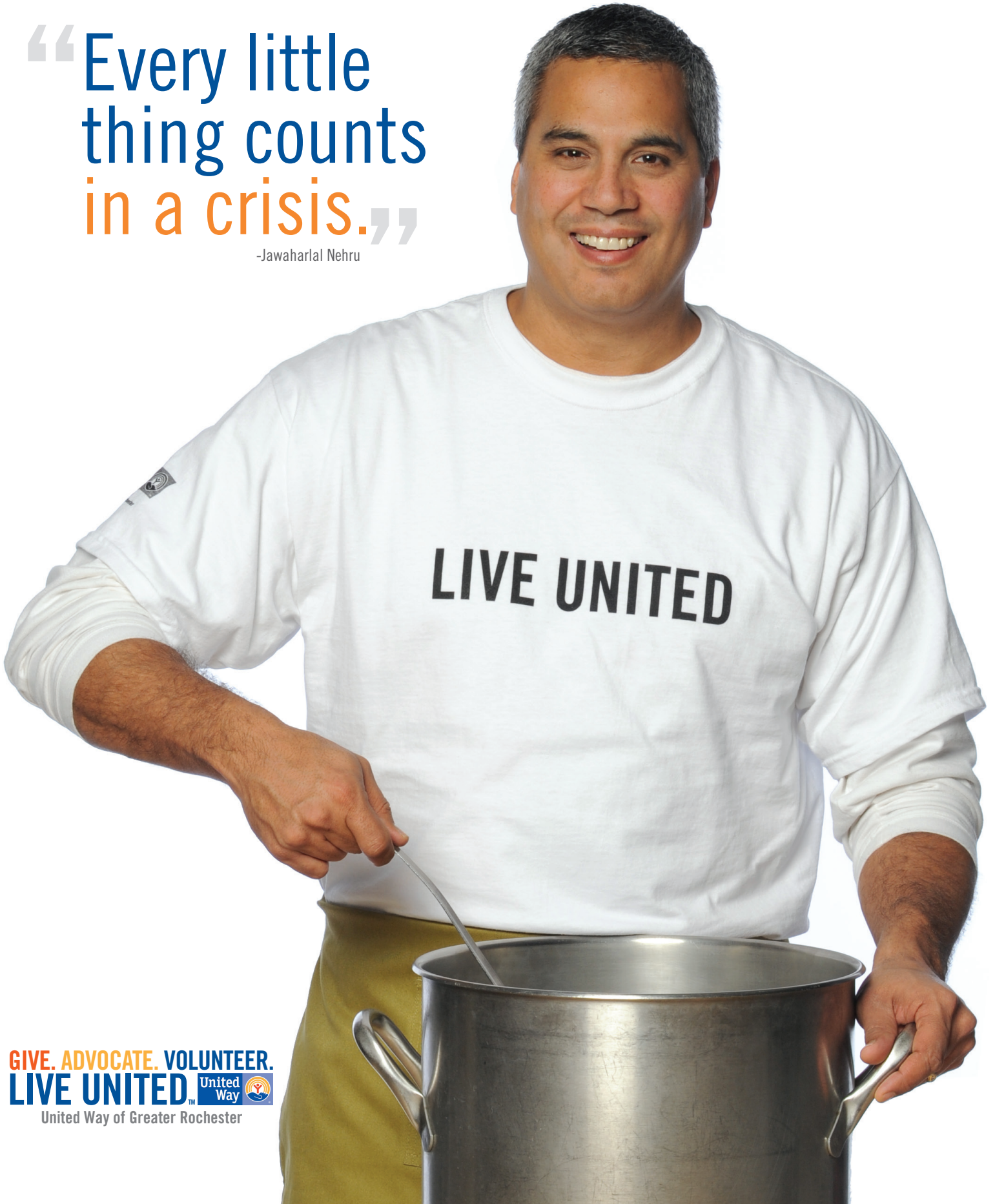


“Every little
thing counts
in a crisis.”

-Jawaharlal Nehru



Setting the Stage

Our mission is to magnify and focus the power of community resources to prevent and address our most pressing social needs. Among the key strategic priorities integral to accomplishing our mission is to advance the common good by making a measurable impact in our community. This blueprint represents a new approach for planning how we will invest resources. While it does not fundamentally change our work, it has changed how we go about that work.

In preparing for this new process, our Community Investment Cabinet worked with staff to develop a resource investment philosophy:

Our investment philosophy builds on the foundation of our mission, vision and values and is intended to guide our work in making resource investment decisions that will accomplish meaningful and lasting change in peoples' lives.

- Our first responsibility is to serve our community.
- Our focus is clear—we identify priorities and implement effective and efficient strategies to achieve measurable results.
- We work for long-term success and seek to address the root causes of social problems.
- We hold ourselves accountable for the prudent investment of community resources.
- We are willing to take calculated risks and move with urgency to address our community's most pressing needs.
- We value transparency and accessibility through honest and full disclosure to donors, agencies and the general community.
- We build constructive relationships based on mutual respect, candor and understanding.
- We value the perspectives, opinions and experiences of the broadest possible cross-section of people to inform our decisions.
- We set high standards for all we do, assess our performance and learn from our mistakes.

It's also important to note that the blueprint helps guide our resource investment decisions. Just what does that mean? There are three major categories of resource that United Way can invest in particular areas of focus:

- 1) Give United Way makes a financial commitment to a particular program in support of a strategy focused on a community need.
- 2) Advocate United Way serves as a convener, advocate and champion for issues identified by our blueprint process. This may result in a public policy initiative or simply convening community leaders for dialogue.
- 3) Volunteer United Way serves as a catalyst in identifying volunteer needs to advance a strategy. For example, if we need more adults to deliver food baskets or sort donations, we'll issue a "call to action" to the community.

Any combination of these resources may be invested with the intent of making long-term sustainable change.

We began our work by learning from the community what matters most to them. After conducting surveys engaging more than 1,200 people, and talking with more than 100 human-service professionals, we learned that people are most concerned about these eight issues:

- 1) violence and unsafe neighborhoods
- 2) family violence, child abuse and elder abuse
- 3) poverty/low income
- 4) support for non-professional caregivers
- 5) adequate food, shelter and clothing
- 6) young children prepared for school
- 7) low graduation rates
- 8) safe, affordable housing

Starting at the Beginning...

With such a compelling list of challenges, where do we begin? To understand how best to tackle the issues and to gain insight into the most effective preventive approaches, we turned to a variety of sources. The answer was quite simple and resoundingly endorsed: start at the beginning. We began by focusing on early childhood and published *Blueprint for Change: Early Childhood* in November 2008; investments guided by that blueprint began in August 2009. To build upon our work in early childhood and to ensure a continuum of supportive services for youth, we felt it imperative to concentrate next on school age youth and published *Blueprint for Change: School Age Youth* in July 2009. This was followed in September 2009 with the publication of *Blueprint for Change: Aging*, which focuses on older adults and their caregivers, and in January 2010 with *Blueprint for Change: Disabilities* to concentrate on the needs of individuals with disabilities and their caregivers.

In all of these blueprints we presumed that in order to achieve any of our stated goals, individuals' basic needs would first need to be met. Our *Blueprint for Change: Crisis Services* focuses on this foundation of basic services. It speaks to meeting the very basic needs of people in our community and helping them become resilient and develop skills to reduce their dependence on services.

The Blueprint Process

The blueprint process is simply an enhanced planning tool that allows us to be more:

Inclusive

More than 100 people were engaged in developing this blueprint. As we shared the process, it changed along the way, thanks to invaluable input of everyone from donors to field experts. The names of those who helped bring our blueprint to life are listed in the acknowledgements at the end of this report.

Transparent

The blueprint provides an important documentation of our thinking, our approach and how we intend to accomplish our goals.

Proactive

We have devoted resources to identify the most advanced approaches to community problem-solving so that our community invests its limited resources in strategies that will best address its problems.

We researched a continuum of program models, from emerging to evidence-based. Where possible, we continue to strive for evidenced-based programs, which are programs that have been evaluated using randomized control trials; have been replicated in other communities; and have strong, positive, long-term outcomes. Where available and affordable, evidence-based programs are preferred.

When evidence-based programs are not identified, we look to emerging practices. These are practices that show promise and may achieve evidenced-based status.

In short, we plan on investing in programs that have been proven to work wherever we can. Where we can't, we'll devote the resources needed to evaluate emerging practices.

Evaluative

Historically, United Way has tracked program outcomes. The blueprint process truly raises the bar to look at broader impact. Are our strategies working? Are we making progress toward our long-term goal? The blueprint will help us answer such questions.

The blueprint also articulates a formal assessment and evaluation plan that will ensure transparency to our provider partners and others. Program-level evaluation will be particularly important with this blueprint, given the relatively small number of programs that have been rigorously evaluated on similar populations and that meet the standards to qualify them as evidence-based programs.

The importance of program evaluation is underscored in a report by the Center on the Developing Child at Harvard University:

“No single program approach or mode of service delivery has been shown to be a magic bullet. The key is to select strategies that have documented effectiveness, assure that they are implemented well, and recognize the critical importance of a strong commitment to continuous program improvement.”

Collaborative

We can't address this work alone, nor can we do it by ourselves. We need strong funding, advocacy and volunteer partnerships. The blueprint process has already proven to be an invaluable tool in sharing our intentions and investments with those partners to help them make decisions and create increased synergy of community resources.

Culturally Competent

Cultural competency and sensitivity was a recurring theme voiced by many of those we talked with throughout the blueprint process. We know that in order to make a positive impact, services must be designed to respect and honor the beliefs, attitudes and behaviors of the people being served as well as those providing the services. Ensuring that this happens will be a continuing focus for United Way as the process moves forward.

What We Believe about Crisis Services

“What we believe” and “what we know” represents a culmination of all that we know, assume and believe about the needs of individuals and families in crisis.

- Civil societies develop “safety nets” to ensure that vulnerable individuals and families in crisis are provided a basic level of food, shelter and necessities.
- To prevent future emergencies, crisis services should go beyond helping to resolve an urgent situation and serve as a “point of entry” to additional services and supports.
- There is a major gap between the legal-assistance needs of low-income people and the financial resources agencies have to meet those needs.
- Services should be made available to different populations—such as domestic violence victims, runaway/homeless youth, families and the chronically homeless—and tailored to their specialized needs.
- Adult homelessness is chiefly caused by poverty and the lack of affordable housing.
- People with low incomes and those living in poverty often have little knowledge of or direct access to basic services that could increase their stability.
- Battered women are often forced to choose between the abusive relationship and living in crisis situations, which may lead to them leaving home without adequate supports to draw from.
- Families in crisis need respite and emergency care for their children when they can’t call on regular childcare, family members or safe, appropriate housing.
- Unemployment has caused more families to face food insecurities, which has increased their need for food pantries and cupboards.

What We Know about Crisis Services

- The proportion of people with incomes below the federally defined poverty line has increased in Monroe County from 10% to 13% since 1990. That figure is substantially higher in the city of Rochester at 30%, up from 24% in 1990.¹

- The poverty rate in Rochester is more than four times that of the suburbs—30% of Rochester individuals live in poverty, compared to 7% of people living in the suburbs. In Monroe County, 32% of black people, 32% of Latino people, 18% of Asians and 9% of white people live in poverty.²
- On the national, state and local levels, households headed by single females with related children experience higher poverty rates than other types of families. In Monroe County, 38% of these households live in poverty, more than four times greater than the 9% poverty rate for all families. Households headed by poor, single females with related children account for six out of ten poor families.³
- Economic problems are placing families under increasing stress as the current recession has taken hold. In Rochester from January to July of 2009, the average monthly unemployment rate was 10.3%, up from 7.5% in 2008. During the same timeframe, the rate in Monroe County was 7.9%, up from 5.5% in 2008.⁴
- Local incomes have not kept pace with inflation. The median household income in Monroe County, when adjusted for inflation, has declined 16% since 1990 to about \$49,400. In Rochester, the median household income has fallen 23% to about \$29,300.⁵
- Individuals and families in need receive emergency meals from food pantries, soup kitchens. In 2007, an average of 3.8 emergency meals per resident of Monroe County were provided by member organizations of Foodlink, the regional food bank.⁶
- The conventional indicator of housing affordability in the United States is that less than 30% of household income is spent on housing costs.⁷
 - In Monroe County, 54% of renters spend at least 30% of their income on housing expenses. The median monthly housing costs for renters is \$736. Monroe County has 285,000 occupied housing units—192,000 (67%) owner-occupied and 93,000 (33%) renter-occupied.
 - In Rochester, 59% of renters spend 30% or more of their household income on housing. The median monthly housing cost for city renters is \$693. There are 81,000 occupied housing units in the city—34,000 (42%) owner-occupied and 47,000 (58%) renter-occupied.⁸
- A national point-in-time survey conducted in January 2007 found an estimated 671,888 homeless people nationwide.
 - About two out of three homeless individuals were youth and adults on their own; about one in three were people in families.
 - About six in ten homeless people were sheltered in an emergency shelter or transitional housing facility; the rest were sleeping on the streets or other places not meant for human habitation.⁹
- From October 2006 through September 2007, more than 1.5 million homeless people stayed in an emergency shelter and/or transitional housing—about 1 out of every 200 people in the United States.
 - About 30% (473,500) were people in families.

- The typical sheltered homeless family consisted of a mother and two or three children.
 - More than half of the sheltered children were under the age of six.¹⁰
- During 2007 in Monroe County, an estimated 7,700–8,200 individuals were homeless at some point—5,968 households encompassing 3,527 single adults, 915 youth on their own and 1,525 families. Ten percent of the households experienced chronic homelessness.¹¹
- In 2008, the Monroe County Department of Human Services (MCDHS) funded 9,139 emergency housing placements, a 41% increase from 2000. Of those placements, 2452 were families and 6687 were homeless individuals. The major causes of homelessness were:
 - Eviction by the primary tenant—55%
 - Release from an institution—18%
 - Eviction by a landlord—9%
 - Domestic violence—9%¹²
- In 2008, 72% of the emergency housing placements made by MCDHS were in emergency shelters, 27% were in hotels, and 1% were in leased houses. MCDHS utilizes area hotels to place homeless people when shelters are filled to capacity.¹³
- Many youth are homeless because they ran away from home, were forced out of their home or abandoned by their parents, or because they aged out of the foster care system. Family conflict accounts for most youth homelessness, and can be caused by clashes with parents over a youth’s relationship with a step-parent, sexual activity, sexual orientation, pregnancy, school problems and alcohol and drug use.¹⁴
- Homeless youth are in danger in many ways, including physical trauma and victimization, sexual abuse and exploitation, untreated mental and physical health problems and substance use. Many youth report resorting to stealing, prostitution and other illegal behaviors to survive.¹⁵
- Determining the number of homeless youth is difficult because of transience and other factors; estimates vary depending on the source of the sample, methodology and how homelessness is defined. A national study estimated that 1.7 million youth under the age of 18 left home or were asked to leave home in 1999. About 7 out of 10 were aged 15–17.¹⁶
- In 2008, MCDHS funded 1,255 emergency housing placements for 800 youth aged 16–21 living on their own. Of these placements, 43% were in the youth shelter system, 37% in the adult shelter system and 20% in hotels.¹⁷
- 2-1-1, reserved by the FCC for use by local informational and referral services, is an easy-to-remember telephone number to link people in need with local services. A cost-benefit analysis of creating a national 2-1-1 network estimates that benefits exceed costs by \$530 million over ten years.¹⁸
- Many 2-1-1 callers in Monroe County are calling for help to meet basic needs and resolve crisis situations. In 2007, more than 6,000 callers inquired about emergency food, almost

5,000 asked about emergency shelter, more than 1,900 wanted help with utility bills and approximately 1,500 asked for help in paying rent.¹⁹

- A 1988 New York State survey commissioned by the New York State Bar Association indicated that in 1987, low-income households experienced an average of 2.37 civil (non-criminal) legal problems for which they received no professional legal help to resolve.

The most prevalent legal needs concerned:

- Housing issues—dangerous housing conditions, landlord-tenant disputes—experienced by one out of three households
 - Problems with public benefits—public assistance, unemployment benefits—experienced by one out of five households
 - Consumer problems—debt collection, purchase of defective products—experienced by one out of seven households
 - Health problems—access to medical services, issues with Medicare—experienced by one out of seven households²⁰
- A 2005 national survey of providers of legal services to low-income clients indicated that about half of the people seeking their help could not be served because of insufficient program resources.²¹

Goal and Objectives for Crisis Services

Goal: All individuals and families in our community have their basic needs met.

In order to reach this goal, individuals and families must have:

- Food, clothing and safe, affordable shelter
- Access and linkages to prevention and supportive services as well as health and financial benefits

With that as our backdrop, we established the following outcomes and indicators.

Sufficiency of Food and Shelter

- Immediate food, clothing and shelter needs are met
- Increased screening, access to, and eligibility assessments for government resources and public benefits
- Increased knowledge of, linkages to, and utilization of community resources

Decreased Homelessness

- Decreased barriers to housing
- Increased access to permanent housing and support services to transition out of homelessness
- Increased retention of individuals and families in permanent housing
- Decreased incidence of repeated homelessness

More Effective Service Delivery

- Increased coordination among agencies serving individuals and families in crisis

- Increased satisfaction with information, accessibility, cultural competence and responsiveness of the services system

Strategies for United Way's Resource Investments

United Way has developed three strategies to achieve our goals and objectives. For each of these strategies, our investments may take the form of financial support, advocacy on issues, volunteer mobilization or a combination of all three. Additionally, for those strategy areas in which United Way will make a financial investment, we have traditionally identified from our research both specific evidence-based programs and best-practice programs that will address our goal and objectives. However, in the area of crisis services, evidence-based programs and practices are limited at best, especially those with a focus on meeting basic needs. Therefore, we recognized that we must consider funding some emerging practices or key interventions with specific elements of best practices in order to achieve our goal and objectives.

Also critical to our approach is diversity and inclusion. It is important that services be provided to the diverse people in our community requesting crisis services and that services be provided in a culturally competent and appropriate way. We have very intentionally included into our blueprints the needs of individuals with disabilities; we expect the services provided through the crisis blueprint to be inclusive in the broadest sense.

Additionally, United Way recognizes that given the magnitude of issues facing families in crisis that it will take a collaborative community effort of partners to make a significant impact. There are several significant cooperative efforts between funders and service providers from which to continue to build stronger collaborative efforts. Among these are:

- (1) the Continuum of Care, a HUD-instituted group working to meet the specific needs of the homeless
- (2) the Homeless Services Network, which works to improve the quality of homeless services by sharing information and promising practices
- (3) the Martin Luther King Jr. Memorial Housing Fund, a United Way-administered fund supporting the creation of safe, affordable housing
- (4) the Homelessness Prevention and Rapid Rehousing Project, a \$4.7 million housing stability effort launched late in 2009 that employs homelessness prevention, housing relocation and financial assistance efforts

We will continue to actively engage in these and other projects to ensure the strongest possible network of complementary services exists to support the following strategies.

Strategy 1: Meeting Basic Needs

People first concern themselves with meeting their basic needs; only afterwards do they pursue any higher needs. Abdolkarim Soroush

Every day in our community, vulnerable individuals and families struggle to meet their basic food, clothing and shelter needs. When people are unable to meet their basic needs, it is impossible to focus on anything else. The truth is, most people in crisis have more than one problem in their lives, and they often juggle which takes precedence. For those most vulnerable, the ability to maintain balance in the current recession becomes an even more daunting task; families are finding themselves in constant crisis.

Service providers are reporting increased requests for help obtaining food, clothing, shelter and utility assistance. In a November 2009 Democrat and Chronicle article, Mary Ellen McDowell of the Webster Community Chest said, *“For the first time, we had to purchase food ourselves to add to our supplies with the demand being so high. It’s amazing the volume of people who are coming here because they understand that a food cupboard is where to go during their time of crisis.”* According to the U.S. Department of Agriculture, in 2008 more than one in seven American households struggled to put enough food on the table.

United Way of Greater Rochester will ensure a safety net of services is available to help individuals and families facing crises gain stability. This should provide them a foundation upon which they can begin to address other challenges they face. To achieve this, crisis services must follow a holistic approach, not only helping to resolve an immediate crisis, but also working to secure additional services that will forestall or delay a future crisis.

To that end, we expect to make financial investments in **crisis-assistance programs** and/or collaboratives that have a county-wide reach and, at a minimum, exhibit these quality practices and elements:

- Serve individuals and families experiencing a basic-needs crisis—lack of food, clothing or shelter, including threat of homelessness within a week
- Conduct a needs assessment to document the crisis and its underlying causes
- Help to resolve the immediate crisis, including food and assistance paying rent, mortgage and utility bills
- Provide short-term case management to connect people in crisis whose underlying issues threaten stability to appropriate services such as government benefits, job training, employment, mental health and substance-abuse treatment programs and legal services
- Operate as part of a formal network that shares best practices and cross-refers applicants for services
- Utilize a database to track clients along the continuum of services

We also expect to make a financial investment in **legal-services programs** that ensure access to resources that support basic needs such as government benefits, child support and services for unaccompanied minors. These services would include the following elements:

- Legal representation for victims of domestic violence, runaway and homeless youth and unaccompanied minors as well as in custody or child-support issues
- Helping families and individuals maintain essential life-sustaining services
- Assisting families and individuals with entitlements and benefits

Practical Lessons: The 1998 National Symposium on Homelessness Research report noted, “Homelessness among youth in the U.S. is disturbingly common, with an estimated annual prevalence of at least five percent for those ages 12–17,” and, “The loss of home—a place that nurtures development and provides safety across the lifespan—is especially troubling to homeless youth.”

A growing number of youth are leaving their families—either by choice or by force—and joining the ranks of the homeless. Unaccompanied young people under the age of 18 are particularly at risk because of their age, vulnerability and dependence on others. Unprepared to be on their own, they often fall victim to predators or resort to criminal activity to survive. Further, because they are minors, they have limited access to services that offer assistance with employment and housing.

Literature suggests that youth need innovative programmatic solutions that are comprehensive and tailored to address both their immediate and long-term needs. United Way will invest in **emergency shelter programs for youth**, which, at a minimum:

- Provide emergency respite, short-term foster care and emergency shelter
- Where appropriate, provide a continuum of services connected to emergency shelter, including transitional housing
- Meet basic daily needs of those in residence
- Focus on family reunification or other appropriate housing options
- Include case management to address issues leading to homelessness and to connect with intervention and treatment programs
- Meet applicable codes and licensure requirements including compliance with federal and state runaway and homeless regulations
- Provide 24-hour on-site staff support

The National Coalition for the Homeless states, “Domestic violence contributes to homelessness among families. When a woman leaves an abusive relationship she often has nowhere to go, and this is particularly true of women with few resources. Lack of affordable housing and long waiting lists for assisted housing mean that many women are forced to choose between abuse and the streets.” In a Homes for the Homeless report, 22% of homeless parents said they left their home because of domestic violence; the National Coalition Against Domestic Violence noted that “nationally, approximately half of all women and children experiencing homelessness are fleeing domestic violence.”

Specialized services are needed to address the specific needs of this subgroup of homeless individuals and families. United Way will make a financial investment in **emergency shelters specializing in services to victims of domestic violence**, which, at a minimum:

- Provide emergency shelter

- Where appropriate, provide a continuum of services connected to emergency shelter, including transitional housing
- Meet the basic daily needs of adults and children in residence
- Include case management to address issues leading to homelessness and to connect with intervention and treatment programs
- Meet applicable codes and licensure requirements including NYS Office of Children and Family Services licensure
- Provide 24-hour on-site staff support

Strategy 2: Homelessness Prevention and Housing Stability

“Despite the buildup of emergency and transitional housing, homelessness has remained a problem, leaving many communities frustrated and hopeless. In order for people to have the level of housing stability they deserve, we must develop a strategic plan that ceases to manage the problem of homelessness but produces results that reduces homelessness,” wrote the Urban Institute’s Mary Cunningham in a 2009 article, *Preventing and Ending Homelessness—Next Steps*. Rochester’s work in developing such a strategic plan began in 2007 with the creation of *Housing Options for All: A Strategy to End Homelessness in Rochester and Monroe County*, a ten-year plan published by the Rochester/Monroe County Continuum of Care. This plan demonstrates our need to move from a community that manages homelessness to one that decreases it, and outlines three long-term strategies: prevention, comprehensive support services and affordable, appropriate permanent housing.

Clearly, we have learned through our work on past blueprints that prevention is at the heart of making changes in our community. United Way will continue to actively engage in the numerous projects focused on implementing *Housing Options for All* and we will make financial investments in **homelessness prevention programs** that provide:

- Education, lender negotiations, landlord-tenant mediation and interventions that avert foreclosures and evictions
- Outreach and education for landlords to increase the availability of safe, affordable housing
- Other innovative programs and activities designed to prevent the incidence of homelessness

Strategy 3: Systems Improvement

Improving the quality and accessibility of services for individuals and families is as critical as implementing effective programs. This is especially true in the current environment of increasingly complex needs and decreasing resources to address them. United Way is committed to planning, implementing and sustaining high-quality systems that connect and improve local services. We envision a three-pronged approach to achieve this.

Learning Circles involve staff from United Way-funded crisis programs. They will meet regularly to increase coordination among their agencies and share information about emerging programs to reduce duplication of effort and to increase overall provider knowledge for the benefit of clients.

Knowledge Management is a practice of harnessing intellectual capital through a practice of identifying, documenting and sharing information. In 2009, United Way launched an internal knowledge-management system designed to systematically capture information gained from meetings with experts, presentations, literature reviews and provider reports. This will serve as the foundation for a larger knowledge-management system in which funded agencies will participate by adding to the system's resources as well as retrieving information and posting comments. This approach is intended to increase overall institutional memory and learning among the community of funded service providers. In the long term, we envision that the information harnessed through knowledge management will be made available to any interested party in our community.

United Way's Synergy Fund provides technical assistance to agencies interested in exploring a different relationship in order to increase their capacity to pursue their mission. United Way has entered into a partnership with the New York Council of Nonprofits (NYCON), an Albany-based organization with extensive experience in organizational re-engineering, to provide technical assistance to local agencies interested in exploring this opportunity. The process begins with assessing each agency's goals, reviewing their missions and gauging their organizational cultural compatibility. Also provided are facilitation and preliminary due diligence necessary for the boards of both agencies to decide whether to enter into a good-faith agreement to negotiate a new relationship, as are the accounting and legal services required to bring about an envisioned re-engineering that will achieve affiliation, consolidation or merger.

Integrated Strategies for Our Work

We recognize that we will not fully achieve the goal and outcomes set forth for crisis services through investments alone. United Way is committed to leveraging other resources as well—chiefly our leadership role in advocacy and volunteerism. We expect that by integrating our investment, advocacy and volunteer strategies we will achieve the declared goals of our blueprints. This integration is new and will take our best and most thoughtful organizational efforts to succeed. As we progress to implementing the blueprints, we will develop clearly articulated plans.

Integrated Strategy 1: Advocacy

United Way engages in advocacy because we know that real and sustained change in community conditions requires more than money. Our advocacy efforts include public policy work as well as identifying opportunities to convene stakeholders to address local systemic issues.

These efforts, at the local, state and national levels, are often conducted in partnership with United Ways across the state and the country, magnifying our influence to further our goal. We'll continue efforts to develop an advocacy agenda in support of crisis services strategies to include:

- Continued funding of 2-1-1 centers to ensure increased access to information and referral
- Implementation of the Rochester/Monroe County Continuum of Care's ten-year plan to end homelessness and continued participation as a member of the Continuum of Care
- Continue board participation on the local Emergency Food and Shelter Program (EFSP)

Integrated Strategy 2: Volunteerism

The gift of time is perhaps one of the most powerful ways to give. As part of our blueprint process, we will continue to work with providers to identify key volunteer opportunities that will help them advance their work. As we identify opportunities, United Way is committed to actively spotlighting them and recruiting volunteers from the community.

A forum of service providers identified these key volunteer opportunities:

- Volunteer tax preparers to help low-income working families receive all tax credits possible
- Volunteers to adopt families during the holiday season
- Volunteer intake and assessment workers at food cupboards who will refer individuals and families to additional resources that will address underlying issues

We are committed to continue to identify opportunities and communicate them to the community. We will track and evaluate our ability to mobilize volunteers in support of our work in crisis services.

Assessing the Strategies

We are committed to an outcomes evaluation that will assess the effectiveness of individual funded programs, overall strategies and the blueprint itself. Evaluations will be designed to identify challenges and clarify accomplishments. All evaluations will focus on program outcomes. They will also include measures of process and implementation to maximize our understanding of the relationships between service delivery and results.

We expect that many programs supported by United Way will be evidence-based programs that have already demonstrated effectiveness through rigorous evaluation. For these programs, we will rely on the data-collection tools already in use by, or available to, service providers as the primary means of obtaining data for evaluations.

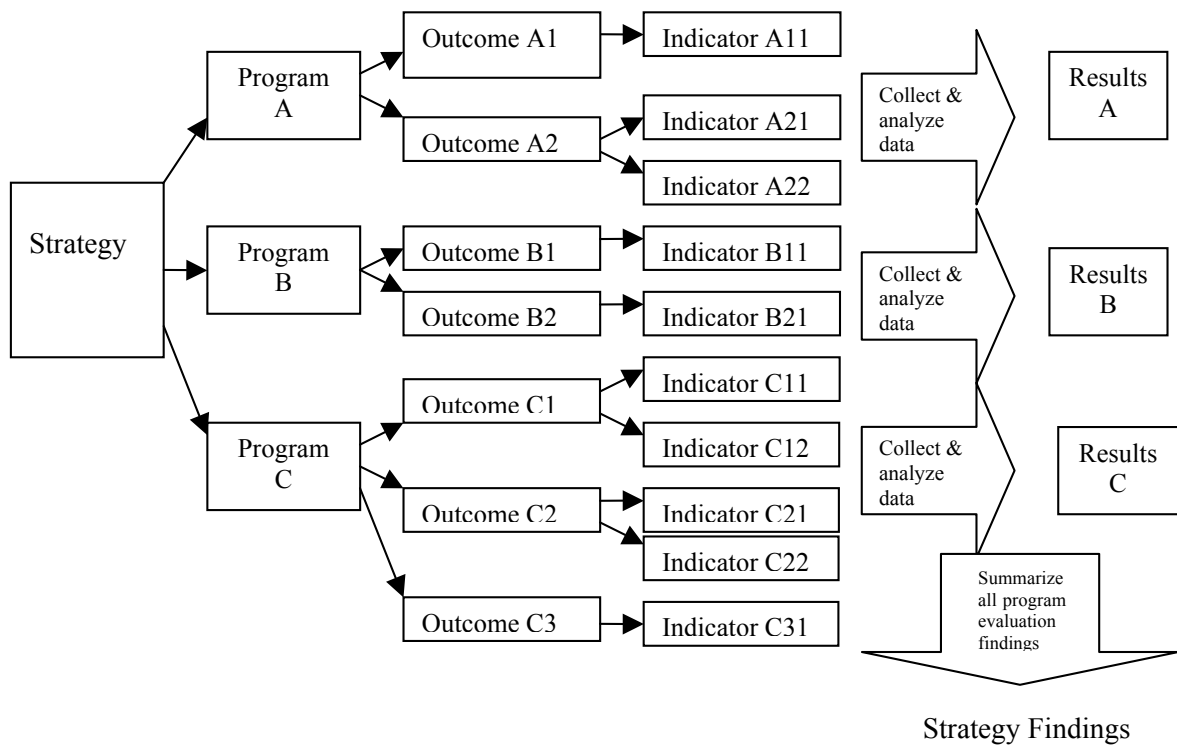
For crisis services where evidence-based programs for our strategies do not exist, each program will have an individualized evaluation design and plans for data collection and analysis. We will require the design of program-specific data-collection tools. Each of these programs will also have a specific evaluation design, data collection and analysis plan. We will work with all providers and evaluators to ensure that data-collection tools are valid and appropriate.

We will report the results of all program evaluations on schedules developed for the individual evaluation design. Funded programs will be required to regularly submit specific outcome data (as specified in their evaluation design) and/or participate in evaluations commissioned by United Way.

We anticipate that we will commission an outside evaluator to assist in this multi-dimensional evaluation process. In addition to program evaluations, there will be strategy evaluations informed by the results of multiple program evaluations. We will also seek to understand the outcomes of the overall blueprint. To accomplish this we intend to assess the results of all strategy evaluations.

In many program evaluations, we will require evaluators to collect specific feedback from key stakeholders. Additionally, we may commission strategy-level collections of feedback by surveying stakeholders about the effectiveness of the strategy. We plan to share with the broader community key lessons from the results of our strategy and blueprint evaluations so that our results can influence and inform other efforts.

The following diagram illustrates a strategy-level evaluation that looks to the programs funded at the outcome and indicator level, and seeks to find commonalities across the indicators where possible to aggregate results. The strategy evaluation will also select from funded programs and require the use of a common data-collection and analysis tool called COMET. Use of this tool will enable sharing client-level data with an outside evaluator, who will conduct an analysis and provide feedback on the impact of the overall strategy. It will also have multiple benefits to the program staff who collect and track participant attendance and performance.



Acknowledgements

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Crisis Services Advisory Council

Our Crisis Services Advisory Council works with staff to identify, prioritize, focus and support initiatives and programs. They provide insight that informs strategic investment of resources and advocacy as well as expertise that guides effective investment decisions.

Jennifer Adams	Community volunteer
Daisy Rivera Algarin	City of Rochester
Dan Condello	Monroe County Department of Human Services
Ellen DiSano	Greater Rochester Association of Realtors
Connie Sanderson	Rochester/Monroe County Continuum of Care

Peer Review Panel

The role of the Peer Review Panel was to offer feedback and counsel on the final draft of this blueprint.

Dr. Donald Pryor, Director, Human Services Analysis, Center for Governmental Research

Dr. Nicole Trabold, Assistant Professor, Department of Social Work, MSW Program, SUNY Brockport

Consultants

Paul Harder, President, Harder+Company

Dr. Donald Pryor, Director, Human Services Analysis, Center for Governmental Research

Jaime Saunders, Senior Research Associate, Center for Governmental Research

Erika Rosenberg, Senior Research Associate, Center for Governmental Research

Sara Abrams, Research Associate, Center for Governmental Research

Community Investment Cabinet

Seema Ali Rizzo, Esq., Attorney, Gallo & Iacovangelo, LLP

Jacqueline Cady, Community volunteer

Joseph Casion, Esq., Associate, Harter Secrest & Emery, LLP

Lisa Cauda, Vice President for Development and Alumni Relations, Rochester Institute of Technology

Nicolle Crocker, Coordinator of Instruction, NE/NW College Preparatory Schools, RCSD

Elyette Clyburn, Project Leader, Community Development Initiatives, Wegmans

Lynne Davidson, Deputy to the President, Vice Provost for Faculty Development and Diversity, University of Rochester

Andrea DeMeo, Executive Director and COO, Center for Community Health, University of Rochester

James Evans, Jr., Ph.D., Pastor, St. Luke Tabernacle Community Church

Malik Evans, Vice President, M&T Bank

Melissa Gardner, Vice President, Health Plan Administration, Excellus BlueCross BlueShield

Louis Gattozzi, Vice President and General Manager, WROC/WUHF-TV

John Heveron, Jr., CPA, President, Heveron & Heveron CPAs PC

Jean Howard, Chief of Staff, City of Rochester

Hoffman Moka Lantum, M.D., Ph.D., Practice Variance Director, Excellus BlueCross BlueShield

Fredericka Macek, Rochester Labor Council

Wade Norwood, Director of Community Engagement, FLHSA

Dianne Ostrander, Steward and Executive Board Member, Local 1170, Frontier Communications

Emeterio Otero, Ph.D., Executive Dean, Monroe Community College

Kelly Reed, Commissioner, Monroe County Department of Human Services

Thomas Rogers, CPA, President and Chief Executive Officer, AM&M Financial Services

Ellen Rusling, Ph.D., Monroe County Board of Cooperative Education Services (retired)

Stephanie Schaeffer, Vice President and Chief Legal Officer, Paychex, Inc.

Scott Schmid, Vice President, JP Morgan Chase Bank

Douglas Stewart, Psy.D., Vice President, Behavioral Health, Unity Health System

Marion Wyand, Vice President of Service Engineering, PAETEC

Frank York, L-3 Global Communications Solutions

Community Members

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Wanda Acevedo

Susan Aiello

Kat Bassney

Michael Beatty

John Bianchi

Joan Bickweat

Ken Bird

Jean Carroll

Alex Castro

Frank Cogliandro

Dan Condello

Rod Cox Cooper

Cindi Coyle

Sue Davin

Elisa DeJesus

Zetta Denno

Diane Dukes

Rita Eygabroad

Tom Ferraro

Nancy Frank

Shelia Gaddis

Nyla Gaylord

Cheryl Harkin

Gloria Harrington

Alan Harris

Bryan Hetherington

Major John Hodgson

Patricia Jackson

Wilson Commencement Park

Mercy Residential Services

Visiting Nurse Service Foundation

AIDS Rochester

Monroe County Department of Human Services

Monroe County Youth Bureau

Monroe County Department of Human Services

YWCA of Rochester & Monroe County

The Housing Council

Rochester Rehabilitation Center

Monroe County Department of Human Services

Wilson Commencement Park

The Center for Youth

Community Place of Greater Rochester

Ibero-American Action league

Charles Settlement House

YWCA of Rochester & Monroe County

C.A.S.H., Empire Justice Center

Foodlink

Rochester Area Interfaith Hospitality Network (RAIHN)

Volunteer Legal Services Project

Rochester Rehabilitation Center

Catholic Family Center

Family Service of Rochester

Legal Aid Society of Rochester

Empire Justice Center

The Salvation Army

SWAN

Josh Jinks	The Center for Youth
Patricia Johnson	The Center for Youth
Lou Katz	Lifetime Assistance
Eric Kittles	Boys and Girls Clubs
Lisa Lewis	Catholic Family Center
Cindi Licata	Mental Health Association
Bobbi McGarrity	Catholic Family Center
Liz Martin	Community Place of Greater Rochester
Cathy Mazzotta	Alternatives for Battered Women
Carrie Michal-Wynne	YWCA of Rochester & Monroe County
Rebecca Miglioratti	Monroe County Department of Human Services
Annie Miller	Baden Street Settlement
Theresa Milton	SWAN
Patti Moss	Legal Aid Society of Rochester
Kathy Moylan	Arc of Monroe County
Ruth Niebor	Community Place of Greater Rochester
Dianne Newhouse	Volunteers of America
Carla Palumbo	Legal Aid Society of Rochester
John Paul Perez	Catholic Family Center
Frances Pesavento	Foodlink
Lou Prieto	Monroe County Legal Assistance Center
Madeline Reynolds-Bolz	Crisis Nursery of Greater Rochester
Elizabeth Robinson	Ibero-American Action league
Julio Saenz	The Housing Council
Sue Segelman	Monroe County Legal Assistance Center
Pam Smith	Hillside Children's Center
Elaine Spaul	The Center for Youth
Christine Spiers	The Salvation Army
Janet Sunkin	Jewish Family Services
Julie Tedesco	Foodlink
Sara Taylor	Positive Steps Consulting
Angela Warren	Mental Health Association
Stephen Weisbeck	Legal Aid Society of Rochester
Carol Wheeler	City of Rochester
Cheryl White	Community Place of Greater Rochester
Shawn Wilson	Lifetime Assistance
Melissa Woods	The Center for Youth

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United Way Professional Staff—Community Investment

Lead Staff on the Blueprint:

Dawn Borgeest, Chief of Corporate Affairs
Patricia Davis, Community Investment Director
Valerie Snipe, Program Officer, Crisis Services

Contributing Team Members:

Stephanie Fitzgerald, Program Officer
Jenifer Higgins, Program Officer
Linda Mallory, Program Assistant
Elizabeth Marchese, Manager of Quality Assurance
Anthony Orphe, Community Investment Intern
Angela Parris, Program Officer

CRISIS SERVICES GLOSSARY

Advisory Council: A group of United Way volunteers who work within a focus area with United Way staff to identify, prioritize, focus and support initiatives and programs. They provide insight that informs strategic investment of resources and advocacy as well as expertise that guides effective investment decisions.

Advocacy: The act increasing public awareness of a particular issue or set of issues, actively supporting a cause and deliberately influencing those who make policy decisions.

Best Practices: Processes, practices or systems widely recognized as improving the performance and efficiency of organizations in a target area such as crisis services.

Blueprint for Change: A planning tool that will inform United Way's investment strategies as well as its advocacy and volunteer efforts. The Blueprint for Change is based on the Theory of Change. (See Theory of Change).

Chronic Homeless: An unaccompanied individual with a disabling condition who has been continuously homeless for one year or who has experienced four or more episodes of homelessness within the last three years (HUD).

Continuum of Care: A community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness.

Cultural Appropriateness: Relates to sensitivity to the differences among ethnic, racial and/or linguistic groups, and awareness of how people's cultural background, beliefs, traditions, socio-economic status, history and other factors affect their needs and their response to services.

Cultural Competence: The knowledge and sensitivity necessary to tailor interventions and services to reflect the norms and culture of a target population and avoid styles of behavior and communication that are inappropriate, marginalizing or offensive to that population. Because of the changing nature of people and cultures, cultural competency is seen as a continual and evolving process of adaptation and refinement.

Delinquency: Juvenile delinquency is the legal term for behavior of children and adolescents that in adults would be judged criminal under law. Theft is the most common offense by children; more serious property crimes and rape are most frequently committed in later youth. Clinical studies have uncovered emotional maladjustments, usually arising from disorganized family situations, in many delinquents.

Emergency Housing: Any facility whose purpose is to provide temporary or transitional shelter for the homeless in general or for specific populations of homeless (HUD).

Emergency Shelter: Any facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for the homeless in general or for specific populations of homeless persons. The length of stay can range from one night to as long as three months.

Emerging Practices: Practices that appear likely to ultimately be effective, but which have yet to be evaluated at the same level of rigor as evidence-based practices.

Evidence-Based Practices and Programs: Approaches supported by scientific evidence showing that a practice is effective in increasing positive outcomes and/or reducing negative ones. Although there is no universal standard to define the quality or quantity of research necessary to conclude a practice is “evidence-based,” experts use the following factors to determine the weight of evidence supporting the effectiveness of a program or practice.

- 1) The type of study used to evaluate the program. Well-executed randomized control trials are generally considered to be the strongest evidence. This design involves randomly assigning participants to receive intervention. Differences between those getting intervention and those serving as the control group are due to the intervention. The next level involves quasi-experimental designs. Here, results for the intervention group are weighed against those of a group that matched as closely as possible on relevant demographic and other characteristics, but did not receive treatment. However, one cannot rule out that differences in outcomes between the two groups are due to unmatched-for characteristics, rather than the intervention itself.
- 2) The sample size of the study. Larger sizes are generally better, as they are more likely to detect significant effects.
- 3) The degree of participant attrition during the study. High attrition may indicate problems with program implementation and can compromise the integrity of the original randomization or matching process, and thus erode confidence in the results.
- 4) The quality and integrity of the measurement tools and procedures used to measure outcomes.
- 5) The strength of the outcomes observed.
- 6) Whether the positive effects of the intervention are sustained after it has ended compared to the control or comparison group.
- 7) Whether the study has been independently examined by a peer review panel and accepted for publication.
- 8) Replication of positive results across more than one site and/or more than one study.

Fidelity: Fidelity of implementation occurs when implementers of a research-based program or intervention closely follow or adhere to the protocols and techniques that are defined as part of the intervention. For example, fidelity in a support group curriculum could mean using the program

with the proper age groups, cultures and following the developer’s recommendations for the number of sessions per week. It could also mean correctly sequencing multiple program components, and conducting assessments and evaluations using the recommended or provided tools.

Goals: Broad outcomes expected for the community, which, unlike objectives, are not directly measurable.

Homeless: An individual or family without a fixed, regular and adequate nighttime residence, or an individual or family whose primary nighttime residence is a supervised publicly or privately operated shelter designed to provide temporary living accommodations, an institution that provides a temporary residence for individuals intended to be institutionalized, or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. (HUD)
Note: this includes individuals or families who are within seven days of becoming homeless.

Homeless Youth: A person under the age of 21 who is in need of services and is without a place of shelter where supervision and care are available.

Housing First: The direct or near-direct placement of targeted homeless people. Supportive services are offered and made easily accessible, but participation in services is not a condition of receiving housing. “The Applicability of Housing-First Models to Homeless Persons with Serious Mental Illness,” HUD PD&R. *Note: this approach generally runs counter to traditional “housing ready” philosophy.*

Indicators: Quantifiable measures of program performance that signify progress (or lack of it) toward a result.

Intervention: Anything meant to change the course of events for someone—such as a treatment, medicine, surgery, information or education program or counseling.

Knowledge Management: Strategies and processes designed to identify, capture, structure, value, leverage and share an organization’s intellectual assets to enhance its performance and competitiveness. It is based on two critical activities: capture and documentation of individual explicit and tacit knowledge; and disseminating that knowledge within the organization.

Objectives: Specific, measurable aims for a strategy that has matching outcomes by which to measure them.

Outcomes: A change in behavior, physiology, attitudes or knowledge that can be quantified using standardized scales or assessment tools.

Peer Review Panel: A group of locally and nationally recognized experts, all within the field of crisis services, who offered feedback and counsel on the final draft of the Crisis Services Blueprint.

Permanent Supportive Housing: Combines permanent affordable housing with on-site services that meet the needs of the tenants. On-site resources may include services such as intensive case management and treatment for substance abuse or mental health issues.

Public Policy: Any foundation or public-charity activity intended to affect governmental actions. Activities may include building coalitions, community organizing, convening stakeholders, funding demonstration projects, issue advocacy, leadership development, litigation, media and communications, policy research and analysis, public education and voter registration.

Rapid Rehousing: A plan to place homeless individuals and families in permanent housing as quickly as possible. Includes access to rental assistance and home-based case management.

Runaway Youth: A person under the age of 18 who is absent from his or her residence without the consent of the parent, legal guardian or custodian.

Strategy: An approach chosen to bring about a desired future, such as achieving a goal or solving a problem. Also, the art and science of planning and marshaling resources for their most efficient and effective use.

Support Services: Include but are not limited to assistance obtaining permanent housing, medical and psychological counseling, substance abuse treatment and counseling, assistance obtaining local federal and state benefits, transportation, job training and placement.

Target Population: The specific group of people or the beneficiaries of a grant project. Individuals in the target population share common characteristics.

Theory of Change: By mapping a process from beginning to end, a theory of change establishes a blueprint for the work ahead and anticipates its likely effects. In addition to revealing what should be evaluated, a theory of change also reveals when and how the evaluation should be conducted.

Transitional Housing: A project whose purpose is to facilitate the movement of homeless individuals and families to permanent housing within a reasonable amount of time, usually 24 months (HUD).

What We Know and Believe: “What we know” represents what the data tells us about our community and its citizens. “What we know and believe” represents a compilation of all that we know, assume and believe about crisis services.

¹ Center for Governmental Research. Community Snapshot for United Way Crisis Services Blueprint for Change. September 2009. Calculated from 2005–2007 American Community Survey data available at <http://factfinder.census.gov/>.

² Calculated from 2005–2007 American Community Survey data obtained from <http://factfinder.census.gov/>. All poverty rates calculated from the relevant population for whom poverty status is known. White poverty rates were calculated from those who identified as white only, black poverty rates from those identifying as black only, and Asian rates from those identifying as Asian only (i.e. persons identifying themselves as multiracial were not included). The census treats Hispanic ethnicity as distinct from race so that persons who identify as Hispanic may also be represented in the white, black and Asian racial categories. Suburban rates were calculated by subtracting Rochester data from Monroe County data as a whole. Poverty data excludes unrelated individuals under 15 (such as foster children) and those in college dormitories and certain other situations. See <http://www.census.gov/hhes/www/poverty/povdef.html>.

³ Calculated from 2005–2007 American Community Survey data obtained from <http://factfinder.census.gov/>. All poverty rates calculated from the relevant population for whom poverty status is known. Poverty rates for households headed by single females are derived from households coded as “female householder, no husband present, with related children under 18 years.” The poverty rates for all families and single-female households with children are 10% and 37% nationally; 11% and 37% for New York state; 26% and 48% for Rochester, and 4% and 25% for the suburbs.

⁴ Local unemployment data obtained from the Labor Statistics section of the New York State Department of Labor’s web site at <http://www.labor.state.ny.us/workforceindustrydata/lslaus.shtm>. These statistics do not include an adjustment for any seasonal variations in unemployment rates. “Unemployed individuals are those without jobs who are able, available and actively seeking work. The unemployment rate is the number of unemployed people as a percentage of the total labor force (the total number of employed and unemployed individuals 16 or older not living in prisons, mental hospitals or nursing homes)... The unemployment rate represents only those who are actively seeking employment and does not account for under-employment or discouraged workers who have stopped looking for jobs.” (ACT Rochester website at <http://www.actrochester.org/Indicator/Default.aspx?id=4&indicator=44>.)

⁵ Center for Governmental Research. Community Snapshot for United Way Crisis Services Blueprint for Change. September 2009.

⁶ ACT Rochester web site, Emergency Meals Served per Resident section at <http://www.actrochester.org/Indicator/Default.aspx?id=7&indicator=63>.

⁷ Schwartz, M. and Wilson, E. “Who Can Afford To Live in a Home?: A Look at Data from the 2006 American Community Survey. U.S. Census Bureau.” <http://www.census.gov/hhes/www/housing/special-topics/files/who-can-afford.pdf>. Monthly housing expenses for owners are calculated from questions concerning mortgage, real estate taxes, homeowners insurance, condo fees, mobile home costs and utilities. Renters’ costs include rent and utilities.

⁸ “Monroe County, New York Population and Housing Narrative Profile: 2005–2007” using American Community Survey 3-Year Estimates. http://factfinder.census.gov/servlet/NPTable?_bm=y&-geo_id=05000US36055&-qr_name=ACS_2007_3YR_G00_NP01&-ds_name=&-redoLog=false. In Monroe County, 29% of owners with mortgages, 19% of owners without mortgages, and 54% of renters spend 30 percent or more of their household income on housing. The median monthly housing costs for mortgaged owners is \$1,314, nonmortgaged owners \$538, and renters \$736. In Rochester, 32% of owners with mortgages, 28% of those without, and 59% of renters spent 30% or more of their household income on housing. The median monthly housing costs for mortgaged owners is \$975, nonmortgaged owners \$458, and renters \$693. (see “Rochester City, New York Population and Housing Narrative Profile: 2005–2007” using American Community Survey 3-Year Estimates. http://factfinder.census.gov/servlet/NPTable?_bm=y&-geo_id=16000US3663000&-qr_name=ACS_2007_3YR_G00_NP01&-ds_name=&-redoLog=false.)

⁹ U.S. Department of Housing and Urban Development. Office of Community Planning and Development. “The Third Annual Homeless Assessment Report to Congress.” July 2008.

<http://www.hudhre.info/documents/3rdHomelessAssessmentReport.pdf>. Additional information in the report included:

- About two out of ten of the homeless persons were chronically homeless. Two in three were sleeping on the streets or other places not meant for human habitation. HUD defines a chronically homeless person as an unaccompanied individual with a disabling condition who has been either continuously homeless for a year or experienced at least four episodes of homelessness in the last three years.
- Domestic-violence victims constituted about 13%, youth on their own about 2% and veterans about 15% of those in shelters.

¹⁰ U.S. Department of Housing and Urban Development. Office of Community Planning and Development. “The Third Annual Homeless Assessment Report to Congress.” July 2008. <http://www.hudhre.info/documents/3rdHomelessAssessmentReport.pdf>. Estimates are based on a sample of communities nationwide reporting Homeless Management Information Systems (HMIS) data to HUD. The annual estimates do not include persons who used only a domestic-violence shelter, as these are precluded by law from entering client information into HMIS.

¹¹ Enterprise Community Partners. “Supporting Housing Production Implementation Plan. Rochester and Monroe County, New York, 2008–2017.” February 2009. This report defines “chronic homelessness” as situations where the adult (individual or head of household of a family) has a disabling condition and the household has been continuously homeless for at least one year or has been homeless four or more times in the prior three years. It differs from the official HUD definition, which excludes families from its definition of chronic homelessness.

¹² ACT Rochester, Emergency Placements in Homeless Shelters section, at <http://www.actrochester.org/Indicator/Default.aspx?id=9&indicator=7>, and Monroe County Department of Human Services, “Housing/Homeless Services Annual Report for Calendar Year 2008.” May 2009. “An increase in funded placements does not necessarily indicate an increase in the homeless population. Nonetheless, the trends provide a rough proxy for the extent of homelessness of Monroe County over time.” <http://www.actrochester.org/Indicator/Default.aspx?id=9&indicator=7>.

¹³ Monroe County Department of Human Services, “Housing/Homeless Services Annual Report for Calendar Year 2008.” May 2009. Note: these statistics do not include Monroe County residents who were placed in domestic violence shelters outside the county.

¹⁴ Robertson, M. J., and Toro, P. A. “Homeless Youth: Research, Intervention, and Policy.” *The 1998 National Symposium on Homeless Research* <http://aspe.hhs.gov/homeless/symposium/3-Youth.htm> and Fernandes, A.L. “Runaway and Homeless Youth: Demographics, Programs, and Emerging Issues.” Congressional Research Service. Updated December 10, 2007. https://www.policyarchive.org/bitstream/handle/10207/3056/RL33785_20070108.pdf?sequence=1. Neglect, physical abuse and sexual abuse in the home are also factors in leaving home. Studies of homeless youth show sexual abuse rates of 17–35 percent, and physical abuse rates of 40–60 percent.

¹⁵ Robertson, M. J., and Toro, P. A. “Homeless Youth: Research, Intervention, and Policy.” *The 1998 National Symposium on Homeless Research*. <http://aspe.hhs.gov/homeless/symposium/3-Youth.htm> and Fernandes, A.L. “Runaway and Homeless Youth: Demographics, Programs, and Emerging Issues. Congressional Research Service. Updated December 10, 2007. https://www.policyarchive.org/bitstream/handle/10207/3056/RL33785_20070108.pdf?sequence=1.

¹⁶ Robertson, M. J., and Toro, P. A. “Homeless Youth: Research, Intervention, and Policy.” *The 1998 National Symposium on Homeless Research*. <http://aspe.hhs.gov/homeless/symposium/3-Youth.htm> and Fernandes, A. L. “Runaway and Homeless Youth: Demographics, Programs, and Emerging Issues. Congressional Research Service. Updated December 10, 2007. https://www.policyarchive.org/bitstream/handle/10207/3056/RL33785_20070108.pdf?sequence=1. Additional studies quoted in the report include:

- A study in the 1990s found that nationally, five percent of youth ages 12–17—more than one million youth—experienced homelessness annually.
- A 2002 study found that seven percent of youth ages 12–17 had run away from home and slept on the street in a 12-month period. Nearly half were 16 or 17 years old.

¹⁷ Monroe County Department of Human Services. “Housing/Homeless Services Annual Report for Calendar Year 2008.” May 2009. The 1,255 youth placements are a subset of the 6,687 placements made for individuals.

¹⁸ O’Shea, D. et al. December 2004. “National Benefit/Cost Analysis of Three Digit-Accessed (2-1-1) Telephone Information and Referral Services.” Ray Marshall Center for the Study of Human Resources at the University of Texas at Austin. December 2004. <http://www.211us.org/documents/211costbenefitstudy.pdf>. The study calculates the cost of benefits of several possible 2-1-1 implementation scenarios. The number quoted above is from the mixed-model scenario, in which localities were assigned the type of 2-1-1 network they had adopted or were likely to adopt (centralized administration/single call center, decentralized administration/multiple call center, or hybrid that incorporates features of both). Benefits and costs were discounted to net present value.

¹⁹ 2-1-1/LIFE LINE 2007 statistics.

²⁰ New York State Bar Association. “The New York Legal Needs and Study.” 1993. The survey included telephone interviews with 1,250 low-income households, who were defined as having an annual income of 125% of the poverty level or lower.

²¹ Legal Services Corporation. “Documenting the Justice Gap in America.” June 2007. <http://www.lsc.gov/justicegap.pdf>. The Legal Services Corporation (LSC) was created by Congress to provide legal services to low-income persons. Data comes from a survey of LSC grantees conducted over a two-month period in spring 2005.