of articles for the Tamarack Institute titled Collective Impact 3.0. They recognized the multitude of community change efforts launched across the nation and abroad, and proposed shifts in thinking about the collective impact model. In the Lehigh Valley, United Way emphasizes the importance of process improvement in our work, including the evolution of the five conditions of collective impact. All our goal-focused Lehigh Valley coalitions have already identified collective impact growth areas – for example, the need for more inclusive community engagement. We are grateful to be a part of a larger community of collective impact practitioners so that we may learn and improve our efforts to reach our common goals.

EVOLUTION OF THE FIVE CONDITIONS

Your United Way is committed to growing the collective impact model to reflect community need. In the last four years, community leaders have stepped up to form cross-sector collaborations. Together we learn from experiences, engage a wider community and evolve our work in the process. The below chart captures Cabaj and Weaver's vision for Collective Impact 3.0. To learn more about an evolving framework, visit the nonprofit resource page of our website.

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<th>From:</th>
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<td>Common Agenda</td>
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<td>Continuous Communication</td>
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<td>Backbone</td>
<td>Containers for Change</td>
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Throughout this plan, components of this evolution will be introduced and implemented. This plan features a combination of “high leverage activities,” or outcome-based programmatic investments designed to reinforce the others. It also includes a variety of “containers for change,” or sets of backbone functions that coordinate key strategies and coalitions designed to achieve our goals. Put together, our strategies aim to reflect the process of strategic learning, which will only be possible if we dream and work together as a community.

ROLE OF ADVOCACY IN OUR WORK

United Way of the Greater Lehigh Valley’s public policy agenda reflects our work in education, healthy aging, food access and emergency services. We know that local, state and federal policy will influence our ability to reach our goals. We also know that continued energy and attention through the Public Policy and Advocacy Committee is critical to sustaining change.

2018–2022 INVESTMENT CYCLE

NOW SERVING CARBON COUNTY
In July 2016, two years after the release of our 2014–2018 plan, United Way of the Greater Lehigh Valley (UWGLV) merged with United Way of Carbon County. Given that needs are unique to every community, we are engaging partners in Carbon County to identify the specific needs in our expanded service area. As you read this plan, please note the following:

• 2014-2022 community goals are derived from identified need in Lehigh and Northampton Counties, and this plan is dedicated to funding strategies to address those needs.
• Donations to the LIVE UNITED fund will continue to support investments only in Lehigh and Northampton Counties.
• Our United Way will release a Carbon County funding plan on an annual basis. Any dollars raised in Carbon County, or specifically identified for or directed to Carbon County, will be available for grant awards in Carbon County.
• Throughout this plan, “Lehigh Valley” refers to Lehigh and Northampton Counties. If your agency services Carbon County, please contact us to learn about our funding plan and strategy for that area.

ELIGIBILITY CRITERIA
• Organization does not discriminate against individuals (hiring process and recipients of services) on the basis of race, color, national origin, religion, sex, gender identity, physical or mental disability, medical condition, ancestry, marital status, sexual orientation, citizenship, age, or service in the uniformed services.
• Organization must be a United Way qualified partner in good standing by April 2018.
• Total United Way investments for all contracts cannot equal more than 35% of the organizational revenue.
• Minimum grant request of $20,000 unless otherwise noted in Details for Applying.

SUBMITTING AN APPLICATION
Applications must be submitted through the grants management system, e-CImpact, between 9 a.m. Monday, November 13, 2017 and 5 p.m. Monday, February 5, 2018.

APPLICATION REVIEW PROCESS
All applications meeting eligibility criteria, required program components and submitted by the deadline, will be evaluated on a 68-point scale. Teams of community volunteers, United Way Impact staff and the United Way Community Investment Committee will evaluate each proposed investment and its ability to address an identified community need within the context of the strategy. The United Way Impact Council will make investment recommendations to the United Way Board of Directors, who will determine all final investment decisions.

APPLICATION SEGMENTS AND POINTS
Core Sections (75%)
  - Customer Population: 10 points
  - Program Results: 27 points
  - Program Income and Expenses: 14 points
Program Operation Details (25%)
  - Program Components 17 points

2. Evaluation process varies for Collective Impact Support Practices (CISPs)
INVESTMENT DISTRIBUTION GUIDE

United Way remains committed to our three goals in the areas of education, food access and healthy aging and to sustaining our investment in emergency services.

Beginning with the 2014–18 investment cycle and carrying onto the 2018–2022 cycle, the money raised in the LIVE UNITED fund from our annual campaign is apportioned in the following way: 80% education, 8% food access, 12% healthy aging, and $600,000 emergency services, unless otherwise determined by the Board of Directors.

Driven by conversations with the community, school districts, and organizations, along with research and performance analysis, the percentages listed below will be used as a guide in final determinations of grant funds in each area.

<table>
<thead>
<tr>
<th>Education</th>
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<tbody>
<tr>
<td>Increase School Readiness</td>
<td>20%</td>
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<tr>
<td>Increase Everyday Attendance</td>
<td>14%</td>
</tr>
<tr>
<td>Reduce Summer Learning Loss</td>
<td>14%</td>
</tr>
<tr>
<td>Improve Behavioral Health</td>
<td>22%</td>
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<tr>
<td>Support Rural Communities</td>
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<tr>
<td>Community School Coordination</td>
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<td>Collective Impact Support Practices</td>
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<td>Increase Dependent Seniors’ Ability to</td>
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<tr>
<td>Remain in Their Home</td>
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<td>Collective Impact Support Practices</td>
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<table>
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<th>Emergency Services</th>
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<tr>
<td>Housing and Homelessness</td>
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<td>Emergency Food</td>
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<tr>
<td>Violence and Crisis Intervention</td>
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<td>Disaster Relief</td>
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<tr>
<td>Community Helpline (2-1-1)</td>
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</tr>
<tr>
<td>Collective Impact Support Practices</td>
<td>1%</td>
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AWARD NOTIFICATION

• Applicants are notified of final funding decisions in June 2018.
• Beginning on July 1, 2018, grantees enter into a one-year agreement, followed by a three-year agreement beginning July 2019.
• Each grant requires biannual/annual reporting.
• Each grant throughout the 2018–2022 investment cycle is contingent on performance, demonstrated results and continued availability of funds.

ADDITIONAL INFORMATION

For more information on how to become a United Way qualified partner, resources for strategies and organizations, staff contact information and technical assistance, visit www.unitedwayglv.org/find-resources/for-non-profits.
EDUCATION

2022 COMMUNITY GOAL: INCREASE THE NUMBER OF THIRD GRADE STUDENTS READING AT GRADE LEVEL BY 50%

SINCE 2014
United Way of the Greater Lehigh Valley continues to support collective work to increase grade level reading proficiency by the end of third grade by 50% by 2022. Since the 2014–15 school year, the percentage of Lehigh Valley third grade students reading on grade level has increased by 4% from 62% to 66%. It is our goal for that to grow to 81% by 2022.

Locally, this effort received a tremendous boost with three of four school districts creating reading by grade three plans and adopting full-day kindergarten. Pennsylvania’s Every Student Succeeds Act plan brought additional strength to our Lehigh Valley’s education work by highlighting the following pieces necessary to achieve success:

• Third grade reading proficiency as priority;
• Community Schools as a key strategy to removing barriers to success;
• Launch of PA Community School Coalition;
• Emphasis on early childhood supports including transitions into kindergarten;
• Chronic absenteeism as a valuable indicator of school culture and student engagement;
• Summer and out-of-school-time learning as vital supports to quality instruction; and
• Awareness and skill building with educators to ensure all children are effectively supported each day, regardless of challenges.

It is with a continuation of this momentum that we are excited to launch this new call for proposals toward the achievement of this bold education goal.

Our hope is that partners see their strengths and feedback mirrored in this education plan and will continue to communicate and lead with us as we work together to address and remove barriers to academic success and a heathier, more vibrant Lehigh Valley.

LOOKING TO 2022
Our United Way intends to invest in strategies that align to key partnerships and coalitions working to advance critical outcomes that support a regional third grade reading goal.
“The world economy demands a more educated workforce and grade level proficiency is the key.”

– Leila Feister, Annie E. Casey Foundation
PARTNERSHIPS & COALITIONS

Lehigh Valley Reads is a regional platform that creates, coordinates and drives messages and action across the Lehigh Valley to advance the goal of increased grade level reading proficiency. The following are a part of the Lehigh Valley Reads effort:

United Way Community Schools is a key strategy to advance positive youth outcomes through a coordinated effort in high-need schools in targeted neighborhoods across the Lehigh Valley.

Early Childhood Coalition networks partners to drive outcomes so that all children, birth to five, achieve expectations in developmental domains of language and literacy that lead to literacy proficiency.

Lehigh Valley Summer Learning Coalition raises community awareness of summer learning loss, increases access to summer learning opportunities for low-income youth and improves the quality of existing summer learning programs.

Challenge 5 Attendance Awareness Committee leads implementation of community-wide attendance awareness and improvement strategies to address and reduce chronic absenteeism.

Lehigh Valley Trauma Awareness Collaborative aims to increase trauma awareness, trauma-informed practices and cross-sector support for trainings, networking, problem solving and future planning of a trauma-informed Lehigh Valley.

INVESTMENT OUTCOMES & COLLECTIVE IMPACT SUPPORT PRACTICES

Note: Outcomes and strategies are dedicated to Allentown, Bethlehem and Easton unless otherwise noted.

I. Outcome: Increase school readiness among students entering United Way Community Schools
II. Outcome: Increase everyday attendance among students enrolled at United Way Community Schools
III. Outcome: Reduce summer learning loss among students in United Way Community Schools
IV. Outcome: Improve behavioral health of students exposed to trauma in United Way Community Schools
V. Outcome: Support educational success in our rural communities (Bangor Area School District)
VI. Backbone Function: Coordination of health/behavioral health services within Community School districts
VII. Backbone Function: Community leadership development with residents in targeted neighborhoods across the Lehigh Valley
VIII. Backbone Function: Lehigh Valley Summer Learning Coalition
IX. Backbone Function: Early Childhood Coalition
X. Backbone Function: Coordination of Kindergarten Transition
INVESTMENT OUTCOMES & STRATEGIES FOR 2018–22

School Readiness
I. Outcome: Increase school readiness for students entering United Way Community Schools

Why it matters: According to the U.S. Department of Education, disparities in developmental outcomes emerge in infancy and widen in toddlerhood. A child from a low-income household is typically already 12–14 months below national norms in language and pre-reading skills by the time they enter kindergarten. It happens that vocabulary development by age three predicts reading achievement by third grade.3

Strategies we want to fund to address this outcome:

Education I.1 High-quality early childhood educational experiences
Children must be ready to succeed when they get to school (cognitively, socially, emotionally and physically) so they can learn. To this end, they need to have high-quality learning opportunities beginning at birth.4

Education I.2 Home visiting family engagement programs
Parent and caregiver involvement is the number one predictor of early literacy success and future academic achievement. Programs that provide home visits promote early literacy and encourage school readiness by helping parents learn how to foster healthy child development.5

Education I.3 Summer before kindergarten school readiness program
For low-income children, a ‘readiness gap’ fuels much of what we know as the achievement gap. Summer preschool programs help narrow achievement gaps prior to children entering school.6

Education I.4 Professional development of early learning teachers to improve social skills development in children
Early care and education professionals need training in evidence-based practices for promoting social skills in order to decrease disruptive classroom behavior and improve students’ academic performance and school attendance.

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Every day Attendance

II. Outcome: Increase every day attendance for students enrolled at United Way Community Schools (Allentown, Bethlehem and Easton)

Why it matters: Chronic absenteeism (missing 10% or more of the school year for any reason) leads to an increased chance of falling behind in academics, particularly reading. Everyday attendance matters because succeeding in school requires being in school.7

Strategies we want to fund to address this outcome:

Education II.1 Positive youth development programs [4th–8th Grades]
Disengagement with school is one of the primary reasons for chronic absenteeism. Effective Positive Youth Development (PYD) programs considerably improve multiple youth outcomes, including commitment to school.8

Education II.2 Mentoring programs, community-based [4th–8th Grades]
Mentoring has important positive effects on students identified as falling off track by early warning indicators. For those at risk of chronic absenteeism, students who meet regularly with their mentors are less likely than their peers to skip a class or a day of school.9

Education II.3 School-based student and family case management [K–8th Grades]
Often the reasons for chronic absenteeism include unmet basic needs of students and their families.10 Research shows case management that addresses these unmet needs for chronically-absent students and their families is a critical component of a multi-tiered approach to reducing chronic absence.11, 12

Summer Learning

III. Outcome: Reduce summer learning loss among students in United Way Community Schools

Why it matters: Children from low-income households lose as much as two months of reading growth during the summer while their middle-income peers make gains. Summer learning produces an achievement gap that grows over the years.13

Strategies we want to fund to address this outcome:

Education III.1 School-based summer learning programs [K–5th Grades]

Education III.2 Community-based summer learning programs [K–5th Grades]
High-quality summer learning programs that include both academic and enrichment components prevent summer learning loss and can produce academic growth in low-income youth over the summer months.14

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Behavioral Health

IV. Outcome: Improve behavioral health of students exposed to trauma who are enrolled in United Way Community Schools

Why it matters: Stressful or traumatic childhood experiences can result in social, emotional and cognitive impairments. Fear-based childhoods disrupt neurodevelopment, altering normal brain function and structure. Students may have difficulty learning, studying or doing well on a test due to a distraction by intrusive thoughts about the event(s).

Strategies we want to fund to address this outcome:

Education IV.1 School-based universal social-emotional screening process
Using a universal social-emotional screen in schools is an effective way to accurately and proactively identify students in need of early intervention and supports and track the impact of student interventions as part of the Response to Intervention (RTI) and Positive Behavioral Interventions & Supports (PBIS).

Education IV.2 Social Emotional Learning programs [K–8th Grades]
Social emotional learning is linked to improved attitudes about school, prosocial behavior, academic achievement, and reductions in aggression, mental health problems, and substance use.

Education IV.3 Trauma awareness and trauma informed training and support for school staff [K–8th Grades]
Becoming trauma-informed requires a paradigm shift at the staff and organization level to re-focus on understanding what happened to a child, rather than focusing on the conduct alone. Trauma-informed practices represent a holistic approach to shaping organizational culture, practices, and policies to be sensitive to the experiences and needs of individuals who've been exposed to trauma.

Education IV.4.a Trauma informed behavioral health services delivered in Community Schools part-time [K–8th Grades]

Education IV.4.b Trauma informed behavioral health services delivered in Community Schools full-time [K–8th Grades]
Specific trauma informed interventions such as Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and Cognitive Behavioral Intervention for Trauma in Schools (CBITS) are evidence-based behavioral health interventions shown to improve the social-emotional-behavioral well-being of students exposed to trauma.

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16 Treatment and Services Adaptation Centers. (n.d.). How Does Trauma Affect Children? https://traumaawareschools.org/impact
V. Outcome: Support educational success in our rural communities (Bangor Area School District)

Why it matters: Rural communities face challenges of poverty, substance abuse, unemployment, lower levels of educational attainment, limited access to public transportation and limited available resources to adequately address needs around physical health, behavioral health, food insecurity and other barriers to student success and family stability.

These challenges are particularly concerning because they are strongly linked to child maltreatment. The Fourth National Incidence Study of Child Abuse and Neglect found that children in rural areas had higher incidence rates of maltreatment than children in urban and major urban areas in nearly every category of maltreatment and level of severity. Rates of abuse for children in rural areas are nearly two times higher than for children in major urban areas, and rural youth are also twice as likely to commit suicide as their urban peers. Eighty-six percent of the counties with the highest rates of child food insecurity are rural.

Strategies we want to fund to address this outcome:

*Education V.1 School-based student and family intake and referral services [K–12th Grades]*

At-risk youth have needs that are often complex and intertwined. They require help determining which among a variety of services they need, when and in what order. They require assistance finding and accessing those services and support to successfully complete those services.

*Education V.2 Family and student intensive case management [K–12th Grades]*

Often the reasons for chronic absenteeism include unmet basic needs of students and their families.

*Education V.3 Trauma informed school-based behavioral health services [K–12th Grades]*

Specific trauma informed interventions, such as Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and Cognitive Behavioral Interventions for Trauma in Schools (CBITS), are evidence-based behavioral health interventions shown to improve the social-emotional-behavioral well-being of students exposed to trauma.

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High-quality summer learning programs that include both academic and enrichment components prevent summer learning loss and can produce academic growth in low-income youth over the summer months.\(^{23}\)

**COLLECTIVE IMPACT SUPPORT PRACTICES TO ADVANCE GRADE LEVEL READING GAINS IN THE LEHIGH VALLEY**

**VI. Backbone Function: Coordination of health/behavioral health services within Community School districts**

**Education VI. Backbone Function: Comprehensive plan and coordination of health/behavioral health services within Community School districts**

**Why it matters:** Major health problems among our children directly affect schools and student learning; the responsibility for the emotional, intellectual, physical and social health of children is that of the whole community and all of its institutions. After the home, the school is often best positioned to serve as the community’s center for meeting the needs of the whole child.\(^{24}\) Schools are being asked to address the health needs of children at a time when fundamental transformations of schooling structures and outcome expectations are also being demanded.\(^{25}\) A restructured school alone cannot satisfactorily address the multidimensional concerns of children and youth. To address the developmental needs of children and families in a comprehensive and preventive manner, schools and communities must coordinate services.\(^{26}\)

**VII. Backbone Function: Community leadership development with residents in targeted neighborhoods across the Lehigh Valley**

**Education VII. Backbone Function: Community leadership development**

**Why it matters:** Family and community engagement is an essential component of improving outcomes for children and youth.\(^{27}\) Working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the wellbeing of those people is a powerful vehicle for bringing about environmental and behavioral changes that will improve the health of the community and its members.


VIII. Backbone Function: Lehigh Valley Summer Learning Coalition

Why it matters: Prior to 2014, there was no professional network of summer learning providers in the Lehigh Valley. This was true despite the fact that two-thirds of the 9th grade achievement gap between low-income youth and their more affluent peers is due to disparities in summer learning opportunities. By convening summer learning providers and champions around a common agenda, this collective effort has made steady strides toward the mission of raising awareness about summer learning loss, increasing access to summer learning opportunities for low-income youth, and improving the quality of existing summer learning providers. Backbone organizational support is critical to effective communication with coalition members and community allies and the planning and execution of strategic initiatives to reduce summer learning loss throughout the Lehigh Valley.

IX. Backbone Function: Early Childhood Coalition

Why it matters: The use of collective impact for tackling complex social problems is beyond the capacity of any one organization. Facilitation and convening is necessary to create significant change that requires multiple layers of stakeholders.

X. Backbone Function: Coordination of Kindergarten Transition

Why it matters: Kindergarten transition is one of the most significant changes a child will experience in their life. They are leaving either their home environment or the familiar environment of their pre-K classroom to enter a new place.28 Research shows that transition to kindergarten is enhanced when a strong community network collaborates to share information, resources, and opportunities with families and their children.29
INVESTMENT STRATEGIES – DETAILS FOR APPLYING

Our plan depends on the alignment of services within our Community School network. See each section below for population to be served.

Schools in the United Way Community School Network:
Allentown School District: Central, Cleveland, Hiram W. Dodd, Jackson, Jefferson, McKinley, Roosevelt, Union Terrace, Washington, Francis D. Raub, South Mountain
Bethlehem Area School District: Donegan, Fountain Hill, Freemansburg, Lincoln, Marvine, Thomas Jefferson, William Penn, Broughal, Northeast
Easton Area School District: Cheston, Paxinosa, Easton Area Middle
Bangor Area School District: All

I. Outcome: Increase school readiness for students entering United Way Community Schools

Education I.1 High-quality early childhood educational experiences

Investment Details: Scholarships for children provide high-quality early childhood educational experiences at child care centers, as well as family childcare homes, faith-based programs, etc. These scholarships will be for children on the program's subsidized waiting list. Scholarships can be full or partial payment of the program fee.

Customer Definition: Children from birth to age five in Allentown, Bethlehem or Easton who live in the catchment area of a United Way Community School in those districts. Additionally, up to 20% of customers served, with a family income of 200% or less of the Federal Poverty Level, may live in Allentown, Bethlehem or Easton somewhere other than a catchment area of a United Way Community School in those districts.

Required Program Components:
• At least one of the following designations: STARS 3 or 4, NAEYC Accreditation, National Association for the Family Child Care (NAFCC), American Montessori Society (AMS)
• Evidence-based, literacy infused curriculum
• Qualified teachers
• Social-emotional skill development
• Effective preparation of students for the transition to kindergarten

Outcome Result Measure: Children meet or exceed age-appropriate developmental milestones
Education I.2 Home visiting family engagement programs

**Investment Details:** Home visiting programs that engage families and children in healthy child development.

**Customer Definition:** Children from birth to age five in Allentown, Bethlehem or Easton who live in the catchment area of a United Way Community School in those districts. Additionally, up to 20% of customers served, with a family income of 200% or less of the Federal Poverty Level, may live in Allentown, Bethlehem or Easton somewhere other than a catchment area of a United Way Community School in those districts.

Required Program Components:
- Family education of early childhood development
- Early literacy emphasis
- Assessment of family's gain in knowledge
- Qualified and trained staff
- Evidence-based curriculum

**Outcome Result Measure:** Children meet or exceed age-appropriate developmental milestones

Education I.3 Summer before kindergarten school readiness program

**Investment Details:** High-quality school readiness programs during the summer before kindergarten

**Customer Definition:** Rising kindergartners who live in Allentown, Bethlehem or Easton who will attend a United Way Community School kindergarten classroom in the upcoming school year and who have not had any formal early childhood educational experience or have been assessed as not meeting readiness benchmarks at kindergarten registration.

Required Program Components:
- At least one of the following designations: STARS 3 or 4, NAEYC Accreditation, National Association for the Family Child Care (NAFCC), American Montessori Society (AMS)
- 5–6 weeks in length, 4–5 hours per day, 4 days per week
- Breakfast and lunch served
- Two teachers per classroom (kindergarten teacher and preschool teacher or teacher’s aide)
- Emphasis on social and emotional development through play
Education I.3 Required Program Components: (cont.)

- Emphasis on familiarizing children with expectations for kindergarten
- Minimum of 5 hours of mandatory family education opportunities
- Program delivered in a kindergarten classroom unless alternate location approved by school district(s)
- Pre/Post-test for skill development of children
- No fee charged to families whose children participate

Outcome Result Measure: Children increase social-emotional skills

Education I.4 Professional development of early learning teachers to improve social skills development in children

Investment Details: Professional development of early childhood education professionals to enhance age-appropriate social skill development in children ages 2–5 likely to enter United Way Community Schools.

Customer Definition: (Primary) Teachers in early childhood educational programs who serve students ages 2–5 who are projected to enter a United Way Community School in Allentown, Bethlehem or Easton. (Secondary) Children ages 2–5 who are targeted by early care professionals being trained and are projected to attend a United Way Community School in the early childhood educational programs where the teachers are receiving professional development.

Required Program Components:
- Facilitators must be PQUAS certified OR have a minimum of a bachelor’s degree with training and early learning program experience
- Content must address the PA Learning Standards for Early Childhood Social and Emotional Development, including self-awareness and self-management; establishing and maintaining relationships; and decision making and responsible relationships
- Assessment of skill development growth
- Evidence-based curriculum

Outcome Result Measure: Teachers increase skills to enhance age-appropriate development of children ages 2–5. Children in these classrooms increase use of age-appropriate social skills.
II. Outcome: Increase everyday attendance for students attending United Way Community Schools

*Education II.1 Positive youth development programs [4th–8th Grades]*

**Investment Details:** Programs that increase chronically absent students’ engagement in school and school community and that fall under one of the following domains: leadership development, sports and recreation, arts, character education, life skills, community involvement, or academic success. Preference will be given to programs that can be successfully delivered in the before-school hours.

**Customer Definition:** Students who attend a United Way Community School in Allentown, Bethlehem or Easton, grades 4th–8th. At least 50% of any single program’s participants must be chronically absent or at risk of chronic absence as identified by school staff.

Required Components:
- Must demonstrate ability to focus on and measure growth in the five Cs: *competence* in the program content, *confidence* in self, *connection* to school, peers, adults, community, *character*, and *caring* and *compassion* towards others.
- Assessment of growth in those five areas

**Outcome Result Measure:** Students increase attendance within the school year.

*Education II.2 Mentoring programs, community-based [4th–8th Grades]*

**Investment Details:** Community-based mentoring programs that target chronically-absent 4th–8th grade students in United Way Community Schools of Allentown, Bethlehem or Easton.

**Customer Definition:** Students who attend a United Way Community School, grades 4th–8th. All program participants must be chronically absent or at risk of chronic absence as identified by school staff.

Required Components:
- One to one mentor/mentee relationships
- Screening and clearances for mentors
- Community-based
- Focused on attendance and school engagement
- Demonstrate strong link in program model to improvements in middle school attendance

**Outcome Result Measure:** Students increase attendance within the school year.
Education II.3 School-based student and family case management [K–8th Grades]

**Investment Details:** Organization(s) to employ qualified staff to provide student and family case management focusing on reducing chronic absenteeism in United Way Community Schools. Ten percent of staff time will be dedicated to supporting the Community School Coordinator with whole school attendance awareness campaign. Case management and data collection and analysis, attending/facilitating attendance team meetings, one-on-one follow-up with students, outreach to families, assisting with in-school competitions and programs, and assisting in the creation of individual attendance plans, etc.

**Customer Definition:** Students who attend elementary or middle United Way Community Schools (Allentown, Bethlehem or Easton). All program participants must be chronically absent or at risk of chronic absence as identified by school staff.

**Required Components:**
- Must demonstrate a strong link in program model to improvements in student attendance.
- Must include direct family engagement strategies, with a preference given to programs that include home visitation strategies
- Measures family functioning using family assessment scales (ex. North Carolina Family Assessment Scales)
- Hired person is familiar with specific school community
- Hired person dedicates 10% of time to the whole school attendance awareness campaign
- Trained in cultural competency
- Trained in trauma informed schools

**Outcome Result Measure:** (1) Students increase attendance within the school year. (2) Decrease in school-wide chronic absenteeism within the school year.
III. Outcome: Reduce summer learning loss among students in United Way Community Schools

_Education III.1 School-based summer learning programs [K–5th Grades]_

**Investment Details:** School-based summer learning programs with combined academic instruction and enrichment activities (art, music, theater, dance, sports, STEM, etc.)

**Customer Definition:** Rising kindergarteners through rising fifth graders at United Way Community Schools (Allentown, Bethlehem, Easton) that are performing below grade level in reading at the end of the school year (or score low on the district’s kindergarten readiness assessment at kindergarten registration)

Required Program Components:
- Program offers 120–150 hours of combined academic instruction and enrichment activities
- School provides free breakfast and lunch to students each program day
- Academic portion delivered by qualified teachers
- Academic portion has an established curriculum that aligns with school district and Pa. standards
- Academic and enrichment portions are integrated into one another
- Enrichment portion must demonstrate alignment to the 5 Cs of positive youth development
- There is a plan for family engagement during the summer learning program
- There is a plan to promote strong student attendance in the program (either through recognition celebrations or through incentives)
- No fee to families
- Pre-summer to post-summer program assessment

**Outcome Result Measure:** Students maintain or improve literacy.
Education III.2 Community-based summer learning programs
[K–5th Grades]

**Investment Details:** Community-based summer learning programs with combined academic and enrichment activities, such as art, music, theater, dance, sports, STEM, etc., in a trusted community-based setting.

**Customer Definition:** Rising kindergartners through rising fifth graders at United Way Community Schools who score low on the district’s kindergarten reading assessment at kindergarten registration or who are performing below grade level in math or reading at the end of the school year. (Allentown, Bethlehem and Easton)

**Required Program Components:**
- Program offers 120–150 hours of combined academic instruction and enrichment activities
- Academic portion delivered by qualified teachers
- Academic portion has an established curriculum that aligns with school district and PA standards
- Academic and enrichment portions are integrated into one another
- Enrichment portion must demonstrate alignment to the 5 Cs of positive youth development
- No fee or low fee (less than $20/week) per family
- Pre-summer to post-summer program assessment
- School district(s) must be aware of the intent to provide this summer program in a community-based setting
- School district must consent to the structure and content alignment of the program
- Free lunch is provided to students each program day; free breakfast is preferred
- There is a plan for family engagement during the summer learning program
- There is a plan to promote strong student attendance in the program (either through recognition celebrations or through incentives)

**Outcome Result Measure:** Students maintain or improve literacy.
IV. Outcome: Improve behavioral health of students exposed to trauma in United Way Community Schools

*Education IV.1 School-based universal social-emotional screening process*

**Investment Details:** Qualified, licensed behavioral health entity(ies) to conduct social-emotional screenings, develop reports identifying students in need of Tier 2 or Tier 3 interventions, communicate these findings back to school leadership in United Way Community Schools

**Customer Definition:** Students in elementary and middle United Way Community Schools in Allentown, Bethlehem and Easton.

Required Program Components:
- Licensed outpatient behavioral health clinic or Ph.D. level professors from a university psychology department
- Screening tool must be a research-based tool to screen for behavioral and emotional concerns
- Screening tool must be valid to screen students in grades K-8 (preferred tools include BESS, BASC-2 and BIMAs)
- Screening process must take place at the school site with screening tools distributed by classroom teachers or other appropriate school staff.

**Outcome Result Measure:** Students who attend elementary or middle United Way Community Schools in Allentown, Bethlehem and Easton and who are identified by school staff as in need of social-emotional learning supports.

*Education IV.2 Social emotional learning programs [K–8th Grades]*

**Investment Details:** Social-emotional learning programs in the before-, during- and after-school hours that provide coaching, modeling and instruction on social-emotional skill building areas for identified at-risk students

**Customer Definition:** Students who attend elementary or middle United Way Community Schools in Allentown, Bethlehem and Easton and who are identified by school staff as in need of social-emotional learning supports
Required Program Components:

- Trauma informed program model
- Evidence or research based SEL or mindfulness curriculum
- Alignment to five core components of SEL programs: self-awareness, self-management, social awareness, relationship skills and responsible decision making
- Use of a validated pre/post SEL tool to measure impact (such as Strengths and Difficulties Questionnaire (SDQ), Social Skills Improvement System Rating Scales (SSIS), School Social Behaviors Scale (SSBS-2), Devereux Student Strengths Assessment (DESSA)

Outcome Result Measure: Students improve social-emotional skills

**Education IV.3. Trauma awareness and trauma informed training and support for school staff [K–8th Grades]**

**Investment Details:** Professional development trainings to school staff (in identified schools) on childhood trauma awareness and trauma informed school practices to establish trauma informed/trauma sensitive school environments

**Customer Definition:** Staff at United Way Community Schools in Allentown, Bethlehem and Easton

Required Components:

- Training provided by behavioral health professionals affiliated with a licensed behavioral health clinic or institution of higher education
- Demonstrated experience working in trauma
- Demonstrated experience providing trauma awareness trainings
- Demonstrates and includes cultural responsiveness
- Offers a continuum of small group, whole district, and topic training options with an ability to customize to meet district need
- Pre/Post test ex. Attitudes Related to Trauma-Informed Care Scale (ARTIC)

**Outcome Result Measure:** School staff increases knowledge of the impact of trauma on the brain, body and behavior, as well as increased knowledge and use of trauma-informed practices
**Education IV.4.a Trauma informed behavioral health services delivered in Community Schools part-time [K–8th Grades]**

**Investment Details:** Part-time staff person dedicated to providing school-based behavioral health services including one to one student counseling and small group student counseling at identified Community School sites. Anticipated minimum caseload of 20–30 students (1:1 supports, additional students served through group sessions).

**Customer Definition:** Students in selected United Way Community Schools identified as in need of on-site behavioral health supports

Required Program Components:
- Licensed behavioral health outpatient clinic
- Able to bill medical assistance
- Master’s level social workers or psychologists
- Evidence based trauma informed therapeutic model of delivering services (Trauma Focused Cognitive Behavioral Therapy TF-CBT, Cognitive Behavioral Intervention for Trauma in Schools CBITS or Bounce Back)
- Use of a validated research based pre/post test assessment to measure impact

**Outcome Result Measure:** Students improve behavioral health functioning

**Education IV.4.b Trauma informed behavioral health services delivered in Community Schools full-time [K–8th Grades]**

**Investment Details:** Full-time staff person dedicated to providing behavioral health services to students identified by the school as needing Tier 2 and Tier 3 interventions. Services include trauma-informed one-to-one counseling, trauma-informed small group counseling sessions and counseling with families of students exposed to trauma. Anticipated minimum student caseload of 40–60 students. Also, will be expected to provide monthly or quarterly professional development offerings on trauma awareness and trauma informed practices for school staff (such as at monthly faculty meetings or staff in-service days).

**Customer Definition:** (Primary) Students in selected United Way Community Schools identified as in need of on-site behavioral health supports, (Secondary) Staff in selected United Way Community Schools

Required Program Components:
- Licensed behavioral health outpatient clinic
- Able to bill medical assistance
- Master’s level social workers or psychologists
Education IV.4.b Required Program Components: (cont.)

- Evidence based trauma informed therapeutic model of delivering services (Trauma Focused Cognitive Behavioral Therapy TF-CBT, Cognitive Behavioral Intervention for Trauma in Schools CBITS or Bounce Back)
- Use of a validated research based pre/post-test assessment to measure impact

**Outcome Result Measure:** Students improve behavioral health functioning

V. Outcome: Support educational success in our rural communities
(Bangor Area School District)

*Education V.1 School-based student and family intake and referral services [K–12th Grades]*

**Investment Details:** Organizations to employ qualified staff to provide case management to students and families through an intake and referral process that effectively engages them in a goal-setting process while connecting them to available and appropriate resources in the community to meet their needs.

**Customer Definition:** Students and their families in the Bangor Area School District who are identified by school staff as experiencing challenges with meeting basic needs that are negatively impacting attendance, behavior, academics or family stability.

**Required Program Components:**

- Site-based coordination with access to school staff
- Data-sharing agreement between funded organization and school district
- Qualified social service staff familiar with local resources
- Established intake and referral processes in place
- Use of strengths-based family functioning assessments and individualized goal-setting plans

**Outcome Result Measure:** (1) Students have basic needs addressed (2) Families increase stability through connection to support services

*Education V.2 Family and student intensive case management [K–12th Grades]*

**Investment Details:** Organizations to employ qualified staff to provide in-home case management to students and families experiencing instability that negatively affects student attendance, behavior and/or academics.

**Customer Definition:** Students and their families in the Bangor Area School District who are identified by school staff as experiencing challenges with meeting expectations in attendance, behavior and/or academics that warrant active intervention with a qualified case manager.
Family and student intensive case management (cont.)

Required Program Components:
- Qualified staff who is familiar with specific school community
- Must include home visitation strategies
- Measures family functioning using family assessment scales (ex. North Carolina Family Assessment Scales)
- Trained in cultural competency
- Trained in trauma informed schools

Outcome Result Measure: (1) Students’ concerns with attendance, behavior and/or academics decrease (2) Family functioning increases

Education V.3 Trauma informed school-based behavioral health services [K–12th Grades]

Investment Details: Organization to employ a full-time qualified staff to provide school-based behavioral health services to a caseload of 40–60 students K–12 as directed by district leadership

Customer Definition: Students in the Bangor Area School District K–12 identified as in need of on-site behavioral health supports.

Required Program Components:
- Licensed behavioral health outpatient clinic
- Able to bill medical assistance
- Master's level social workers or psychologists
- Evidence based trauma informed therapeutic model of delivering services (FT-CBT or CBITS, referred)
- Pre/Post assessment

Outcome Result Measure: Students improve behavioral health functioning

Education V.4 Summer Learning programs, school-based [K–4th Grades]

Investment Details: School districts to coordinate plan with staff and providers at eligible elementary schools to develop a solid program that offers academic and enrichment programs to students to prevent the summer slide.

Customer Definition: Rising kindergarteners through rising fourth graders in the Bangor Area School District performing below grade level reading at the end of the school year or whom school staff identify as at risk for experiencing food insecurity and/or social isolation over the summer months.
Required Program Components:
- Program offers 120–150 hours of combined academic and enrichment programming
- Academic portion delivered by qualified teachers
- Academic portion has an established curriculum that aligns with school district and Pa. standards
- Academic and enrichment portions are integrated into one another
- Enrichment portion must demonstrate alignment to the 5 Cs of positive youth development
- Pre-summer to post-summer program assessment
- School must provide free breakfast and lunch to participants
- No fee may be charged to participants for any portion of the programming
- Focus on social-emotional learning
- Must include trauma-focused supports

Outcome Result Measure: Students maintain or gain in literacy level

VI. Backbone Function: Coordination of health/behavioral health services within Community School districts

*Education VI. Backbone Function: Comprehensive plan and coordination of health/behavioral health services within Community School districts*

Investment Details: School district to partner with health entities and an external facilitator or consultant to construct a master strategic plan within the district on how to maximize/align health and behavioral health services

Required Program Components:
- School district identifies non-profit/health partner to be lead applicant
- Year 1: Consultant to work with district partnership team to develop strategic plan
- Year 2: Create oversight processes necessary to ensure all health and behavioral health services coming into district align with strategic plan and have quality program measures and practices
- Year 3: Ensure robust data process in place baseline connection to services outcome and ongoing need
- Year 4: Ensure fluid and integrated sustainability process is incorporated
VII. Backbone Function: Community leadership development with residents in targeted neighborhoods across the Lehigh Valley

_Education VII. Backbone Function: Community leadership development_

**Investment Details:** Community leadership development with residents in targeted neighborhoods across the Lehigh Valley to better equip and integrate diverse perspectives to advance community-level goals related to education.

**Required Program Components:**
- Organization is committed to building one-to-one relationships with residents in targeted neighborhoods
- Resident workshops on leadership development bi-weekly (preferred) or monthly
- Coaching and mentoring coalition meetings and other forums

VIII. Backbone Function: Lehigh Valley Summer Learning Coalition

_Education VIII. Backbone Function: Lehigh Valley Summer Learning Coalition_

**Investment Details:** Convene and facilitate the Lehigh Valley Summer Learning Coalition, a collective impact effort focused on closing the summer learning opportunity gap for low-income youth in the Lehigh Valley. These partners will work closely with Lehigh Valley Reads and United Way of the Greater Lehigh Valley education staff to ensure the work of the Lehigh Valley Summer Learning Coalition remains aligned to its mission, goals and objectives.

**Key Objectives:**
- Mobilize cross-sector leadership on the issue of summer learning (or early learning, etc.)
- Facilitate process improvement, recognizing changing and evolving strategies to ensure goal-focused work continues
- Develop and cultivate trust among community partners engaged in the work
- Guide strategic planning, understanding the need to achieve short-term wins, while remaining dedicated to long-term systems change efforts

**Required Program Components:**
- Develop agendas and pre-materials and convene steering committee and full coalition meetings
- Document conversations and distribute notes
- Manage coalition work plans
- Facilitate the updating and/or development of strategic summer learning plans and annual benchmarking
- Participate in other UWGLV education meetings as requested (Lehigh Valley Reads, etc.)
- Communicate with UWGLV education staff at regular intervals on progress
IX. Backbone Function: Early Childhood Coalition

*Education IX. Backbone Function: Early Childhood Coalition*

**Investment Details:** Convene and facilitate the Lehigh Valley Early Childhood Coalition, a collective impact effort focused on language and literacy development for children ages birth to five in the Lehigh Valley. These partners will work closely with Lehigh Valley Reads and United Way of the Greater Lehigh Valley education staff to ensure the work of the Lehigh Valley Early Childhood Coalition remains aligned to its mission, goals and objectives.

**Key Objectives:**
- Mobilize cross-sector leadership on the issue of summer learning (or early learning, etc.)
- Facilitate process improvement, recognizing changing and evolving strategies to ensure goal-focused work continues
- Develop and cultivate trust among community partners engaged in the work
- Guide strategic planning, understanding the need to achieve short-term wins, while remaining dedicated to long-term systems change efforts

**Required Program Components:**
- Develop agendas and pre-materials and convene steering committee and full coalition meetings
- Document conversations and distribute notes
- Manage coalition work plans
- Facilitate the updating and/or development of strategic early childhood plans and annual benchmarking
- Participate in other UWGLV education meetings as requested (Lehigh Valley Reads, etc.)
- Communicate with UWGLV education staff on progress at regular intervals

X. Backbone Function: Coordination of Kindergarten Transition

*Education X. Backbone Function: Coordination of kindergarten transition practices within Community School districts (Allentown, Bethlehem and Easton)*

**Investment Details:** Creation of district-level plan and its implementation for effective kindergarten transition practices

**Required Program Components:**
- School district identifies non-profit partner to be lead applicant
- Practices based on research with child to school, family to school, childcare centers to school and schools in community
- Summer before kindergarten transition program for children not meeting benchmarks or who have had no prior early childcare experience
- District-level transition team as well as elementary school-level teams

Year 1: Research best practices and current state of transition in the district
Year 2: Create a district-level transition team; continue research
Year 3: Create school-level transition teams; begin to implement transition activities; create draft plan
Year 4: Transition plan approved by school board; activities part of schools’ work
FOOD ACCESS

2022 COMMUNITY GOAL: DECREASE THE NUMBER OF PEOPLE IN THE LEHIGH VALLEY WHO ARE FOOD INSECURE BY 50%

SINCE 2014

United Way of the Greater Lehigh Valley continues to support collective work to decrease the number of food insecure Lehigh Valley residents by 50% by 2022. Since 2014, the number of Lehigh Valley residents who are food insecure has decreased from 80,000 (12%) to 63,000 (10%), equaling 17,000 fewer Lehigh Valley residents. It is our goal to further decrease food insecurity to 6% by 2022.

Progress made across the Lehigh Valley since 2014:

• 2014 was the first time for targeted work within the world of food access for United Way.
• The Lehigh Valley Food Policy Council was developed and launched, addressing food insecurity and food systems.
• The Better Fresh Project, started by Meals on Wheels, with start-up funding and continued support from United Way and other partners, aims to bolster the nutritional value and taste of meals, helping to sustain the local farm economy and protect the environment through the purchase of local produce.

We are excited to launch this new call for proposals as one key way we will continue our leadership toward the achievement of this bold goal. Our hope is that partners see their strengths and feedback mirrored in this food access plan and will continue to communicate and lead with us as we work together to address and remove the barriers to food access toward a heathier, more vibrant Lehigh Valley.

LOOKING TO 2022

Our United Way intends to invest in strategies that align to key partnerships and coalitions working to advance critical outcomes that support food insecure residents.
“Hunger can affect people from all walks of life. Many Americans are one job loss or medical crisis away from food insecurity – but some people, including children and seniors, may be at greater risk of hunger than others.”

– Feeding America
PARTNERSHIPS & COALITIONS

The Lehigh Valley Food Policy Council seeks to promote an environmentally healthy food system by strengthening the local food economy, increasing access to fresh food for everyone, reducing food insecurity, and supporting local farming in the Lehigh Valley. It is a collective impact effort with its primary backbone function provided by Community Action Committee of the Lehigh Valley.

INVESTMENT OUTCOMES & COLLECTIVE IMPACT SUPPORT PRACTICES

I. Outcome: Increase access to healthy food

II. Outcome: Increase consumption of healthy food

III. Backbone Function: Lehigh Valley Food Policy Council, additional support

INVESTMENT OUTCOMES & STRATEGIES FOR 2018–22

Access

I. Outcome: Increase access to healthy food

Why it matters: Accessing affordable, high-quality, and healthy food is a challenge for many families. Not only is access lacking in low-income communities and communities of color, but disparities exist in the quality, variety, quantity, and price of healthy foods as well. The food environment in many low-income urban communities often comprises primarily convenience stores and smaller markets. Lack of access to healthy foods in rural communities is also a significant concern. People living in low-income, rural communities typically have the farthest distances to travel to access healthy food.30

Strategies we want to fund to address this outcome:

Food Access I.1 Food pantries (Choice and Emergency)

Food pantries help to reduce hunger and hardship in the United States. Many people, including working families with children, use these local resources to supplement their income. Even families earning a poverty-level income (about $1,250 per month for a family of three) can be stretched when they need to cover housing, health, child care, and food costs.31 Low-income households and other vulnerable populations acquire and purchase food by considering access to emergency food pantries in areas lacking supermarkets.32

The client choice food pantry model is preferred and a critical part of a community’s efforts to end hunger. Having the opportunity to choose their own food gives the people being served a sense of dignity and control, limits waste (since they tend not to take food they won’t use), and allows them to tailor the help they receive to be the best possible fit for their own unique situation.33

Food Access I.2 Healthy food retail
Limited access to healthy food corresponds with poor nutrition. Healthy food retail not only increases the availability of healthy food but also contributes to community economic development. Many communities that lack healthy food retailers are also oversaturated with fast-food restaurants, liquor stores, and other sources of inexpensive, processed food with little to no nutritional value.34

Consumption
II. Outcome: Increase consumption of healthy food

Why it matters: Good nutrition is an important part of leading a healthy lifestyle. Combined with physical activity, your diet can help you to reach and maintain a healthy weight, reduce your risk of chronic diseases (like heart disease and cancer), and promote your overall health.35

Strategies we want to fund to address this outcome:
Food Access II.1 Nutrition education
Lack of awareness about the dietary requirements and nutritive value of different foods is the main cause of prevailing malnutrition among schoolchildren and other vulnerable sections of the community. Nutrition education is crucial for the improvement of nutrition conditions within any community.36

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COLLECTIVE IMPACT SUPPORT PRACTICES TO ADVANCE FOOD ACCESS IN THE LEHIGH VALLEY

III. Backbone Function: Lehigh Valley Food Policy Council, additional support

Why it matters: Food policy councils are important tools to gather voices, identify priorities and inform policies that keep local decision-making at the forefront of food systems. As communities continue to reclaim and rebuild the fabric of local and regional food systems, food policy councils are growing as a new kind of collaborative institution to move food system change from disparate ideas to coordinated action. Additional support for working groups and overall coordination will allow targeted efforts of the Council to better succeed.

INVESTMENT STRATEGIES – DETAILS FOR APPLYING

I. Outcome: Increase access to healthy food

Food Access I.1 Food pantries (Choice and Emergency)

Investment Details: Receives, buys, stores and distributes food to low-income individuals. Food pantry grants are $20,000 per location with an application required for each location.

Customer Definition: Lehigh or Northampton County residents who are food insecure

Required Program Components:
- Second Harvest Food Bank member agency
- Open 4x a month or more
- Provide additional services or connections to services (ex. health, education, case management, etc.)
- Employs client choice model (preferred)
- Variety of distribution days and times (ex. morning, afternoon, evening, weekdays, weekends) (preferred)

Outcome Result Measure: Customers receive needed food.

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Food Access I.2 Healthy food retail

**Investment Details:** Increased access to healthy, nutrient-dense food – including fruits, vegetables, grains and protein – in low-income, low-access neighborhoods

Required Program Components:
- Must either develop the number of healthy corner stores, distribute to healthy corner stores, distribute to a commercial kitchen, or operate a mobile market
- Ability to accept Electronic Benefits Transfer (EBT) cards (preferred)
- Participate in the Double SNAP program (preferred)
- Use produce from local farms when available (preferred)

**Outcome Result Measure:** Customers receive healthy, nutrient-dense food.
II. Outcome: Increase consumption of healthy food

*Food Access II.1 Nutrition education*

**Investment Details:** Helps families and individuals on a limited budget make healthier food choices by acquiring the knowledge, skills, attitudes, and behavior changes necessary to improve their health.

**Customer Definition:** Lehigh or Northampton County low-income residents residing in a food desert or limited access area

**Required Program Components:**
- Program model has a strong link to a result in improved nutrition habits for participants
- Location of program provided aligns with federally-defined low- and limited-food access neighborhoods
- Pre/Post survey

**Outcome Result Measure:** Customers increase fruit and vegetable consumption.
III. Backbone Function: Lehigh Valley Food Policy Council, additional support

Investment Details: The Lehigh Valley Food Policy Council coordination overall and/or for its working groups. Up to three awards may be granted. Each proposal amount must be $5,000–$15,000, with the total amount requested for all proposals not to exceed $15,000. For each fiscal year the grant(s) is awarded funding, the Lehigh Valley Food Policy Council may propose a new strategy or project for the funding, including change of the fiscal agent.

Key Objectives:
• Mobilize cross-sector leadership on the issue
• Facilitate process improvement, recognizing changing and evolving strategies to ensure goal-focused work continues
• Develop and cultivate trust among community partners engaged in the work
• Guide strategic planning, understanding the need to achieve short-term wins, while remaining dedicated to long-term systems change efforts

Required Program Components:
• Letter of support by the Lehigh Valley Food Policy Council or associated steering committee
• Identify singular fiscal agent (per grant proposal)
• Develop agendas and pre-materials, and convene meetings
• Document conversations and distribute notes
• Manage coalition work plans
• Facilitate the updating and/or development of strategic plans and annual benchmarking
• Share measurement of the initiative with United Way and the Food Policy Council partners
HEALTHY AGING

2022 COMMUNITY GOAL: INCREASE THE NUMBER OF DEPENDENT SENIORS WHOSE BASIC NEEDS ARE MET AT HOME BY 50%

SINCE 2014
United Way of the Greater Lehigh Valley continues to support collective work to ensure seniors are healthy at home. In 2017, we reached our goal of increasing the number of dependent seniors whose basic needs are met at home by 50%. With an additional 40,000 Lehigh Valley residents becoming seniors by the year 2025, our goal is to maintain our support of those who are dependent and invest in efforts to increase the health and wellness of a growing population.

Progress made across the Lehigh Valley since 2014:

• The Fall Prevention Coalition was formed, consisting of hospitals, community members and non-profit organizations.
• The Diabetes Prevention Coalition was formed, consisting of universities, hospitals, community members, and non-profit organizations.
• Gatekeepers in the community were trained to recognize seniors in need and connect them to services.
• The Age-Friendly Communities Initiative was introduced.

We are excited to launch this new call for proposals as one key way we will continue our leadership toward the achievement of this bold goal. Our hope is that partners see their strengths and feedback mirrored in this healthy aging plan and will continue to communicate and lead with us as we work together to address and remove the barriers to healthy aging toward a healthier, more vibrant Lehigh Valley.

LOOKING TO 2022
Our United Way intends to invest in strategies that align to key partnerships and coalitions working to advance critical outcomes that support seniors.
“We’re leading a national, collaborative effort to make it easier for individuals to get help with daily living – right in their own homes and communities.”

– National Council on Aging

 Seniors are healthy in their own homes

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<tr>
<th>Decrease seniors’ risk of dependence</th>
<th>Increase seniors’ health and wellness</th>
<th>Increase dependent seniors’ ability to remain in their home</th>
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<tbody>
<tr>
<td>Fall Prevention Coalition</td>
<td>Diabetes Prevention Coalition</td>
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Collective Impact Support Practices
PARTNERSHIPS & COALITIONS
The Lehigh Valley Alliance on Aging is a nationally recognized collective
impact movement that convenes partnerships throughout the Lehigh
Valley to ensure seniors stay healthier and have a better quality of life.
UWGLV provides the backbone function to this collective impact effort.
The following are part of the Alliance on Aging effort:

The Fall Prevention Coalition brings awareness and intervention to
the community regarding fall prevention.

The Diabetes Prevention Coalition brings awareness and
intervention to the community regarding diabetes prevention.

INVESTMENT OUTCOMES & COLLECTIVE IMPACT SUPPORT PRACTICES
I. Outcome: Increase seniors’ health and wellness
II. Outcome: Increase dependent seniors’ ability to remain in their home
III. Backbone Function: Fall Prevention Coalition
IV. Backbone Function: Diabetes Prevention Coalition

INVESTMENT OUTCOMES & STRATEGIES FOR 2018–22
Prevention
I. Outcome: Increase seniors’ health and wellness

Why it matters: As people age, their health and bodies begin to
deteriorate. This can range from being more prone to bruises to
experiencing memory problems. That is why it is crucial for senior
citizens to take extra steps to remain healthy in both mind and body.38

Strategies we want to fund to address this outcome:
Healthy Aging I.1 Diabetes prevention and management
Half of all Americans age 65 or older have pre-diabetes and are at risk
for developing type 2 diabetes. An estimated 11.2 million Americans
over age 65 are diagnosed with diabetes, a figure that will continue
to increase if no action is taken to prevent diabetes.39 Improving key
diabetes indicators and healthy lifestyle choices can help prevent and
manage diabetes, preventing further health issues.

Healthy Aging I.2 Balance and exercise
Falls are the leading cause of injury to people over 65, making the risk
of falling one of the biggest threats to independent living. Exercise is a
proven way to prevent falls by strengthening the muscles that keep us
upright and improving our balance. Each year, over 2.8 million patients
are treated in emergency rooms for falls.40 Through practical lifestyle
adjustments, evidence-based programs and community partnerships,
the number of falls among seniors can be reduced substantially.41

Strategies we want to fund: (cont.)

Healthy Aging I.3 Meal delivery
Meal delivery services allow seniors and other people who can’t regularly cook for themselves a healthy meal option that is easy and nutritious. Meal delivery services provide meals to people with mobility issues living at home, enabling proper nutrition for people who might not be able to nourish themselves on their own.42

Intervention
II. Outcome: Increase dependent seniors’ ability to remain in their home

Why it matters: Nearly 90% of senior citizens want to stay in their homes as they age, which is known as “aging in place.” Even if they begin to need day-to-day assistance or ongoing health care during retirement, most would prefer to stay in their homes.43 Senior citizens can remain in their homes with the help of assistance services.

Strategies we want to fund to address this outcome:
Healthy Aging II.1 Transportation assistance
Access to transportation is key to support the health and well-being of seniors, ensuring their ability to age in place in the community. Yet access to adequate transportation can be a major challenge.44 Staying connected and mobile helps seniors maintain their independence, which is why transportation assistance is crucial at an older age.

Healthy Aging II.2 Grocery shopping services
As people age, they may be less able to run their own errands. Many seniors would rather stay at home instead of going to the supermarket, as most simply can’t get about as easily as they used to. They may be home-bound due to a disability, illness or injury, and need help with shopping trips.45

Healthy Aging II.3 In-home support services
Approximately 65.7 million informal and family caregivers provide care to someone who is ill, disabled or aged in the U.S. In-home support services may involve the most intimate aspects of people’s lives—what and when they eat, personal hygiene, getting dressed, using the bathroom. Other less severe care needs may involve household tasks such as preparing meals or using the telephone. The needs are great and the burden must be shared to prevent burn-out and assure seniors’ ADL and IADL needs are met as they age in place in the community.46

Healthy Aging II.4 Case management services
Geriatric Case Management involves working with seniors to help them overcome barriers, prevent social and medical health crises and plan for their future. The case manager is trained to assess, plan, coordinate, monitor and provide services for seniors.47

Healthy Aging II.5 Adult day services
Adult day programs provide seniors with valuable opportunities for socialization, recreation and engagement in a supervised and safe environment. This is an affordable alternative to placing an aging loved one in assisted living or other long-term care facilities.48

Healthy Aging II.6 Handyman services/home maintenance
Seniors who live alone can find that their homes becomes more difficult to manage as they age. Home maintenance is essential to feel safe and comfortable at home; resources should be provided to assist seniors.49

COLLECTIVE IMPACT SUPPORT PRACTICES TO ADVANCE HEALTHY AGING IN THE LEHIGH VALLEY

III. Backbone Function: Fall Prevention Coalition

Healthy Aging III. Backbone Function: Fall Prevention Coalition

Why it matters: One in three older Americans fall every year. Falls are the leading cause of both fatal and non-fatal injuries for people aged 65+. Falls threaten seniors’ safety and independence and generate enormous economic and personal costs. However, falling is not an inevitable result of aging. Through practical lifestyle adjustments, evidence-based fall prevention programs, and clinical-community partnerships, the number of falls among seniors can be substantially reduced.50
IV. Backbone Function: Diabetes Prevention Coalition

Healthy Aging IV. Backbone Function: Diabetes Prevention Coalition

Why it matters: The proportion of the diabetic population who are 75 years or older is projected to exceed 30% in the United States in the next 50 years. Type 2 diabetes is 100% preventable and can be prevented or managed through diet and exercise. Leading a healthy lifestyle will lead to a lower risk of type 2 diabetes later in life.51

INVESTMENT STRATEGIES – DETAILS FOR APPLYING

I. Outcome: Increase seniors’ health and wellness

Healthy Aging I.1 Diabetes prevention and management

Investment Details: Programs that identify pre-diabetic and/or diabetic older adults and engage them in health and wellness, diet, and exercise practices for prevention and management

Customer Definition: Lehigh or Northampton County seniors age 55+ who have been identified by a health professional as having or at risk of having diabetes

Required Program Components:
• Program provider is a licensed health professional or has a chronic care profession certificate
• Includes health and wellness, diet and exercise practices

Outcome Result Measure: Seniors improve or maintain glucose levels.

Healthy Aging I.2 Balance and exercise

Investment Details: Programs that identify seniors at risk for a fall and engage in fall prevention programming

Customer Definition: Lehigh or Northampton County residents age 55+ who have been identified as high risk for a fall

Required Program Components:
• Program is delivered by one of the following: nurse practitioner, physician’s assistant, registered nurse, physical therapist, occupational therapist, social worker

Outcome Result Measure: Seniors avoid a fall

Investment Strategies: (cont.)

Healthy Aging I.3 Meal delivery

**Investment Details:** Meal delivery to homebound individuals.

**Customer Definition:** Lehigh or Northampton County homebound seniors or individuals with disabilities of any age; 80% of customers must be 55 and older.

Required Program Components:
- Food and beverage license issued by the Department of Agriculture
- ServSafe certification
- Meals meet at least 1/3 of the Recommended Dietary Allowance (RDA) recommendations
- Background check on volunteers
- Valid driver’s license
- Volunteers have their own personal car insurance

**Outcome Result Measure:** Individuals improve or maintain their nutritional health

II. Outcome: Increase dependent seniors’ ability to remain in their home

Healthy Aging II.1 Transportation assistance

**Investment Details:** Provides transportation to seniors for medical, spiritual and/or social needs

**Customer Definition:** Lehigh or Northampton County residents age 65+ with an IADL – difficulty with transportation

Required Program Components:
- Background check on drivers
- Valid driver’s license
- Volunteers have their own personal car insurance
- Tracks customer satisfaction and timeliness of trips
- Door-through-door (preferred) or door-to-door

**Outcome Result Measure:** Seniors able to stay in their homes
Healthy Aging II.2 Grocery shopping services

**Investment Details:** Provides complete or assisted grocery shopping services for seniors

**Customer Definition:** Lehigh or Northampton County residents age 65+ with an IADL – grocery shopping

Required Program Components:
- Background check on drivers
- Valid driver’s license
- Volunteers have their own personal car insurance

**Outcome Result Measure:** Seniors able to stay in their homes

Healthy Aging II.3 In-home support services

**Investment Details:** Provides a full range of in-home support services for seniors with ADL/IADL needs

**Customer Definition:** Lehigh or Northampton County residents age 65+ with an ADL

Required Components:
- Licensed by the Pennsylvania Department of Health as a home health care agency
- Certified nursing assistants

**Outcome Result Measure:** Seniors able to stay in their homes

Healthy Aging II.4 Case management services

**Investment Details:** Provides assistance with management of daily needs and solutions to overcoming barriers

**Customer Definition:** Lehigh or Northampton County residents age 65+ with IADL/ADL needs

Required Components:
- Case manager specializing in geriatrics
- Assessment of needs, arranging of services, monitoring and evaluation of care plan

**Outcome Result Measure:** Seniors able to stay in their homes
**Healthy Aging II.5 Adult day services**

**Investment Details:** Provides safe environment with socialization, activities, meals and other services as needed.

**Customer Definition:** Lehigh or Northampton County residents age 60+ with dementia, Alzheimer’s disease, stroke, or need for supervision during the day.

Required Program Components:
- RN or LPN on program staff
- Licensed by the PA Department of Aging as an adult day services provider

**Outcome Result Measure:** Seniors are able to stay living in their homes, and caregivers feel a reduction in stress.

**Healthy Aging II.6 Handyman services/home maintenance**

**Investment Details:** Programs that provide quality home repair services, which allow seniors to maintain safe independent living.

**Customer Definition:** Lehigh or Northampton County residents age 65+ who are owners and residents of a house in need of repair(s)

Required Program Components:
- Licensed and insured contractor
- Services are provided at a reduced cost or free to senior

**Outcome Result Measure:** Seniors increase home safety and independence

**III. Backbone Function: Fall Prevention Coalition**

**Healthy Aging III. Backbone Function: Fall Prevention Coalition**

**Investment Details:** Convene and facilitate the Fall Prevention Coalition of the Lehigh Valley Alliance on Aging, a collective impact effort focused on reducing the number of falls experienced by seniors and maintaining their independence in their homes. These partners will work closely with the Lehigh Valley Alliance on Aging and UWGLV healthy aging staff. The coalition is to choose a lead applicant to apply on behalf of itself or multiple partners. Award will be $5,000–$15,000.
Healthy Aging III. Backbone Function: Fall Prevention Coalition (cont.)

Required Program Components:
- Develop agendas and pre-materials and convene coalition meetings
- Document conversations and distribute notes
- Manage coalition work plans
- Facilitate the updating and/or development of strategic fall prevention plans and annual benchmarking
- Participate in other healthy aging meetings as necessary
- Communicate with UWGLV healthy aging staff at regular intervals on progress

IV. Backbone Function: Diabetes Prevention Coalition

Healthy Aging IV. Backbone Function: Diabetes Prevention Coalition

Investment Details: Convene and facilitate the diabetes prevention coalition of the Lehigh Valley Alliance on Aging, a collective impact effort focused around reducing chronic disease in seniors. These partners will work closely with the Lehigh Valley Alliance on Aging and UWGLV healthy aging staff. The Coalition is to choose a lead applicant to apply on behalf of itself or multiple partners. Award will be $5,000–$15,000.

Required Program Components:
- Develop agendas and pre-materials and convene coalition meetings
- Document conversations and distribute notes
- Manage coalition work plans
- Facilitate the updating and/or development of strategic diabetes prevention plans and annual benchmarking
- Participate in other healthy aging meetings as necessary
- Communicate with UWGLV healthy aging staff at regular intervals on progress
EMERGENCY SERVICES

SINCE 2014
United Way of the Greater Lehigh Valley continues to support emergency services.

Progress made across the Lehigh Valley since 2014:

- 2-1-1 community helpline calls have more than doubled since services were introduced to the Lehigh Valley in 2013.
- Lehigh Valley Regional Homeless Advisory Board designed and piloted a Coordinated Entry System, a collective impact effort, for persons experiencing housing crises. This effort streamlined all cases into a single regional system.
- Additional coalitions have been formed to address issues – for example, a human trafficking awareness and support network.

LOOKING TO 2022
Our United Way intends to invest in strategies that align to key partnerships and coalitions working to advance critical outcomes through emergency services.

Residents receive emergency services

- Disaster relief and emergency response
- Emergency food and housing solutions
- Crisis and violence intervention

Collective Impact Support Practices

Regional Homelessness Advisory Board

Coordinated Entry (homelessness support) System
PARTNERSHIPS & COALITIONS
The Lehigh Valley Regional Homeless Advisory Board (LV-RHAB) is a 50+ member-strong coalition addressing issues of homelessness and housing. Several collaborative efforts have grown out of the LV-RHAB, including Valley-wide work on a Coordinated Entry System and affordable housing strategies.

INVESTMENT OUTCOMES & COLLECTIVE IMPACT SUPPORT PRACTICES
I. Housing and Homelessness
II. Emergency Food
III. Violence and Crisis Intervention and Support
IV. Disaster Relief
V. Backbone Function: Lehigh Valley Regional Homeless Advisory Board
INVESTMENT OUTCOMES & STRATEGIES FOR 2018–22

Shelter and Food
I. Housing and Homelessness

Why it matters: Stable housing provides the foundation upon which people build their lives. Without a safe and affordable place to live, it may become impossible for one to achieve good health or one’s full potential. According to the Department of Housing and Urban Development (HUD), on a single night in 2016, more than 549,900 people, including 120,819 children, experienced homelessness throughout the U.S. Of those people, more than 176,357 were unsheltered.52 In the Lehigh Valley, 736 people (101 unsheltered) were counted in January 2017.53 Before this, 131 homeless youth were identified who required housing.54 Homeless children do worse academically than other children and they have much higher school absentee rates. Homeless individuals lack adequate medical care and they are often admitted into hospitals.55

Strategies we want to fund:
Emergency Services I.1 Shelter Services
A homeless shelter is a safe and comforting place to stay for anybody who does not have a bed to sleep in at night. A homeless shelter can offer far more than just a bed for the night. Many will feature a soup kitchen that provides hot meals free of charge. Some may also provide counseling, support, and training for people with alcohol or drug related problems. There are some shelters that can also provide assistance to find employment and prepare for job interviews. The ultimate aim is not just to provide a roof and bed for the night, but to help people integrate back into society in a positive fashion.56

Emergency Services I.2 Housing-based Legal Services
Housing-based legal services provide resources to help tenants avoid eviction or foreclosure, whether they rent or own the house. Through this service, the tenants are more aware of their rights and duties as a tenant so they can avoid eviction. Some legal service organizations provide free civil legal services to low-income families, depending on the household income, specifics of the case and area of residence.57
II. Emergency Food

Why it matters: Having access to an emergency food supply in crisis is vital. Whether the crisis be due to financial issues or dangerous weather, it is very important to stay hydrated and fed. During dangerous weather situations, homes may have to go without power for days or even weeks. It would be beneficial to have an emergency food supply at home or access to an emergency meal center during times like this.58

Strategies we want to fund:

Emergency Services II.1 Meal Centers/Soup Kitchens

Meal Centers respond to the needs of the residents in the community by providing nutritious meals in a hospitable and clean environment. Meals are prepared and served by volunteer teams from local businesses, faith organizations, community groups, or school groups.59

Violence and Crisis Intervention
III. Violence and Crisis Intervention and Support

Why it matters: Violence is a serious preventable public health problem that affects millions of Americans and occurs across the lifespan. On average, 24 people per minute are victims of rape, physical violence or stalking by an intimate partner in the United States – more than 12 million women and men over the course of a year. Physical, mental, and sexual and reproductive health effects have been linked with intimate partner violence including pregnancy issues, gastrointestinal problems, neurological disorders, and depression. Victims of domestic violence are also at higher risk for developing addictions to alcohol, tobacco or drugs.60

Strategies we want to fund:
Emergency Services III.1 Safe House/Shelters
Nationally, 50% of all homeless women and children are on the streets because of violence in the home.61 Safe house/shelters not only provide shelter from violence and crisis, but also provide supportive and educational services for individuals or families to continue a stable, self-sufficient and dignified life.62

Emergency Services III.2 Support Services
Support services are there to help victims of domestic violence, stalking and sexual assault, and their children, cope with the initial crisis and aftermath of these calamities. Victims receive empathy and peer counseling support for their crisis, as well as a chance to discuss their options and receive information and referrals pertinent to their individual situation.63 Services can include any of the following: helpline, individual and group counseling, medical advocacy and court advocacy.

Disaster Relief
IV. Disaster Relief

Why it matters: Natural disasters are happening more frequently, due to the changes in the environment. When these weather-related natural disasters occur, entire villages, cities or geographical regions can be affected. Entire populations of dozens, hundreds or thousands of people will require shelter. It may take days, weeks or even months for their lives to get back to normal after a disaster. During that time, it is critical to protect people from exposure to the elements by providing shelter.

Strategies we want to fund:
Emergency Services IV.1 Disaster Relief
In order for survival and recovery, emergency shelter is crucial. This is more than just housing the population, but also having access to an emergency warehouse shelter to store critical supplies safely, such as food, medicine and building materials. Volunteers are also a crucial part of recovering and restoring normal function to the infrastructure of a community.64

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COLLECTIVE IMPACT SUPPORT PRACTICES

V. Backbone Function: Lehigh Valley Regional Homeless Advisory Board

Emergency Services V. Backbone Function: Lehigh Valley Regional Homeless Advisory Board

Why it matters: Even the most fundamental of human needs requires a collaborative, full community effort to provide the best service possible. The Lehigh Valley Regional Homeless Advisory Board (LV-RHAB) is a collective impact effort with a goal to reduce or end homelessness in the Lehigh Valley. Every month, this group becomes aware of yet more people who transition in and out of sustainable housing for a wide variety of reasons. The LV-RHAB is designed to address these needs by rallying the support of a cross sector, Valley-wide effort.
INVESTMENT STRATEGIES – DETAILS FOR APPLYING

I. Housing and Homelessness

*Emergency Services I.1 Shelter services*

**Investment Details:** Emergency shelter for homeless individuals and families

**Customer Definition:** Lehigh or Northampton County residents

Required Program Components:
- Relevant Emergency Food and Shelter Program (EFSP) eligibility
- Provide additional services or connections to services

**Outcome Result Measure:** Residents receive emergency shelter services

*Emergency Services I.2 Housing-based legal services*

**Investment Details:** Legal services for tenants, homeowners and homeless persons

**Customer Definition:** Lehigh or Northampton County residents

Required Program Components:
- Provider is a licensed lawyer or paralegal

**Outcome Result Measure:** Residents receive housing-based legal services
II. Emergency Food

*Emergency Services II.1 Meal Centers/Soup Kitchens*

**Investment Details:** Provides meals to residents in need

**Customer Definition:** Lehigh or Northampton County residents

Required Program Components:
- ServeSafe Certification
- City Health Department inspection
- Department of Agriculture inspection

**Outcome Result Measure:** Residents receive meals
III. Violence and Crisis Intervention

*Emergency Services III.1 Safe House/Shelters*

**Investment Details:** Shelter for victims of abuse

**Customer Definition:** Lehigh or Northampton County residents

Required Program Components:
- Confidential location
- 24-hour staff coverage
- Provide additional services or connections to services (preferred)

**Outcome Result Measure:** Residents receive shelter from abuse

*Emergency Services III.2 Support Services*

**Investment Details:** Confidential services including counseling, court advocacy and crisis hotlines for people whose lives have been directly affected by crime

**Customer Definition:** Lehigh or Northampton County residents

Required Program Components:
- Provider of service has completed appropriate specialized training

**Outcome Result Measure:** Residents receive violence and crisis intervention supports

IV. Disaster Relief

*Emergency Services IV.1 Disaster Relief*

**Investment Details:** Response and services including overnight shelter stays or contacts, emergency supplies, health and mental health contacts, meals and snacks after disasters

**Customer Definition:** Lehigh or Northampton County residents

Required Program Components:
- Provider has completed training for disaster services response

**Outcome Result Measure:** Residents receive disaster relief services
V. Backbone Function: Lehigh Valley Regional Homelessness Advisory Board

Emergency Services V. Backbone Function: Lehigh Valley Regional Homeless Advisory Board

Investment Details: The Lehigh Valley Regional Homeless Advisory Board coordination overall and/or for its working groups. Up to three awards may be granted. Each proposal amount must be $5,000–$15,000, with the total amount requested for all proposals not to exceed $15,000. For each fiscal year the grant(s) is awarded funding, the Lehigh Valley Regional Homeless Advisory Board may propose a new strategy or project for the funding, including change of the fiscal agent.

Key Objectives:
• Mobilize cross-sector leadership on the issue
• Facilitate process improvement, recognizing changing and evolving strategies to ensure goal-focused work continues
• Develop and cultivate trust among community partners engaged in the work
• Guide strategic planning, understanding the need to achieve short-term wins, while remaining dedicated to long-term systems change efforts

Required Program Components:
• Lehigh Valley Regional Homeless Advisory Board submits proposal(s)
• Identify singular fiscal agent (per grant proposal)
• Develop agendas and pre-materials and convene meetings
• Document conversations and distribute notes
• Manage coalition work plans
• Facilitate the updating and/or development of strategic plans and annual benchmarking
• Share measurement of the initiative