

Indiana University of Pennsylvania

Small Business Institute



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United Way of Indiana County

Spring 2007

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Executive Summary

Name of Client:	United Way of Indiana County
Address:	982 Philadelphia Street Indiana, Pa 15701
Principle Contact:	Patricia Simmons
SBI School:	Indiana University of Pennsylvania
SBI Consultants:	Joseph Lipsitz James Endlich Christina Shoemaker Chris Krahe
SBI Advisors:	Dr. Thomas Falcone Dr. Stephen Osborne
Term of Report:	Spring 2007

The United Way of Indiana County

The United Way of Indiana County raises and provides support and funds to 17 agencies throughout its local community. The main goal of the United Way of Indiana County is to coordinate many separate fund-raising campaigns. Interested in identifying emerging critical needs of the local community, the United Way of Indiana County joined with Indiana University of Pennsylvania's Small Business Institute (SBI) to undertake a strategic planning effort, based primarily on research methodology. A survey was

designed to identify and measure the significant and unmet needs in the community; critical for the decision process of allocating funds by the previous Fall 2006 SBI Team.

The critical needs of the local community are identified as:

- Children and Family
- Elderly Support
- Health Issues
- Mental Health
- Physical Disabilities
- Recreation
- Advocacy
- Drugs/Alcohol
- Disaster Services

The following is a list of objectives that was mutually agreed upon by the SBI group and Ms. Patricia Simmons, the Executive Director of the United Way of Indiana County:

1. Primary Research

- a. Administer the fall 2006 SBI team's survey to the United Way of Indiana County Allocation Committee. Perform analysis of this data and additional analysis of the data from the Fall 2006 SBI team's survey regarding how important and well served social services in Indiana County are.
 - i. Between group analysis
 - ii. Other relevant analysis
- b. Conduct focus group(s) of various stakeholders, possibly including: general public, clients, contributors, and social service agencies, to gain insight regarding community needs and how they could be better served.

2. Other Research

- a. Research other United Way agencies to examine best practices and allocation processes
- b. Examine the historical pattern of need within Indiana County based on existing data
- c. Demographics of Indiana County
- d. Demographics of counties similar to Indiana County
- e. Board of Directors research- general (role and duties of BOD for NFP's, etc.)

3. Provide recommendations concerning the most effective ways that the United Way can address the needs of Indiana County.

The data analysis incorporates all of the survey data collected by the fall 2006 SBI team and the Allocation Committee survey data collected by the 2007 SBI team. The 2006 data includes survey responses from 60 human service agency representatives, 18 United Way of Indiana County Board of Directors members, and 9 elected officials. The data collected by the spring 2007 SBI team includes 15 survey responses from United Way of Indiana County Allocation Committee members. The survey response rates are summarized in the following table:

Survey Response Rates			
	Number Sent	Number Returned	Percentage
Human Service Agencies	53 / 118	60	51%
Board of Directors	38	18	47%
Elected Officials	16	9	56%
Allocation Committee	23	17 (15 Usable)	74/65%

Analysis of the survey data included creating line graphs, scatterplots, and tables and conducting mean comparison tests. Multiple graphical displays often were constructed using the same portion of data in order to effectively illustrated differences among respondent groups' mean responses and among the mean responses for overall and individual services. The results of these analyses allowed the SBI team to make recommendations regarding which service categories and individual services should receive more, less, or equivalent levels of funding from the United Way based.

The focus group conducted by the SBI team included 16 Indiana County social service agency representatives. Results of the focus groups enabled the SBI team to make recommendations regarding specific issues identified by participants, improving efficiency and effectiveness among social service agencies, critical needs in Indiana County, and ways to improve the United Way of Indiana County's allocation process.

The benchmarking research identified successful practices and processes of other United Ways that the United Way of Indiana County could potentially adopt to improve their allocation process. This research focused mainly on United Ways that were known either to be successful or serve an area with similar demographics as Indiana County. The United Ways meeting these criteria were identified by Patricia Simmons and included: Westmoreland, Erie, Capital Region, Carlisle, Laurel Highlands, Armstrong, Centre County, Washington County, Titusville Area, Greater Susquehanna Valley, Venango, Lawrence, Western Crawford, Butler, and Pennsylvania. The SBI team interviewed these United Ways by phone regarding:

- Board of Directors structure: size, composition, levels
- Staff size, levels of staff
- Total budget: operating and allocation
- What is the structure and process by which funds are allocated
 - Separate committee (who and how)
 - Guidelines for process and criteria for decisions
 - Zero-based budgeting
- Where is money allocated: fund amounts, categories of service types
- External input, external research, survey of needs
- How needs are identified

Based on the results of the benchmarking research, the SBI team was able to make recommendations regarding ways the United Way of Indiana County could improve its

allocation process, operations in general, and how it could encourage efficiency and collaboration among social service agencies.

CHAPTER 1: History and Overview

I- Introduction to the United Way:

The United Way is a nonprofit organization that raises and allocates funds to mobilize the caring power of communities across America. The organization was established in 1887 in Denver, Colorado and has since grown to include 1,350 United Way branches across America. The United Way strives to create long-lasting change by unifying community fundraising efforts for local charities and establishing a social service network of its affiliates. This is accomplished through collaboration with United Way partners including charitable organizations, schools, government agencies, and businesses.

II- Introduction to the United Way of Indiana County:

The United Way of Indiana County raises funds and provides support to 17 agencies throughout Indiana County. With two full-time staff, the organization is assisted by a group of local volunteers and governed by a volunteer Board of Directors. The primary goal of the United Way of Indiana County is to eliminate the effort and cost of many individual fund-raising campaigns. As such, the United Way of Indiana County conducts an annual county-wide fundraising campaign, retaining 98% of the contributions for local use. The organization also holds various fundraising events throughout the year receiving private and corporate donations. The donations can be designated by donors to a specific non-profit agency or unrestricted for local distribution at the United Way's discretion.

III- History of the United Way of Indiana County:

The United Way of Indiana County was established on November 19, 1930 during a meeting held by the Central Charities of Indiana County. The purpose of the meeting was to develop a plan to provide services to needy families in Indiana County. This meeting was attended by representatives from local organizations including the Indiana Borough Council, County Commissioners, American Red Cross, Salvation Army, Rotary, Lions, Kiwanis, Chamber of Commerce, Boy Scouts of America, YMCA, Indiana County Medical Society, County Welfare, and the Ministerial Association. To unify community fundraising efforts, the Indiana County Community Chest Campaign began one year later in 1931 under the direction of Dr. Charles Foster, president of the Normal School.

In 1958, a Community Chest motion created a county-wide United Fund, and on September 29th of that year, the United Appeal had its opening dinner at the Rustic Lodge. At the dinner, a goal was set to raise \$121,650. In 1959, the establishment of the Indiana County United Fund was formally announced, and forty-five members were named to the Board of Directors. In 1973, the United Fund changed its name to the United Way and has remained so ever since.

The following individuals have served as executive directors of the United Way of Indiana County:

1960 to 1966: Jim Perine - United Fund Executive Director

1975 to 1986: Bob Derry - Executive Director

1988 to 1996: Fred Moreau - Executive Director

1996 to 2000: Melinda Fairman - Executive Director

2000 to present: Patricia Simmons has been serving as the executive director of the United Way of Indiana County since May 1, 2000.

IV- United Way of Indiana County Agencies:

The United Way of Indiana County currently allocates funds to the following 17 social service agencies:

1. accessAbilities:

Location: Canterbury Offices, 2273 Philadelphia Street, Indiana, Pa 15701

Mission: Empowering people with unique abilities to live life to its fullest

Functions:

- Serves individuals with disabilities
- Develops strong foundations that lead to life long self-sufficiency
- Creates opportunities for people with disabilities to reach their full potential
- Builds communities where all are respected and welcomed to participate

2007 United Way Fund Allocation: \$36,000

2. Alice Paul House:

Location: Indiana, Pa

Mission: To provide safety to victims of domestic violence and sexual assault, to assist and empower all victims, and to promote awareness of these issues in our community

Functions:

- 24-hour crisis hotline

- Emergency shelter for victims of domestic violence and their children
- Individual and group counseling
- Medical and legal advocacy services
- Community awareness and education programs

2007 United Way Fund Allocation: \$28,000

3. American Red Cross:

Location: 610 Kolter Drive, Indiana, Pa 15701

Mission: To provide relief to victims of disasters and help people prevent, prepare for, and respond to emergencies

Functions:

- Helps people prevent, prepare and respond to emergencies
- Disaster relief/preparation/education
- Health and Safety Services
- 24-hour response, 365 days per year
- Blood collection and distribution

2007 United Way Fund Allocation: \$120,000

4. Big Brothers Big Sisters of Indiana County

Location: 918 Oakland Avenue, Indiana, Pa 15701

Mission: To help children reach their potential through professionally supported, one-to-one relationships with mentors that have a measurable impact on youth

Functions:

- Provides services to foster caring, competence, and confidence through emotional, social, educational and cultural support for children ages 6-16
- Establishes one-on-one relationships between children and adult volunteers through frequent interaction

2007 United Way Fund Allocation: \$50,500

5. Boy Scouts of America-Penn's Woods Council

Location: Galleria Mall, Ste. 289, 500 Galleria Drive, Johnstown, Pa 15904

Mission: Develop confident citizens with positive life skills, unity of purpose, foster parental involvement with their children, and develop adult leadership

Functions:

- Training volunteer leaders
- Camping programs and facilities
- Activities for local troops
- Teen mentoring programs – co-ed
- Learning for Life Program- curriculum supplement for schools and students in grades K–12

2007 United Way Fund Allocation: \$33,310

6. Camp Orenda

Location: 1278 Lions Health Camp Road, Indiana Pa 15701

Mission: To provide a summer experience for children and young adults who are physically handicapped

Functions:

- Recreational outdoor activities (fishing, swimming, etc)
- Arts and crafts
- Games

2007 United Way Fund Allocation: \$11,000

7. Girl Scouts of Talus Rock Council

Location: Indiana County Service Center, The Atrium-Lower Level

665 Philadelphia St., Suite 303, Indiana, Pa

Mission: To build girls of courage, confidence, and character, who make the world a better place

Functions:

- Offers broad range of activities which address both the girls' current interests and their future role
- Largest voluntary organization in the world for girls

2007 United Way Fund Allocation: \$ 25,000

8. Indiana County Blind Association

Location: 2698 W. Pike Road, Indiana, PA 15701

Functions:

- Information and referral/casework
- Prevention/vision screening
- Remedial eye care

- Advocacy/education
- Sheltered employment

2007 United Way Fund Allocation: \$ 7,000

9. Indiana County CareNet

Location: 33 S. 6th Street, Indiana, Pa 15701

Mission: To provide compassionate care and practical services to the elderly, people with disabilities and people who are at risk of losing their independence by calling together, training and mobilizing volunteers from religious congregations and the wider community

Functions:

- Friendly visits
- Trips to doctors offices
- Light housekeeping/cooking
- Respite care for family care givers

2007 United Way Fund Allocation: \$13,000

10. Indiana County Catholic Charities

Location: St. Thomas More University Parish, Newman Center

1200 Oakland Ave. Indiana, Pa 15701

Mission: To serve the human needs of individuals and families, regardless of their religious affiliation, and to provide leadership in building collaborative efforts with parishes and communities in addressing these needs

Functions:

- Provides individual, marriage/family counseling, adoption and pregnancy services
- Counseling services (individual, marriage and family)
- Programs directed toward family life issues
- Pregnancy support services
- Foster care
- Anger Management Support Group for men and women
- Information and referral services

2007 United Way Fund Allocation: \$11,000

11. Indiana County Child Day Care Program

Location: 98 Ben Franklin Rd. South, Indiana, Pa 15701

Mission: Teaming with families to provide the highest quality education and care services for children 6 weeks to 15 years

Functions:

- Full day programs
- Before and after school
- Part day nursery school
- Child Care/ Head Start collaboration project

2007 United Way Fund Allocation: \$12,000

12. Indiana County Head Start

Location: 528 Gompers Avenue, Indiana, Pa 15701

Functions:

- Comprehensive services including health, mental health, social services, nutritional, child development and disabilities for low-income children, 0-5 years and their families
- Extended day care for children ages 3-5

2007 United Way Fund Allocation: \$13,000

13. Lifesteps

Location: 1618 Warren Rd, Indiana, Pa

Mission: To help individuals and families with life's changing needs by developing programs and providing services which will improve their quality of life

Functions:

- Therapies
- Testing and evaluations
- Prescriptive preschool classes
- Training and learning programs

2007 United Way Fund Allocation: \$13,000

14. The Open Door

Location: 334 Philadelphia Street, Indiana, Pa 15701

Mission: To provide for the people of Indiana County unconditional acceptance, education, treatment, and a place of confidential sanctuary when they are addressing issues of substance abuse, addiction and/or chemical dependency

Functions:

- Alcohol and other drug counseling services
- Prevention/education programs
- Crisis hotline/drop-in services
- Criminal justice programs

2007 United Way Fund Allocation: \$50,000

15. Salvation Army

Location: 635 Water Street, Indiana, Pa 15701

Mission: To preach the gospel of Jesus Christ and to meet human needs in His name without discrimination

Functions:

- Provides emergency food, clothing and shelter assistance
- Feeding programs
- Disaster services
- Tutorial program
- Senior citizens program
- Referral services
- Counseling (spiritual, moral, and financial)

2007 United Way Fund Allocation: \$75,000

16. Visiting Nurse Association

Location: 850 Hospital Road, Indiana, Pa 15701

Mission: To serve the people of Indiana County and surrounding areas by providing compassionate, high quality, cost effective home health and hospice care, and other related services

Functions:

- Skilled nursing/home health aides
- Physical/occupational/speech therapy
- Counseling
- Education and consultations
- Dietary and medical social services

2007

United Way Fund Allocation: \$27,199

17. YMCA

Location: 60 Ben Franklin Road, Indiana, Pa 15701

Mission: To put Christian principles into practice through programs that build a healthy spirit, mind, and body for all

Functions:

- Teen Leadership Programs
- Summer Day Camps
- Youth Programs
- Adult Fitness Programs

- Babysitting

2007 United Way Fund Allocation: \$40,000

V. Concerns of the United Way of Indiana County:

The United Way of Indiana County is currently interested in improving its fund allocation process by learning more about critical needs in Indiana County and how well these needs are currently being served. The United Way of Indiana County's goal is to allocate its funds in a way that most effectively and efficiently meets the critical needs of Indiana County.

To achieve this goal, the United Way of Indiana County solicited the services of the Indiana University of Pennsylvania Small Business Institute (IUP SBI). During the fall 2006 semester, an SBI team—comprised of students Idalin Bobé, Jason Brady, Emily Trudel, and faculty advisers Dr. Stephen Osborne and Dr. Thomas Falcone—conducted a survey of human service agencies in Indiana County, United Way of Indiana County Board of Directors members, and elected officials in Indiana County. The purpose of the survey was to identify the most important social service needs in Indiana County and to assess the level of service to each area.

In addition to this information, the United Way of Indiana County is interested in learning more about social service needs and levels of service. Four IUP students and faculty advisers Dr. Osborne and Dr. Falcone make up the spring 2007 Indiana University of Pennsylvania SBI team. The team planned to conduct further research that includes:

- Additional analysis of the data from Fall 2006 SBI Project
- Administering fall 2006 survey to the United Way Allocation Committee
- Conducting a focus group of Indiana County human service agency representatives

- Benchmarking United Way allocation processes by researching the practices of other United Way agencies
- Examining the historical patterns of need within Indiana County based on existing data
- Board of Directors research

VI. Spring 2007 SBI Team:

The spring 2007 SBI team is made up of four Indiana University of Pennsylvania students. Jim Endlich is a senior marketing major who is returning to IUP next year to pursue a second major in management. Chris Krahe is a graduating senior double-majoring in marketing and economics/math. Joe Lipsitz is a graduating senior majoring in accounting with a pre-law concentration. Christina Shoemaker is also a graduating senior, majoring in marketing. For the second semester on this project, Dr. Osborne and Dr. Thomas are serving as faculty advisers.

VII. Organization of the Paper:

Chapter 2 is a precise description of the methodologies utilized in each phase of the project to meet the objectives. Chapter 3 is a display and discussion of the survey data analysis. Chapter 4 is a summary and analysis of the dialogue of the focus group. Chapter 5 is a review of the benchmarking, which shows the allocation policies and procedures of other United Way agencies. Lastly, Chapter 6 consists of the SBI team's recommendations for the United Way of Indiana County.

CHAPTER 2: Objectives and Methodologies

I- Introduction:

This chapter contains detailed descriptions of the methodologies utilized in all phases of the SBI team's work as follows:

- Part II describes the objectives of the project
- Part III describes the methods of data collection and analysis
- Part IV describes the methods utilized for the focus group
- Part V describes the methods utilized in the benchmarking research

This chapter exclusively describes the research methods; the results of the data analysis, focus group, and benchmarking research are presented in chapters 3, 4, and 5, respectively.

II- Objectives:

Upon meeting with Patricia Simmons, the Executive Director of the United Way of Indiana County, at the beginning of the spring 2007 semester, several issues and objectives were discussed that the SBI team agreed could be accomplished through the completion of this project. Some of the initial topics of discussion at this meeting included:

- Potential areas of research
- Timeline for project completion
- Value of research for the United Way
- Preferences and abilities of team members

During the meeting, it was determined that the overall objective of the project was to help the United Way of Indiana County improve its allocation process. By the

end of this meeting, it was decided that several types of research would be conducted in order to provide the United Way of Indiana County with relevant information to improve its allocation process. First, the 2006 SBI team's survey would be administered to the United Way of Indiana County Allocation Committee and data analysis involving this data and the fall 2006 data would be conducted to determine what the critical needs of Indiana County are and how well they are being served. Second, a focus group would be conducted to gain further insight regarding needs and how well they are being served. Lastly, a benchmarking study of other United Ways would be conducted to identify best practices that could be adopted by the United Way of Indiana County.

III- Data Analysis Methodology:

Data analysis conducted by the SBI team began with a between group analysis of the fall 2006 survey data for the three categories of respondents: United Way Board of Directors members, representatives of social service agencies in Indiana County, and elected officials in Indiana County. The mean responses of the three groups for each survey item were compared using Mann-Whitney nonparametric tests in SPSS. The purpose of the tests was to determine whether these groups had statistically significantly different mean responses for each survey item. Nonparametric tests were chosen for the mean comparison tests instead of analysis of variance (ANOVA) because the survey data being analyzed were not normally distributed, which is a required assumption for appropriate ANOVA tests. The non-normality of the data is evidenced by the data responses being on a likert scale; each response can only take integer values, in this case, 1 through 5.

The 2007 SBI team also decided to have Patti Simmons administer the fall 2006 survey to the United Way Allocation Committee. The purpose of doing so was both to add to the data gathered by the 2006 team and to gain insight into the opinions of the individuals having a strong influence on how the United Way of Indiana County's funds are allocated. These surveys were personally distributed to the Allocation Committee members by Ms. Simmons. The Allocation Committee members then returned the completed surveys to Ms. Simmons, who forwarded them to the SBI team.

After the fall 2006 survey was administered to the United Way Allocation Committee, the resulting data was coded using the same coding sheet that was developed and used by the 2006 SBI team (Appendix D). The resulting data were also entered into the SPSS data set that contained the data from the surveys conducted by the 2006 SBI team.

After the Allocation Committee survey data was gathered, descriptive statistics for that particular group and the entire survey sample—including both the 2006 data and the 2007 data—were calculated using SPSS. These statistics included means for each survey item by each group alone and all four groups combined. Also, frequencies for each demographic survey item were calculated for the Allocation Committee alone and for all four groups combined. The results of these analyses were displayed graphically with pie and bar charts.

In addition, nonparametric Mann-Whitney tests were utilized to compare the mean responses of the United Way Allocation Committee to each of the other three groups individually and as a whole. This analysis was done in the same manner as before except that it included four groups instead of three. Again, the purpose was to

determine whether any mean responses for the Allocation Committee group were statistically significantly different than the mean responses from other groups. Significance for the mean comparison was based on an alpha value of .10. Therefore, any Mann-Whitney test with a p-value less than or equal to .10 was considered significant. These tests were also conducted using SPSS.

The SBI team was interested in determining whether responses for individual services were good indicators of responses for the overall service category under which individual services fell. For example, were responses for individual recreation services good predictors of responses for overall recreation? To determine this, the SBI team utilized regression analysis. Eighteen regression models were estimated: 9 for responses regarding importance of service categories and 9 for responses regarding the level served for each service category. The dependent variables were the overall service responses. The independent variables for each model were the responses for individual services within the same service category as the dependent variable. The purpose of this analysis was to determine whether responses for each overall service category were consistent with the responses for the individual services within that category. The SBI team decided that if a regression model was significant – that is, the associated ANOVA tests had a p-value less than .05 – it indicated that the responses to the overall service were explained by the responses to the individual services. The SBI team further decided that model significance justified considering the results of the overall service responses because the overall response data contain much of the same information that would be conveyed by individual service responses.

All of the data analysis results were summarized in graphical or tabular form using Excel. Tables were constructed listing the mean responses for each of the 4 groups by service category for both importance and level of service, hereafter referred to as “served.” Overall mean responses of all 4 groups combined were also included in the table. GAPS — the arithmetic difference between mean responses for served and importance — were also calculated and included in the table for all four groups and all groups combined. GAPS are negative when the mean response for served is greater than the mean response for importance; GAPS are positive when the reverse is true.

After all of the GAPS were calculated, a separate table was created in Excel containing importance means, served means, and GAPS from the Allocation Committee data for each of the individual services. The table was first sorted by descending importance. Once this was done, the top 18 services were highlighted green, the middle 17 highlighted white, and the bottom 18 highlighted yellow. As a result, the green services had relatively high importance, the white services had relatively moderate importance, and the yellow services had relatively low importance. The table was then replicated twice and sorted once by descending level of service and once by descending GAPS. The purpose of the first of these two tables was to illustrate the relationship between importance and served. The purpose of the second of the two tables was to illustrate the relationship between importance and GAPS.

After all the group means and overall means were calculated and placed in Excel, a number of graphs were constructed to present the results as simply and effectively as possible. First, line graphs were constructed to display the mean responses of each of the four groups to the importance of the overall services. Two

sets of graphs were constructed: one set with lines representing the 4 groups of respondents and the other set with lines representing the 9 service categories. Both sets were created using the exact same data; each set of graphs, however, made it easier to compare groups or service categories to one another.

All of the line graphs were constructed using both a scale of 1 to 5 and 3 to 5. The purpose of a graph with scale 1 to 5 was to show where the results fell in comparison to the full range of possible responses. However, since no mean responses for importance or served of overall services fell below 3, graphs with scale 3 to 5 were created to illustrate differences more closely. The SBI group decided that adjusting the scale was justified because differences in means responses are of interest in a relative sense. Even though using a scale from 3 to 5 will make differences appear more drastic than on a scale of 1 to 5, the differences maintain the same proportions in either scale. Therefore, as long as the relative sizes of differences are considered, using a smaller scale to better illustrate these differences is justified. The SBI team used a scale of 3 to 5 for all graphs constructed unless otherwise specified.

Next, scatterplots were constructed using mean responses for importance and served for each overall service by each of the respondent groups. The X-axis of these graphs measured the level of service mean responses. The Y-axis measured the level of importance mean responses. Five of these graphs were constructed based on respondent groups: One for each of the 4 groups individually and one for all of the groups combined. Nine more of these graphs were constructed, one for each of the nine service categories. The purpose of these scatterplots was to illustrate both the

comparison between importance and service mean responses and the comparison between groups and service categories.

Lastly, line graphs were constructed for importance, served, and GAPs for overall service mean responses for each of the nine service categories. These graphs were constructed in the same way as the previously described line graphs. Two sets were again made for each service category: one set with the lines representing groups and the other set with the lines representing individual services. These graphs utilized a scale from 2 to 5 because several of the responses for individual services were less than 3. The purpose of these graphs was to illustrate relative differences in mean responses.

IV- Focus Group Methodology:

The United Way's allocation process is effectively a utilitarian consideration of the relative benefits provided by funding different social service programs, with a goal of funding those that provide the greatest good to the greatest number of people in Indiana County. The ideal allocation process will achieve the most beneficial distribution of funds to services according to two key criteria: how important the social service need is that the particular service addresses and how well that particular social service need is presently being served.

The fall 2006 SBI team worked with the United Way to develop quantitative survey results to evaluate the social service needs in Indiana County and how well the needs are being served. Compounding on the previous research and data, the current SBI team decided to take a qualitative approach in the form of a focus group. In

deciding who to invite to the focus group, the team considered representatives from the following groups: the general public, United Way-funded social service agencies, unfunded social service agencies, public officials, and the United Way Allocation Committee. The team elected to host a focus group of representatives from United Way-funded social service agencies in Indiana County because it believes these people are in the best position to make observations about the following:

- The social service needs in Indiana County
- How well the social service needs are currently being served
- How the United Way's operations could improve for the benefit of the Indiana County social service landscape

As a result of the nature of these three topics, qualitative research can offer significantly different insights than the survey data. While the fall 2006 surveys produced data suggesting which services are considered most critical, but the data do not allow for a deeper insight into the "why" of the responses. By providing more explicable and reason-based data, the qualitative approach of a focus group allows for a further understanding of the social service landscape in Indiana County.

Particular Considerations

The focus group was scheduled for Wednesday April 18, 2007 beginning at 5:00 p.m. in the Eberly College of Business Boardroom. Ms. Simmons sent invitations to the seventeen United Way-funded organizations. After an initially poor response, Ms. Simmons reiterated the criticality of the agencies' representation at the focus group. As

depicted in Table 2.1, the agencies responded with fifteen out of seventeen funded organizations sending at least one representative.

Table 2.1

Invited Organizations	Attendance	Representative
accessAbilities	Yes	Jane Hurd
Alice Paul House	Yes	Beth Illig
American Red Cross	Yes	Kathleen Pino
Big Brothers Big Sisters	No	-
Blind Association	Yes	Mariann McGee
Boy Scouts	Yes	Kurt Roberts
Boy Scouts	Yes	Bernie Lockard
Camp Orenda	Yes	Christa Harper
CareNet	Yes	Marilyn Dilg
Catholic Charities	No	-
Child Day Care	Yes	Mari Higgins
Girl Scouts	Yes	Frankie Graham
Head Start	Yes	Dr. Rita Johnson
LifeSteps	No	-
Open Door	Yes	Maria Dietz
Salvation Army	Yes	Laura Terihay
VNA	Yes	Betsy DeGory
VNA	Yes	Linda Bettinazzi
YMCA	Yes	Michael McElhaney

The Boardroom was selected as the location for the following four reasons:

1. Its large, oval-shaped table elicits discussion by allowing each participant to see all of the other participants.
2. There are enough chairs to seat the fifteen participants, two faculty advisors, and the four students working on this project.
3. A computer and clearly visible projection screen are available in the room.
4. The atmosphere is comfortable, which will encourage the participants to feel free to speak openly.

In order to encourage attendance, put the focus group participants at ease, and thank the participants for coming, Ms. Simmons arranged for food to be delivered by

Romeo's. The agenda allowed for the first 30 minutes from 5:00-5:30 to be designated as time for the participants to eat. The United Way paid for beverages, salad, chicken lasagna, breadsticks, and cheesecake for all of the participants. Also for the purpose of encouraging an open and honest dialogue, Ms. Simmons departed after giving a brief introduction.

The SBI team served different duties to ensure that the focus group ran efficiently and smoothly. Joe Lipsitz served as the primary discussion leader with Chris Krahe acting as assistant discussion leader, computer technician, and note-taker. Christina Shoemaker served as the greeter and note-taker, while Jim Endlich operated the video camera.

The SBI team made cards displaying the participants' names and the name of their agency, which they were to place in front them on the table. The SBI team decided to allow participants to select their own seats. After the participants had gathered food and sat down, the following ninety minutes would be dedicated to the focus group discussion, from 5:30-7:00. The discussion was guided by a series of questions that were displayed on a projection screen in Microsoft PowerPoint format (see Appendix F).

The questions were based on the Fall 2006 survey, the resulting data, and specific inquiries from Ms. Simmons. In addition to the set questions, the discussion leaders and faculty advisors asked supplementary questions as necessary.

To complement the PowerPoint Slides, a Microsoft Excel spreadsheet was used to record participants' responses and to compare the focus group responses to the 2006 survey data (see Appendix G). The participants were asked to select and vote for

the three most important categories of service in Indiana County. For clarity in the voting process and a specific description of what each category entails, the participants received a listing of the nine large categories of service and their corresponding subcategories (Appendix H). The spreadsheet was used to display the rankings showing the importance of the social service categories.

At the conclusion of the discussion, the SBI team would hand a comment card to each participant (Appendix I). The participants would be asked to comment on the value of the focus group to their agency, the community, and the United Way. Additionally, the participants would be given the opportunity to make any remarks that were not shared during the discussion session.

V- Benchmarking Methodology:

Additional research benchmarking the practices and allocation processes of other United Ways was conducted. The purpose of this research was to identify any successful practices or processes of other United Ways, which the United Way of Indiana County could adopt to improve its allocation process. This research focused primarily on United Ways that were known either to be successful or to serve an area with similar demographics as Indiana County. The United Ways meeting these criteria were identified by Ms. Simmons and included: Westmoreland, Erie, Capital Region, Carlisle, Laurel Highlands, Armstrong, Centre County, Washington County, Titusville Area, Greater Susquehanna Valley, Venango, Lawrence, Western Crawford, Butler, and Pennsylvania.

In order to acquire information about the practices of these United Ways, the SBI team determined what information it would need to gather from the other United Way

agencies. The SBI team generated the following list of information it would gather from each United Way:

- Board of Directors structure: size, committees, composition
- Staff size, levels of staff
- Total budget: operating and allocation
- The structure and process by which funds are allocated
 - Separate allocation committee (who and how)
 - Guidelines for process and criteria for decisions
 - Zero-based budgeting
- Allocation of Funds: fund amounts, categories of service types
- External input, external research, assessment of needs
- Identification of needs

In order to gather this information, the SBI team visited the websites for each of the listed United Ways to obtain any of the information that was made available online. To obtain the desired information that was not available online, the SBI team called each of the listed United Ways. Ms. Simmons first contacted each United Way to introduce the SBI team and let them know that the SBI team would be contacting them to gather information (Appendix K). She also provided the SBI team with the appropriate contact person at each United Way (Appendix L).

Prior to calling each United Way, the SBI team created a script to use during each phone call in order to ensure that the introductions, directions, questions, and information gathered for each conversation was identical and presented in the exact same order and manner. The script was also pre-tested with Ms. Simmons to

determine how long it would take to complete, whether the information requested could be easily provided, and to gain Ms. Simmons' general feedback. The script utilized is available in Appendix M.

Each call to a United Way was conducted by two student members of the SBI team using a speaker phone. During the call, one student took notes while the other student was responsible for the actual conversation. The speaker was responsible for following the script and ensuring that all information was gathered. The particular SBI team members present for calls altered based on the students' availability. The script was followed exactly for each United Way. Details of each call are summarized in the Table 2.2.

Table 2.2

Date	County	UW Representative	Team Members
30-Mar	Westmoreland	Nancy Kukavich	Christina, Jim
30-Mar	Butler	Leslie Osche	Joe, Jim
3-Apr	Erie	Alan Perez	Joe, Jim
3-Apr	Capital Region	Joe Capita	Joe, Chris
3-Apr	Washington	Richard White	Joe, Jim
3-Apr	Greater Susquehanna Valley	Kerri Albright	Joe, Chris
4-Apr	Laurel Highland	Nikki Yorchak	Joe, Christina
4-Apr	Centre	Ellie Beaver	Joe, Chris
4-Apr	Western Crawford	Sandra Rossi	Joe, Christina
5-Apr	Venango	Jane Klinger	Joe, Jim
9-Apr	Carlisle	Jeff Carlisle	Joe, Jim
9-Apr	Titusville Area	Terri Wig	Joe, Christina
13-Apr	Lawrence	Gayle Young	Joe, Christina

After the calls were completed, the gathered data was organized into a matrix depicting the results. The matrix detailed how each United Way responded to each particular question. The benchmarking matrix was divided into five distinct sections: annual budget, board of directors, staff and size, allocation process and structure, and

research and needs assessment. The specific information gathered under each of these sections included:

- Annual Budget
 - Total budget
 - Allocations
 - Designations
 - Programming dollars
 - Operating expenses
- Board of Directors
 - Size of BOD
 - Where BOD member list is available
 - BOD structure
- Staff and Size
 - Number of staff
 - Hierarchical levels
 - Metro size
- Allocation Process and Structure
 - Structure of Allocation Committee
 - Allocation process
 - Allocation guidelines and criteria
 - Social service categories
 - Zero-based budgeting
- Research and Needs Assessment
 - Determination of needs
 - Research conducted

The matrix format was utilized because it allowed clarity in comparing the practices of the United Way of Indiana County to the sample United Way agencies. Additionally, the matrix provided a layout to assess how frequently particular practices were utilized and by which agency. Best practices were considered to be either practices frequently utilized by the sampled United Ways or unique practices that were clearly successful. The SBI team, therefore, used the benchmarking matrix to identify specific best practices. Recommendations were made for the United Way of Indiana County to consider adopting the best practices that it was not already using.

CHAPTER 3: Data Analysis Results

I- Introduction

In this chapter, the SBI team presents both the results of administering the fall 2006 SBI survey to the United Way of Indiana County Allocation Committee and the accompanying data analysis results. The survey is available in Appendix C. The data analysis also incorporates some of the data collected by the fall 2006 SBI team through their survey. The 2006 data includes survey responses from 60 human service agency representatives, 18 United Way of Indiana County Board of Directors members, and 9 elected officials. The data collected by the spring 2007 SBI team includes 15 survey responses from United Way of Indiana County Allocation Committee members.

II- Data Analysis Results:

1. Response Rates

The following table summarizes the response rates for the surveys distributed in 2006 and the surveys distributed to the United Way of Indiana County Allocation Committee in 2007.

Survey Response Rates			
	Number Sent	Number Returned	Percentage
Human Service Agencies	53 / 118	60	51%
Board of Directors	38	18	47%
Elected Officials	16	9	56%
Allocation Committee	23	15*	65%

*The Allocation Committee returned 17 surveys but two were deemed non-usable because they contained a large percentage of item non-responses.

2. Demographics

The demographic survey items include employment by an organization providing social services by service category, service on a Board of Directors for social service agencies by service category, age, gender, marital status, and whether the respondent has children, hereafter referred to as “children status.” The results of the responses to these demographic survey items for the Allocation Committee alone and for all 4 groups combined are summarized in the following figures. The bar graphs illustrate the frequencies of responses for demographic survey items; the pie charts illustrate both the number and percentage of responses for the demographic survey items.

A. Allocation Committee Demographics

Figure 3.1

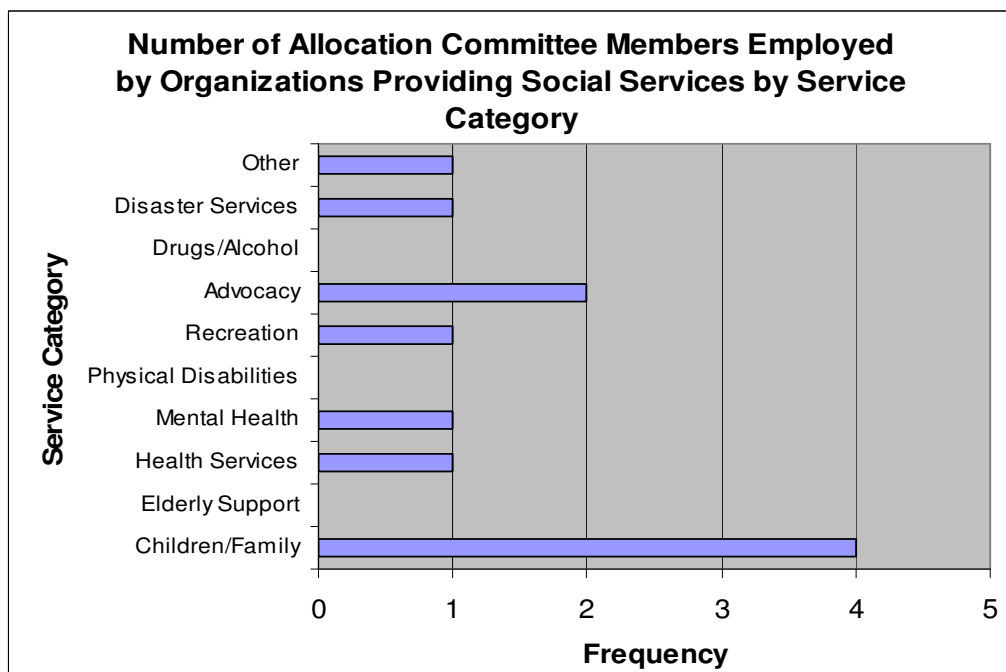


Figure 3.2

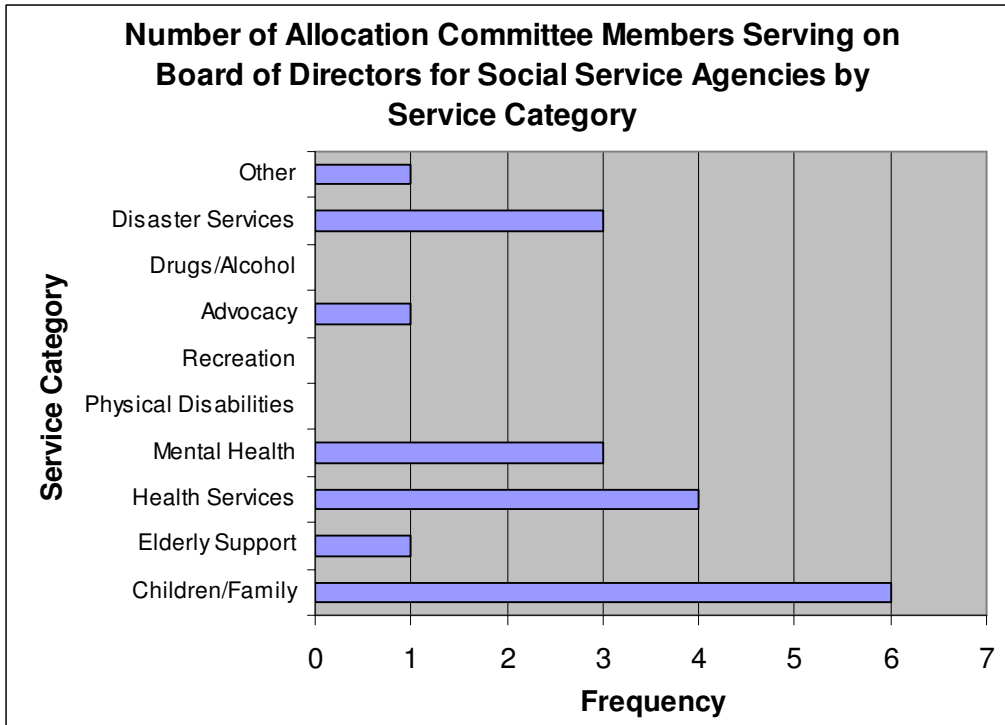


Figure 3.3

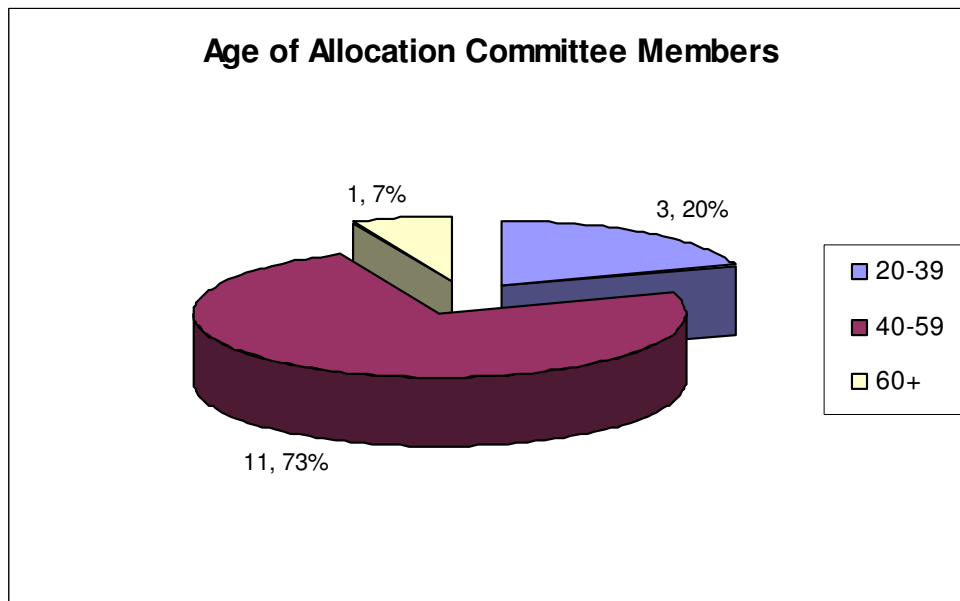


Figure 3.4

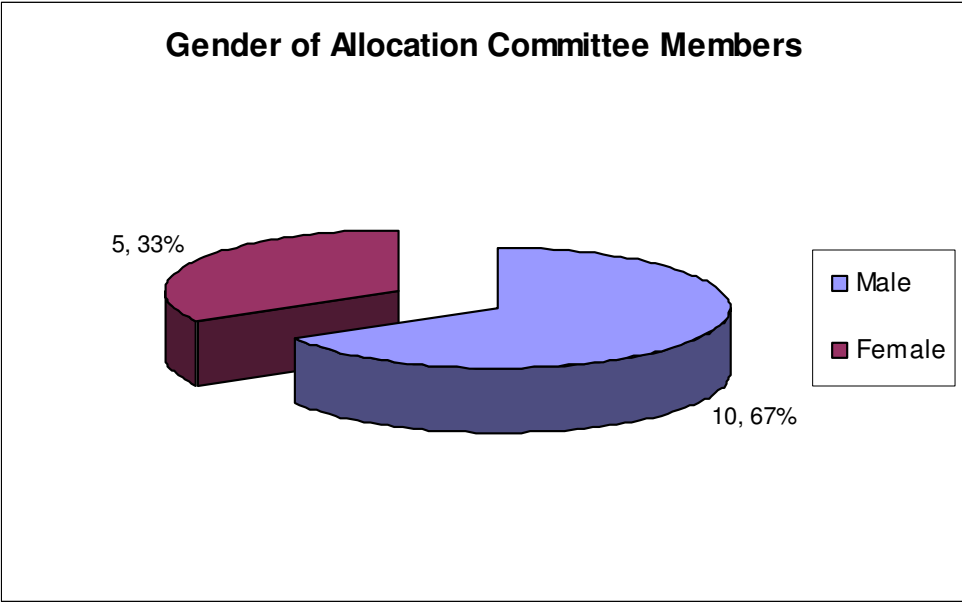


Figure 3.5

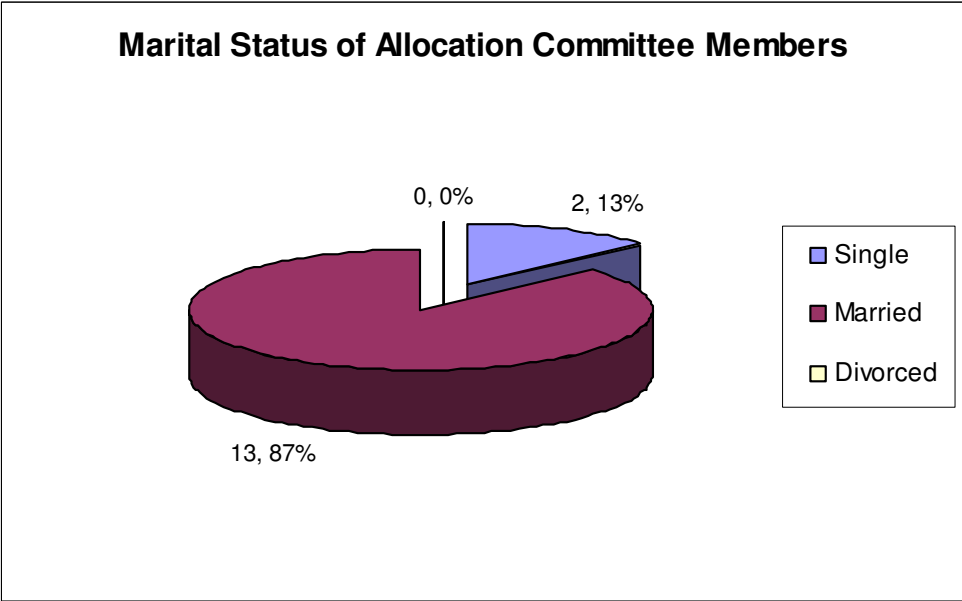
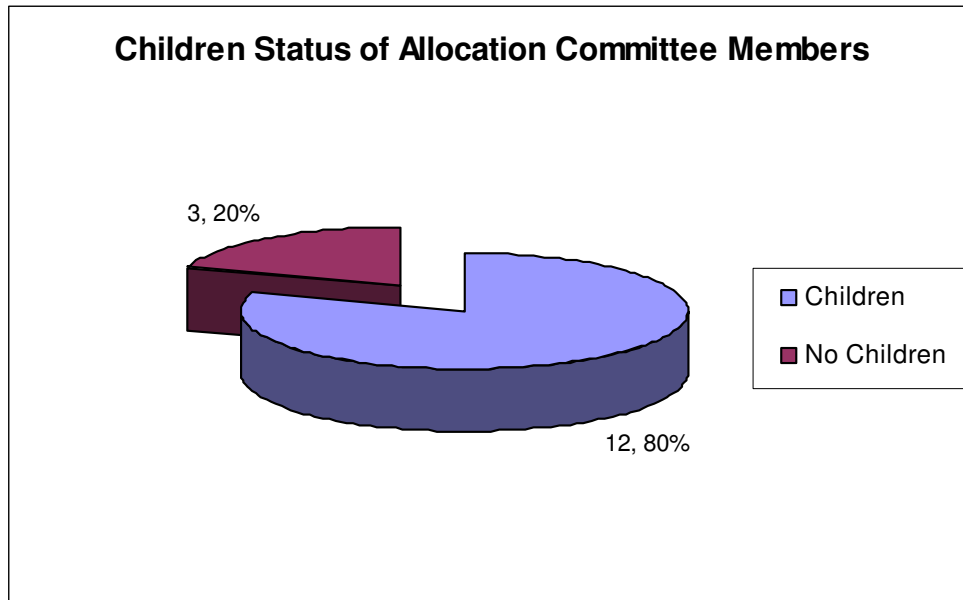


Figure 3.6



B. Demographics of All Groups Combined

Figure 3.7

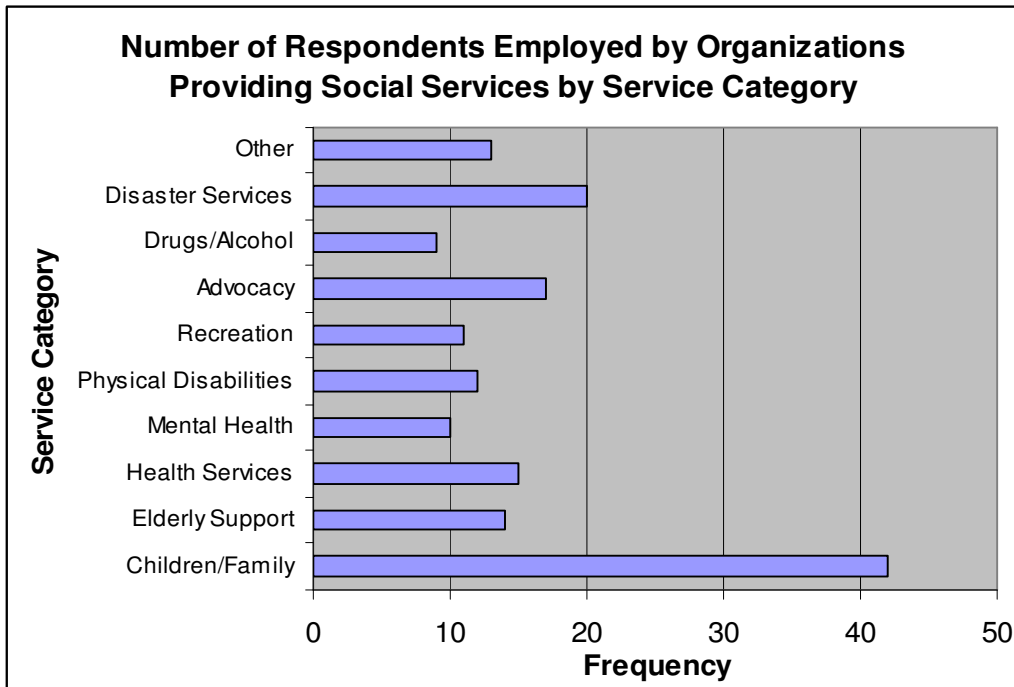


Figure 3.8

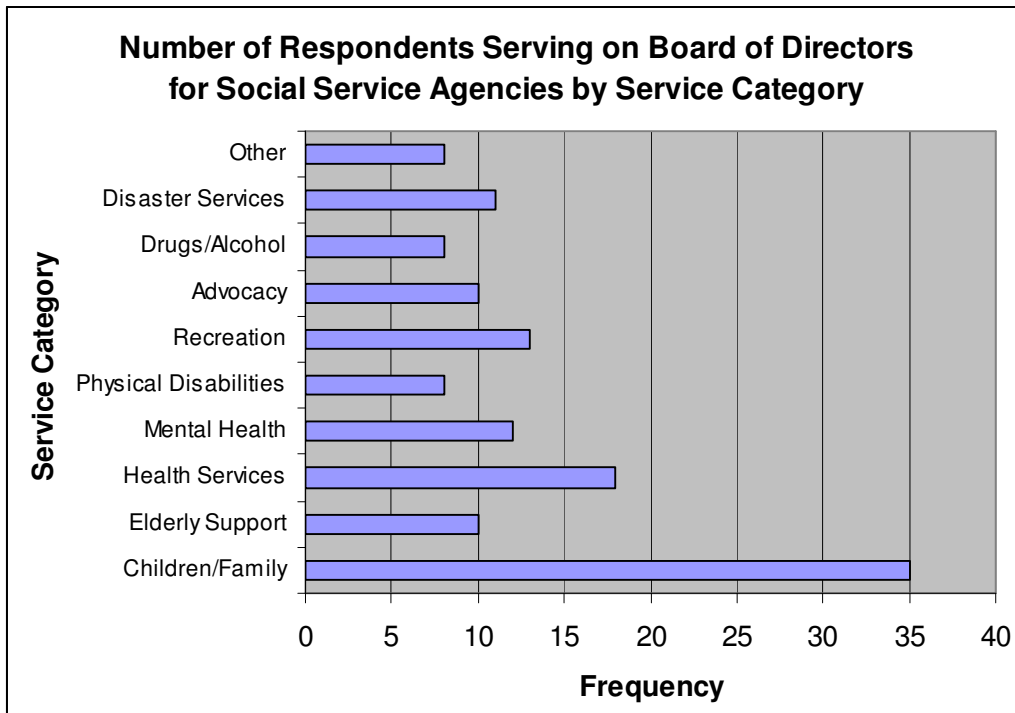


Figure 3.9

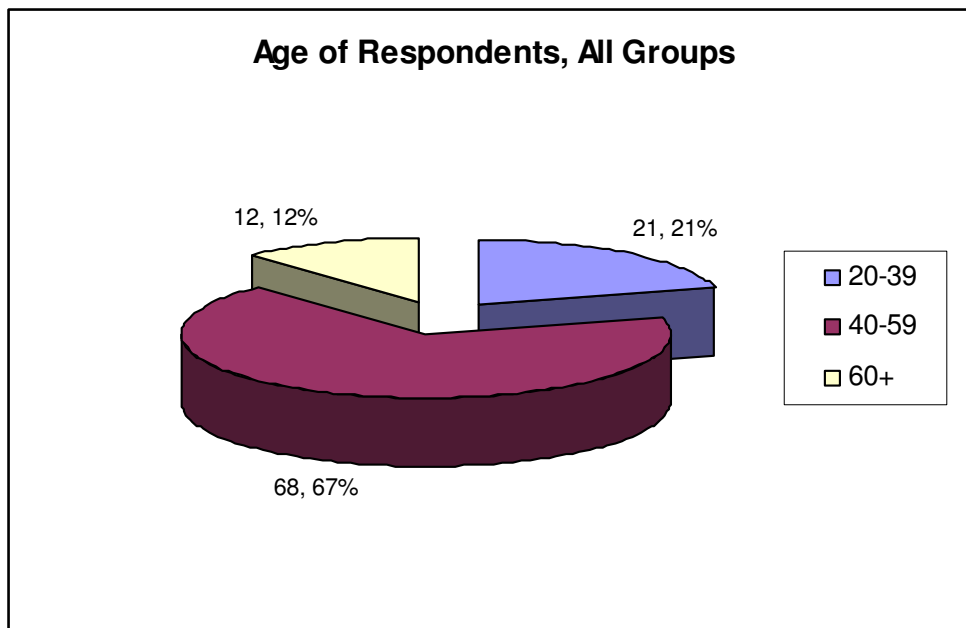


Figure 3.10

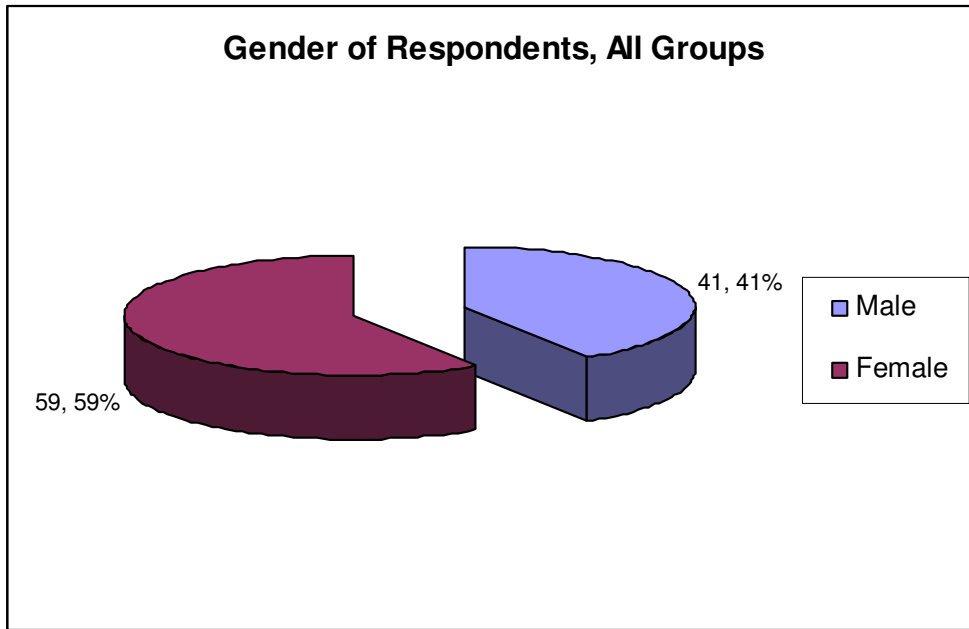


Figure 3.11

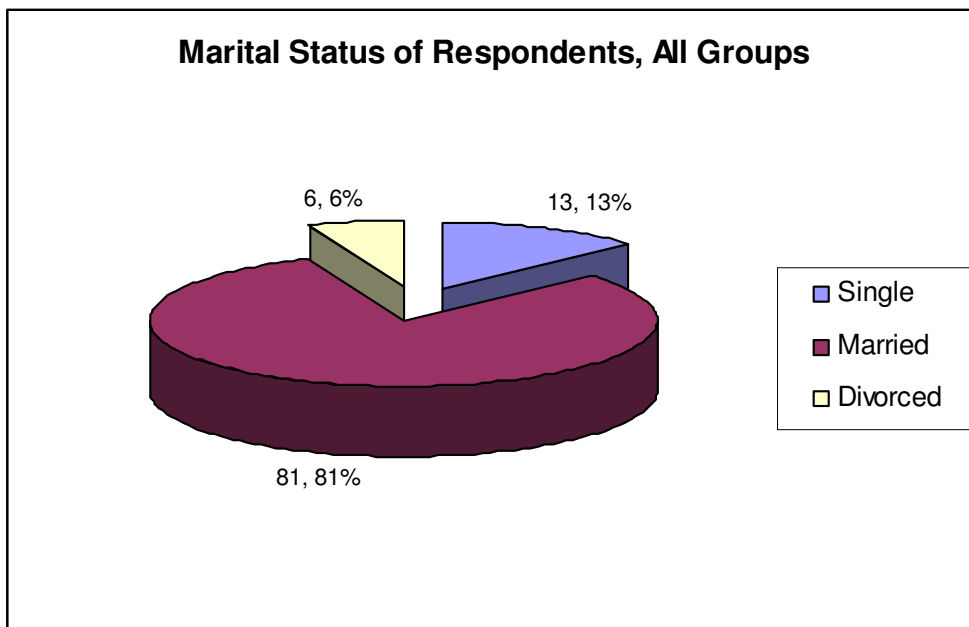
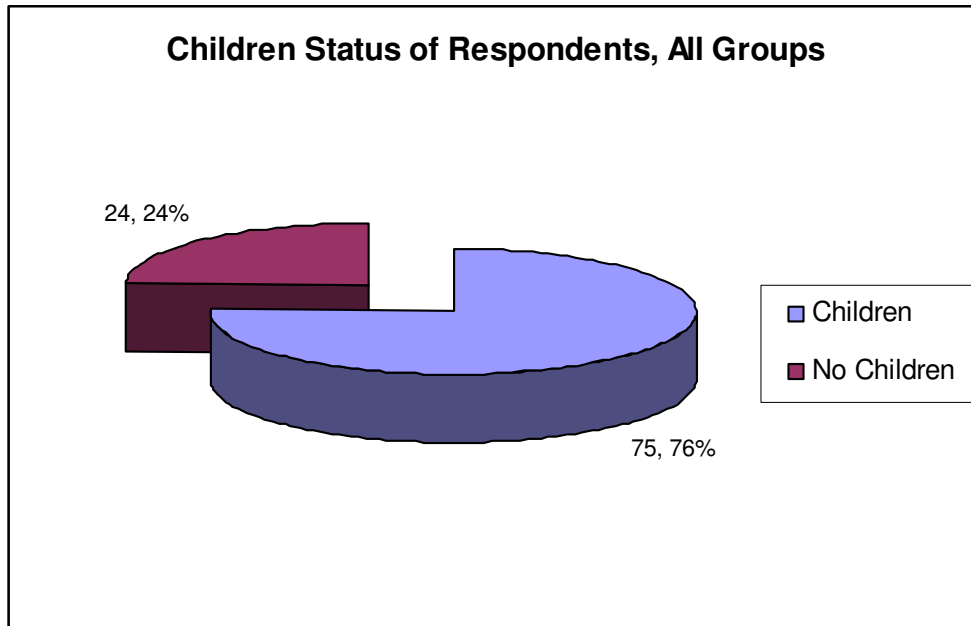


Figure 3.12



3. Mean Responses – Overall Services

A. Sorted Tables

Table 3.1 contains all of the Allocation Committee’s mean responses for importance and served and the GAPs between those responses.

Table 3.1

Type of Service	Importance	Served	GAP
Early Child Ed	4.40	3.69	-0.71
K12-Tutor	4.00	3.50	-0.50
Child D/Care	4.07	3.93	-0.13
Child Nutrition	4.07	3.40	-0.67
Fam Counsel	4.20	3.53	-0.67
Child Mentor	4.20	3.47	-0.73
Preg Serv	4.00	3.67	-0.33
Employ Train	4.27	3.13	-1.13
Dom Violence	4.40	3.73	-0.67
Financial Counsel	4.07	2.93	-1.14
O/All-Child/Fam	4.50	3.53	-0.97
Elder Nutrition	4.13	3.29	-0.85
HomeHealth	4.40	3.57	-0.83
Adult D/Care	4.07	3.00	-1.07
Elder Immun	4.07	3.50	-0.57
Elder Trans	4.07	3.36	-0.71
O/All-Elderly	4.27	3.43	-0.84
Wellness Edu	3.86	3.46	-0.40
Blood Collect	4.29	4.00	-0.29
Child Immun	4.50	3.62	-0.88
Hospice	4.36	4.15	-0.20
Med Assist	4.36	3.46	-0.90
Dental Assist	4.29	3.31	-0.98
O/All-Health	4.40	3.67	-0.73
Mental Counsel	4.36	3.69	-0.66
SpecNeedsPrg	4.36	3.69	-0.66
Mental Rec	3.79	3.38	-0.40
O/All-Mental	4.00	3.60	-0.40
PhyDis Rehab	4.23	3.67	-0.56
PhyDis Trans	4.15	3.67	-0.49
Vision Serv	4.00	3.33	-0.67
HearingServ	4.00	3.33	-0.67
PhyDis Rec	4.00	3.25	-0.75
O/All-PhyDis	4.08	3.62	-0.47
Parks	3.50	4.00	0.50
Trails	3.36	4.00	0.64
Swim	3.36	3.92	0.57
Fitness	3.36	3.92	0.57
O/All-Rec	3.33	4.00	0.67
Advoc-Mental	3.71	3.43	-0.29
Advoc-DomViol	4.07	3.79	-0.29
Advoc-PhyDis	4.07	3.64	-0.43
Advoc-Child	4.21	3.57	-0.64
Advoc-Elderly	4.07	3.57	-0.50
O/All-Advoc	3.93	3.73	-0.20
DrugAlc-Preven	4.64	3.50	-1.14
DrugAlc-Rehab	4.50	3.50	-1.00
DrugAlc-Interven	4.57	3.50	-1.07
OA-Drugs/Alc	4.53	3.53	-1.00
Emerg Response	4.73	4.47	-0.27
EmergHousing	4.40	4.33	-0.07
FoodBank	4.57	4.21	-0.36
O/All-Disaster	4.60	4.33	-0.27

The following three tables show the distribution of means according to the importance of each category (Table 3.2), how well each category is being served (Table 3.3), and the gaps that exist between the two (Table 3.4). These tables contain the same data as the above table — Allocation Committee mean responses by importance, served, and the corresponding GAPS — but sort the data by importance (Table 3.2), served (Table 3.3), and GAPS (Table 3.4). For the purpose of clarity, the sections of the chart have been color-coded according to the results from Table 3.2, or the order of importance based on mean responses. The color-coding of the categories is as follows:

- **green** indicates services ranked at the highest level of importance
- **white** indicates services ranked at a moderate level of importance
- **yellow** indicates services ranked at the lowest level of importance

This table shows that the green services cascade downward slightly through the served table and further through the table ordered by gaps. The tables indicate that many of the most important (green) categories are being under-served. This is especially evident in Table 3.4 in which there is an abundance of green categories located at the bottom of the table.

Table 3.2: Sorted by Mean Importance

Type of Service	Mean Importance	Mean Served	GAP
Emerg Response	4.73	4.47	-0.27
DrugAlc-Preven	4.64	3.50	-1.14
O/All-Disaster	4.60	4.33	-0.27
DrugAlc-Interven	4.57	3.50	-1.07
FoodBank	4.57	4.21	-0.36
OA-Drugs/Alc	4.53	3.53	-1.00
DrugAlc-Rehab	4.50	3.50	-1.00
O/All-Child/Fam	4.50	3.53	-0.97
Child Immun	4.50	3.62	-0.88
HomeHealth	4.40	3.57	-0.83
O/All-Health	4.40	3.67	-0.73
Early Child Ed	4.40	3.69	-0.71
Dom Violence	4.40	3.73	-0.67
EmergHousing	4.40	4.33	-0.07
SpecNeedsPrg	4.36	3.69	-0.66
Med Assist	4.36	3.46	-0.90
Mental Counsel	4.36	3.69	-0.66
Hospice	4.36	4.15	-0.20
Dental Assist	4.29	3.31	-0.98
Blood Collect	4.29	4.00	-0.29
Employ Train	4.27	3.13	-1.13
O/All-Elderly	4.27	3.43	-0.84
PhyDis Rehab	4.23	3.67	-0.56
Advoc-Child	4.21	3.57	-0.64
Child Mentor	4.20	3.47	-0.73
Fam Counsel	4.20	3.53	-0.67
PhyDis Trans	4.15	3.67	-0.49
Elder Nutrition	4.13	3.29	-0.85
O/All-PhyDis	4.08	3.62	-0.47
Financial Counsel	4.07	2.93	-1.14
Advoc-Elderly	4.07	3.57	-0.50
Advoc-PhyDis	4.07	3.64	-0.43
Advoc-DomViol	4.07	3.79	-0.29
Adult D/Care	4.07	3.00	-1.07
Elder Trans	4.07	3.36	-0.71
Child Nutrition	4.07	3.40	-0.67
Elder Immun	4.07	3.50	-0.57
Child D/Care	4.07	3.93	-0.13
PhyDis Rec	4.00	3.25	-0.75
Vision Serv	4.00	3.33	-0.67
HearingServ	4.00	3.33	-0.67
K12-Tutor	4.00	3.50	-0.50
O/All-Mental	4.00	3.60	-0.40
Preg Serv	4.00	3.67	-0.33
O/All-Advoc	3.93	3.73	-0.20
Wellness Edu	3.86	3.46	-0.40
Mental Rec	3.79	3.38	-0.40
Advoc-Mental	3.71	3.43	-0.29
Parks	3.50	4.00	0.50
Swim	3.36	3.92	0.57
Fitness	3.36	3.92	0.57
Trails	3.36	4.00	0.64
O/All-Rec	3.33	4.00	0.67

Table 3.3: Sorted by Mean Served

Type of Service	Mean Importance	Mean Served	GAP
Emerg Response	4.73	4.47	-0.27
O/All-Disaster	4.60	4.33	-0.27
EmergHousing	4.40	4.33	-0.07
FoodBank	4.57	4.21	-0.36
Hospice	4.36	4.15	-0.20
Blood Collect	4.29	4.00	-0.29
Parks	3.50	4.00	0.50
Trails	3.36	4.00	0.64
O/All-Rec	3.33	4.00	0.67
Child D/Care	4.07	3.93	-0.13
Swim	3.36	3.92	0.57
Fitness	3.36	3.92	0.57
Advoc-DomViol	4.07	3.79	-0.29
Dom Violence	4.40	3.73	-0.67
O/All-Advoc	3.93	3.73	-0.20
Early Child Ed	4.40	3.69	-0.71
SpecNeedsPrg	4.36	3.69	-0.66
Mental Counsel	4.36	3.69	-0.66
O/All-Health	4.40	3.67	-0.73
PhyDis Rehab	4.23	3.67	-0.56
PhyDis Trans	4.15	3.67	-0.49
Preg Serv	4.00	3.67	-0.33
Advoc-PhyDis	4.07	3.64	-0.43
O/All-PhyDis	4.08	3.62	-0.47
Child Immun	4.50	3.62	-0.88
O/All-Mental	4.00	3.60	-0.40
Advoc-Child	4.21	3.57	-0.64
Advoc-Elderly	4.07	3.57	-0.50
HomeHealth	4.40	3.57	-0.83
O/All-Child/Fam	4.50	3.53	-0.97
Fam Counsel	4.20	3.53	-0.67
OA-Drugs/Alc	4.53	3.53	-1.00
DrugAlc-Preven	4.64	3.50	-1.14
DrugAlc-Interven	4.57	3.50	-1.07
DrugAlc-Rehab	4.50	3.50	-1.00
Elder Immun	4.07	3.50	-0.57
K12-Tutor	4.00	3.50	-0.50
Child Mentor	4.20	3.47	-0.73
Med Assist	4.36	3.46	-0.90
Wellness Edu	3.86	3.46	-0.40
Advoc-Mental	3.71	3.43	-0.29
O/All-Elderly	4.27	3.43	-0.84
Child Nutrition	4.07	3.40	-0.67
Mental Rec	3.79	3.38	-0.40
Elder Trans	4.07	3.36	-0.71
Vision Serv	4.00	3.33	-0.67
HearingServ	4.00	3.33	-0.67
Dental Assist	4.29	3.31	-0.98
Elder Nutrition	4.13	3.29	-0.85
PhyDis Rec	4.00	3.25	-0.75
Employ Train	4.27	3.13	-1.13
Adult D/Care	4.07	3.00	-1.07
Financial Counsel	4.07	2.93	-1.14

As Table 3.3 shows, when ordered by “served,” the important (green) services cascaded down the table. An important (green) service lower on Table 3.3 suggests that it may be underserved. Conversely, a less important (yellow) service higher on Table 3.3 suggests that it may be over-served. Also, there are several services of moderate importance (white) clustered at the bottom of the table. Although they are not of the highest importance, the moderate services appearing at the bottom of Table 3.3 may indicate that they are underserved. In general, if levels of service are based upon importance of services, then this table would be expected to have a similar color distribution as Table 3.2.

Table 3.4: Sorted by GAP

Type of Service	Mean Importance	Mean Served	GAP
O/All-Rec	3.33	4.00	0.67
Trails	3.36	4.00	0.64
Swim	3.36	3.92	0.57
Fitness	3.36	3.92	0.57
Parks	3.50	4.00	0.50
EmergHousing	4.40	4.33	-0.07
Child D/Care	4.07	3.93	-0.13
O/All-Advoc	3.93	3.73	-0.20
Hospice	4.36	4.15	-0.20
O/All-Disaster	4.60	4.33	-0.27
Emerg Response	4.73	4.47	-0.27
Blood Collect	4.29	4.00	-0.29
Advoc-DomViol	4.07	3.79	-0.29
Advoc-Mental	3.71	3.43	-0.29
Preg Serv	4.00	3.67	-0.33
FoodBank	4.57	4.21	-0.36
Wellness Edu	3.86	3.46	-0.40
O/All-Mental	4.00	3.60	-0.40
Mental Rec	3.79	3.38	-0.40
Advoc-PhyDis	4.07	3.64	-0.43
O/All-PhyDis	4.08	3.62	-0.47
PhyDis Trans	4.15	3.67	-0.49
Advoc-Elderly	4.07	3.57	-0.50
K12-Tutor	4.00	3.50	-0.50
PhyDis Rehab	4.23	3.67	-0.56
Elder Immun	4.07	3.50	-0.57
Advoc-Child	4.21	3.57	-0.64
Mental Counsel	4.36	3.69	-0.66
SpecNeedsPrg	4.36	3.69	-0.66
Child Nutrition	4.07	3.40	-0.67
Vision Serv	4.00	3.33	-0.67
HearingServ	4.00	3.33	-0.67
Dom Violence	4.40	3.73	-0.67
Fam Counsel	4.20	3.53	-0.67
Early Child Ed	4.40	3.69	-0.71
Elder Trans	4.07	3.36	-0.71
O/All-Health	4.40	3.67	-0.73
Child Mentor	4.20	3.47	-0.73
PhyDis Rec	4.00	3.25	-0.75
HomeHealth	4.40	3.57	-0.83
O/All-Elderly	4.27	3.43	-0.84
Elder Nutrition	4.13	3.29	-0.85
Child Immun	4.50	3.62	-0.88
Med Assist	4.36	3.46	-0.90
O/All-Child/Fam	4.50	3.53	-0.97
Dental Assist	4.29	3.31	-0.98
OA-Drugs/Alc	4.53	3.53	-1.00
DrugAlc-Rehab	4.50	3.50	-1.00
Adult D/Care	4.07	3.00	-1.07
DrugAlc-Interven	4.57	3.50	-1.07
Employ Train	4.27	3.13	-1.13
Financial Counsel	4.07	2.93	-1.14
DrugAlc-Preven	4.64	3.50	-1.14

Table 3.4 is ordered by GAP, which is calculated as served mean minus importance mean. Positive GAPs suggest that services are being over-served given their level of importance. This is because their served ranking is greater than their importance ranking. Negative GAPs suggest that services may be underserved given their level of importance. The more negative a GAP, the stronger the suggestion that the service is underserved. A GAP approximately equal to zero suggests that the service is being served at an appropriate level given its level of importance. On Table 3.4, color distribution is less important; what matters most is which services are at the top and bottom of the table.

Based on Table 3.4, it appears that recreation services may be over-served because each individual recreation service has a positive GAP. Services with small negative GAPs, such as emergency housing and child day care, are likely being served at appropriate levels given their importance. The services with large negative GAPs are located at the bottom of the table. These services are of concern because it is likely that they are being underserved given their level of importance. Considering the drugs/alcohol service category, for example, there are four services from this category at the bottom of Table 3.4, including the overall ranking. This strongly suggests that drugs/alcohol services are underserved in Indiana County. Also, overall child/family services are near the bottom of the table as well, suggesting that category may also be underserved.

Table 3.5 contains all of the mean responses for Importance and Served and the GAPs between those responses for all the groups combined. Following Table 3.5 are three more tables, 3.6 – 3.8, which repeat the analysis conducted with the previous

three tables except with data for all groups combined instead of only the Allocation Committee. Tables 3.6, 3.7, and 3.8 contain the same data as Table 3.5, but they are ordered differently and color-coded in the same way as done previously (green = high importance, white = moderate importance, yellow = less importance). Table 3.6 is sorted by mean importance. Table 3.7 is sorted by mean served. Table 3.8 is sorted by GAP.

Table 3.5

Type of Service	Mean Importance	Mean Served	GAP
Early Child Ed	4.29	3.58	-0.71
K12-Tutor	4.03	3.18	-0.85
Child D/Care	4.35	3.47	-0.88
Child Nutrition	4.03	3.31	-0.72
Fam Counsel	4.11	3.22	-0.90
Child Mentor	4.03	3.11	-0.92
Preg Serv	4.12	3.61	-0.50
Employ Train	4.21	3.27	-0.94
Dom Violence	4.27	3.81	-0.46
Financel Counsel	3.90	2.84	-1.05
O/All-Child/Fam	4.40	3.46	-0.94
Elder Nutrition	4.12	3.47	-0.65
HomeHealth	4.29	3.64	-0.65
Adult D/Care	4.00	3.08	-0.92
Elder Immun	4.24	3.83	-0.41
Elder Trans	4.31	3.38	-0.93
O/All-Elderly	4.35	3.63	-0.73
Wellness Edu	3.97	3.51	-0.46
Blood Collect	4.21	3.90	-0.32
Child Immun	4.45	3.73	-0.72
Hospice	4.17	3.88	-0.29
Med Assist	4.20	3.32	-0.88
Dental Assist	4.03	2.91	-1.12
O/All-Health	4.27	3.38	-0.89
Mental Counsel	4.27	3.36	-0.90
SpecNeedsPrg	4.22	3.39	-0.83
Mental Rec	3.91	3.26	-0.65
O/All-Mental	4.15	3.27	-0.89
PhyDis Rehab	4.18	3.43	-0.75
PhyDis Trans	4.13	3.21	-0.91
Vision Serv	3.96	3.22	-0.74
HearingServ	3.95	3.11	-0.84
PhyDis Rec	3.85	3.14	-0.71
O/All-PhyDis	4.05	3.33	-0.72
Parks	3.90	3.89	-0.01
Trails	3.81	3.97	0.16
Swim	3.71	3.37	-0.34
Fitness	3.84	3.57	-0.27
O/All-Rec	3.79	3.72	-0.07
Advoc-Mental	4.08	3.47	-0.61
Advoc-DomViol	4.28	3.82	-0.46
Advoc-PhyDis	4.17	3.36	-0.81
Advoc-Child	4.48	3.57	-0.91
Advoc-Elderly	4.41	3.45	-0.97
O/All-Advoc	4.22	3.45	-0.77
DrugAlc-Preven	4.43	3.38	-1.06
DrugAlc-Rehab	4.37	3.26	-1.11
DrugAlc-Interven	4.41	3.33	-1.08
OA-Drugs/Alc	4.48	3.32	-1.16
Emerg Response	4.53	3.90	-0.63
EmergHousing	4.31	3.54	-0.78
FoodBank	4.37	3.81	-0.56
O/All-Disaster	4.45	3.79	-0.66

Table 3.6: Sorted by Mean Importance

Type of Service	Mean Importance	Mean Served	GAP
Emerg Response	4.53	3.90	-0.63
OA-Drugs/Alc	4.48	3.32	-1.16
Advoc-Child	4.48	3.57	-0.91
Child Immun	4.45	3.73	-0.72
O/All-Disaster	4.45	3.79	-0.66
DrugAlc-Preven	4.43	3.38	-1.06
Advoc-Elderly	4.41	3.45	-0.97
DrugAlc-Interven	4.41	3.33	-1.08
O/All-Child/Fam	4.40	3.46	-0.94
DrugAlc-Rehab	4.37	3.26	-1.11
FoodBank	4.37	3.81	-0.56
O/All-Elderly	4.35	3.63	-0.73
Child D/Care	4.35	3.47	-0.88
EmergHousing	4.31	3.54	-0.78
Elder Trans	4.31	3.38	-0.93
HomeHealth	4.29	3.64	-0.65
Early Child Ed	4.29	3.58	-0.71
Advoc-DomViol	4.28	3.82	-0.46
Dom Violence	4.27	3.81	-0.46
O/All-Health	4.27	3.38	-0.89
Mental Counsel	4.27	3.36	-0.90
Elder Immun	4.24	3.83	-0.41
O/All-Advoc	4.22	3.45	-0.77
SpecNeedsPrg	4.22	3.39	-0.83
Blood Collect	4.21	3.90	-0.32
Employ Train	4.21	3.27	-0.94
Med Assist	4.20	3.32	-0.88
PhyDis Rehab	4.18	3.43	-0.75
Advoc-PhyDis	4.17	3.36	-0.81
Hospice	4.17	3.88	-0.29
O/All-Mental	4.15	3.27	-0.89
PhyDis Trans	4.13	3.21	-0.91
Elder Nutrition	4.12	3.47	-0.65
Preg Serv	4.12	3.61	-0.50
Fam Counsel	4.11	3.22	-0.90
Advoc-Mental	4.08	3.47	-0.61
O/All-PhyDis	4.05	3.33	-0.72
Child Mentor	4.03	3.11	-0.92
Dental Assist	4.03	2.91	-1.12
K12-Tutor	4.03	3.18	-0.85
Child Nutrition	4.03	3.31	-0.72
Adult D/Care	4.00	3.08	-0.92
Wellness Edu	3.97	3.51	-0.46
Vision Serv	3.96	3.22	-0.74
HearingServ	3.95	3.11	-0.84
Mental Rec	3.91	3.26	-0.65
Parks	3.90	3.89	-0.01
Financel Counsel	3.90	2.84	-1.05
PhyDis Rec	3.85	3.14	-0.71
Fitness	3.84	3.57	-0.27
Trails	3.81	3.97	0.16
O/All-Rec	3.79	3.72	-0.07
Swim	3.71	3.37	-0.34

Table 3.7: Sorted by Mean Served

Type of Service	Mean Importance	Mean Served	GAP
Trails	3.81	3.97	0.16
Emerg Response	4.53	3.90	-0.63
Blood Collect	4.21	3.90	-0.32
Parks	3.90	3.89	-0.01
Hospice	4.17	3.88	-0.29
Elder Immun	4.24	3.83	-0.41
Advoc-DomViol	4.28	3.82	-0.46
Dom Violence	4.27	3.81	-0.46
FoodBank	4.37	3.81	-0.56
O/All-Disaster	4.45	3.79	-0.66
Child Immun	4.45	3.73	-0.72
O/All-Rec	3.79	3.72	-0.07
HomeHealth	4.29	3.64	-0.65
O/All-Elderly	4.35	3.63	-0.73
Preg Serv	4.12	3.61	-0.50
Early Child Ed	4.29	3.58	-0.71
Advoc-Child	4.48	3.57	-0.91
Fitness	3.84	3.57	-0.27
EmergHousing	4.31	3.54	-0.78
Wellness Edu	3.97	3.51	-0.46
Child D/Care	4.35	3.47	-0.88
Advoc-Mental	4.08	3.47	-0.61
Elder Nutrition	4.12	3.47	-0.65
O/All-Child/Fam	4.40	3.46	-0.94
O/All-Advoc	4.22	3.45	-0.77
Advoc-Elderly	4.41	3.45	-0.97
PhyDis Rehab	4.18	3.43	-0.75
SpecNeedsPrg	4.22	3.39	-0.83
O/All-Health	4.27	3.38	-0.89
DrugAlc-Preven	4.43	3.38	-1.06
Elder Trans	4.31	3.38	-0.93
Swim	3.71	3.37	-0.34
Mental Counsel	4.27	3.36	-0.90
Advoc-PhyDis	4.17	3.36	-0.81
O/All-PhyDis	4.05	3.33	-0.72
DrugAlc-Interven	4.41	3.33	-1.08
OA-Drugs/Alc	4.48	3.32	-1.16
Med Assist	4.20	3.32	-0.88
Child Nutrition	4.03	3.31	-0.72
Employ Train	4.21	3.27	-0.94
O/All-Mental	4.15	3.27	-0.89
Mental Rec	3.91	3.26	-0.65
DrugAlc-Rehab	4.37	3.26	-1.11
Vision Serv	3.96	3.22	-0.74
Fam Counsel	4.11	3.22	-0.90
PhyDis Trans	4.13	3.21	-0.91
K12-Tutor	4.03	3.18	-0.85
PhyDis Rec	3.85	3.14	-0.71
Child Mentor	4.03	3.11	-0.92
HearingServ	3.95	3.11	-0.84
Adult D/Care	4.00	3.08	-0.92
Dental Assist	4.03	2.91	-1.12
Financial Counsel	3.90	2.84	-1.05

In Table 3.7, it is important to note the green services toward the bottom of the table and yellow services toward the top of table. Green services toward the bottom are important yet not well served. These are services for which increasing the levels of service should be considered. Yellow services toward the top are less important services that are well served. These are services for which to consider not increasing or possibly decreasing levels of service.

Table 3.8: Sorted by GAP

Type of Service	Mean Importance	Mean Served	GAP
Trails	3.81	3.97	0.16
Parks	3.90	3.89	-0.01
O/All-Rec	3.79	3.72	-0.07
Fitness	3.84	3.57	-0.27
Hospice	4.17	3.88	-0.29
Blood Collect	4.21	3.90	-0.32
Swim	3.71	3.37	-0.34
Elder Immun	4.24	3.83	-0.41
Dom Violence	4.27	3.81	-0.46
Advoc-DomViol	4.28	3.82	-0.46
Wellness Edu	3.97	3.51	-0.46
Preg Serv	4.12	3.61	-0.50
FoodBank	4.37	3.81	-0.56
Advoc-Mental	4.08	3.47	-0.61
Emerg Response	4.53	3.90	-0.63
Mental Rec	3.91	3.26	-0.65
Elder Nutrition	4.12	3.47	-0.65
HomeHealth	4.29	3.64	-0.65
O/All-Disaster	4.45	3.79	-0.66
PhyDis Rec	3.85	3.14	-0.71
Early Child Ed	4.29	3.58	-0.71
Child Nutrition	4.03	3.31	-0.72
Child Immun	4.45	3.73	-0.72
O/All-PhyDis	4.05	3.33	-0.72
O/All-Elderly	4.35	3.63	-0.73
Vision Serv	3.96	3.22	-0.74
PhyDis Rehab	4.18	3.43	-0.75
O/All-Advoc	4.22	3.45	-0.77
EmergHousing	4.31	3.54	-0.78
Advoc-PhyDis	4.17	3.36	-0.81
SpecNeedsPrg	4.22	3.39	-0.83
HearingServ	3.95	3.11	-0.84
K12-Tutor	4.03	3.18	-0.85
Child D/Care	4.35	3.47	-0.88
Med Assist	4.20	3.32	-0.88
O/All-Mental	4.15	3.27	-0.89
O/All-Health	4.27	3.38	-0.89
Fam Counsel	4.11	3.22	-0.90
Mental Counsel	4.27	3.36	-0.90
Advoc-Child	4.48	3.57	-0.91
PhyDis Trans	4.13	3.21	-0.91
Child Mentor	4.03	3.11	-0.92
Adult D/Care	4.00	3.08	-0.92
Elder Trans	4.31	3.38	-0.93
Employ Train	4.21	3.27	-0.94
O/All-Child/Fam	4.40	3.46	-0.94
Advoc-Elderly	4.41	3.45	-0.97
Financial Counsel	3.90	2.84	-1.05
DrugAlc-Preven	4.43	3.38	-1.06
DrugAlc-Interven	4.41	3.33	-1.08
DrugAlc-Rehab	4.37	3.26	-1.11
Dental Assist	4.03	2.91	-1.12
OA-Drugs/Alc	4.48	3.32	-1.16

Table 3.8 is ordered by GAP. Again, in this table it is important to note services at the top and bottom. Like the Allocation Committee, it appears that all the groups combined consider drugs/alcohol services to be underserved. This is evidenced by all of these services, including the overall category, being located at the very bottom of Table 3.8 (having the largest negative GAPs). Also, it appears that all the groups combined consider recreation services to be over-served. This is because each of the recreation services is located at the top of the table (having either positive or small negative GAPs).

The following set of tables, 3.9 – 3.12, follows the same type of analysis as Tables 3.1 – 3.4. The only difference is that the following tables highlight service categories instead of high, medium, and low importance. The color-coding scheme is as follows:

- **Child/Family** services in red
- **Elderly** services in orange
- **Health** services in yellow
- **Mental** services in green
- **Physical Disability** services in blue
- **Recreation** services in purple
- **Advocacy** services in brown
- **Drugs/Alcohol** services in black
- **Disaster** services in grey

Table 3.9 displays Allocation Committee data for importance means, service means, and GAPs. Tables 3.10 – 3.12 contain that same data sorted in a different way. Table 3.8 is sorted by mean importance. Table 3.9 is sorted by mean served. Table 3.10 is sorted by GAP.

Table 3.9

Type of Service	Mean Importance	Mean Served	GAP
Early Child Ed	4.40	3.69	-0.71
K12-Tutor	4.00	3.50	-0.50
Child D/Care	4.07	3.93	-0.13
Child Nutrition	4.07	3.40	-0.67
Fam Counsel	4.20	3.53	-0.67
Child Mentor	4.20	3.47	-0.73
Preg Serv	4.00	3.67	-0.33
Employ Train	4.27	3.13	-1.13
Dom Violence	4.40	3.73	-0.67
Financial Counsel	4.07	2.93	-1.14
O/All-Child/Fam	4.50	3.53	-0.97
Elder Nutrition	4.13	3.29	-0.85
HomeHealth	4.40	3.57	-0.83
Adult D/Care	4.07	3.00	-1.07
Elder Immun	4.07	3.50	-0.57
Elder Trans	4.07	3.36	-0.71
O/All-Elderly	4.27	3.43	-0.84
Wellness Edu	3.86	3.46	-0.40
Blood Collect	4.29	4.00	-0.29
Child Immun	4.50	3.62	-0.88
Hospice	4.36	4.15	-0.20
Med Assist	4.36	3.46	-0.90
Dental Assist	4.29	3.31	-0.98
O/All-Health	4.40	3.67	-0.73
Mental Counsel	4.36	3.69	-0.66
SpecNeedsPrg	4.36	3.69	-0.66
Mental Rec	3.79	3.38	-0.40
O/All-Mental	4.00	3.60	-0.40
PhyDis Rehab	4.23	3.67	-0.56
PhyDis Trans	4.15	3.67	-0.49
Vision Serv	4.00	3.33	-0.67
HearingServ	4.00	3.33	-0.67
PhyDis Rec	4.00	3.25	-0.75
O/All-PhyDis	4.08	3.62	-0.47
Parks	3.50	4.00	0.50
Trails	3.36	4.00	0.64
Swim	3.36	3.92	0.57
Fitness	3.36	3.92	0.57
O/All-Rec	3.33	4.00	0.67
Advoc-Mental	3.71	3.43	-0.29
Advoc-DomViol	4.07	3.79	-0.29
Advoc-PhyDis	4.07	3.64	-0.43
Advoc-Child	4.21	3.57	-0.64
Advoc-Elderly	4.07	3.57	-0.50
O/All-Advoc	3.93	3.73	-0.20
DrugAlc-Preven	4.64	3.50	-1.14
DrugAlc-Rehab	4.50	3.50	-1.00
DrugAlc-Interven	4.57	3.50	-1.07
OA-Drugs/Alc	4.53	3.53	-1.00
Emerg Response	4.73	4.47	-0.27
EmergHousing	4.40	4.33	-0.07
FoodBank	4.57	4.21	-0.36
O/All-Disaster	4.60	4.33	-0.27

Table 3.10: Sorted by Mean Importance

Type of Service	Mean Importance	Mean Served	GAP
Emerg Response	4.73	4.47	-0.27
DrugAlc-Preven	4.64	3.50	-1.14
O/All-Disaster	4.60	4.33	-0.27
DrugAlc-Interven	4.57	3.50	-1.07
FoodBank	4.57	4.21	-0.36
OA-Drugs/Alc	4.53	3.53	-1.00
O/All-Child/Fam	4.50	3.53	-0.97
Child Immun	4.50	3.62	-0.88
DrugAlc-Rehab	4.50	3.50	-1.00
Early Child Ed	4.40	3.69	-0.71
Dom Violence	4.40	3.73	-0.67
HomeHealth	4.40	3.57	-0.83
O/All-Health	4.40	3.67	-0.73
EmergHousing	4.40	4.33	-0.07
SpecNeedsPrg	4.36	3.69	-0.66
Hospice	4.36	4.15	-0.20
Med Assist	4.36	3.46	-0.90
Mental Counsel	4.36	3.69	-0.66
Blood Collect	4.29	4.00	-0.29
Dental Assist	4.29	3.31	-0.98
Employ Train	4.27	3.13	-1.13
O/All-Elderly	4.27	3.43	-0.84
PhyDis Rehab	4.23	3.67	-0.56
Advoc-Child	4.21	3.57	-0.64
Fam Counsel	4.20	3.53	-0.67
Child Mentor	4.20	3.47	-0.73
PhyDis Trans	4.15	3.67	-0.49
Elder Nutrition	4.13	3.29	-0.85
O/All-PhyDis	4.08	3.62	-0.47
Financial Counsel	4.07	2.93	-1.14
Advoc-DomViol	4.07	3.79	-0.29
Advoc-PhyDis	4.07	3.64	-0.43
Advoc-Elderly	4.07	3.57	-0.50
Adult D/Care	4.07	3.00	-1.07
Elder Trans	4.07	3.36	-0.71
Child D/Care	4.07	3.93	-0.13
Child Nutrition	4.07	3.40	-0.67
Elder Immun	4.07	3.50	-0.57
K12-Tutor	4.00	3.50	-0.50
Preg Serv	4.00	3.67	-0.33
O/All-Mental	4.00	3.60	-0.40
Vision Serv	4.00	3.33	-0.67
HearingServ	4.00	3.33	-0.67
PhyDis Rec	4.00	3.25	-0.75
O/All-Advoc	3.93	3.73	-0.20
Wellness Edu	3.86	3.46	-0.40
Mental Rec	3.79	3.38	-0.40
Advoc-Mental	3.71	3.43	-0.29
Parks	3.50	4.00	0.50
Trails	3.36	4.00	0.64
Swim	3.36	3.92	0.57
Fitness	3.36	3.92	0.57
O/All-Rec	3.33	4.00	0.67

As can be seen in Table 3.10, when ordered by mean importance, several patterns of service category distribution arise. Disaster, drugs/alcohol, and health services tend to cluster toward the top of the table. This indicates that these are the services considered most important by the Allocation Committee, particularly disaster and drugs/alcohol services. Elderly and child/family services tend to be located in the middle of the table, which suggests the Allocation Committee considers them of moderate relative importance. Interestingly, however, child/family is located very closely to the top – higher than any individual service within that category. This suggests that the Allocation Committee considers child/family services very important in general but not in terms of the individual services that fall under the child/family category. Advocacy services also tend to be located in the middle of the table, suggesting they are of moderate importance to the Allocation Committee. However, overall advocacy is the ninth least important service in the list. This suggests that the Allocation Committee finds particular advocacy services important but not advocacy in general. Finally, the five lowest ranked services at the bottom of Table 3.10 are all recreation services. This suggests that the Allocation Committee considers these services to be relatively least important.

Table 3.11: Sorted by Mean Served

Type of Service	Mean Importance	Mean Served	GAP
Emerg Response	4.73	4.47	-0.27
EmergHousing	4.40	4.33	-0.07
O/All-Disaster	4.60	4.33	-0.27
FoodBank	4.57	4.21	-0.36
Hospice	4.36	4.15	-0.20
Blood Collect	4.29	4.00	-0.29
Parks	3.50	4.00	0.50
Trails	3.36	4.00	0.64
O/All-Rec	3.33	4.00	0.67
Child D/Care	4.07	3.93	-0.13
Swim	3.36	3.92	0.57
Fitness	3.36	3.92	0.57
Advoc-DomViol	4.07	3.79	-0.29
Dom Violence	4.40	3.73	-0.67
O/All-Advoc	3.93	3.73	-0.20
Early Child Ed	4.40	3.69	-0.71
Mental Counsel	4.36	3.69	-0.66
SpecNeedsPrg	4.36	3.69	-0.66
Preg Serv	4.00	3.67	-0.33
O/All-Health	4.40	3.67	-0.73
PhyDis Rehab	4.23	3.67	-0.56
PhyDis Trans	4.15	3.67	-0.49
Advoc-PhyDis	4.07	3.64	-0.43
O/All-PhyDis	4.08	3.62	-0.47
Child Immun	4.50	3.62	-0.88
O/All-Mental	4.00	3.60	-0.40
Advoc-Child	4.21	3.57	-0.64
Advoc-Elderly	4.07	3.57	-0.50
HomeHealth	4.40	3.57	-0.83
O/All-Child/Fam	4.50	3.53	-0.97
Fam Counsel	4.20	3.53	-0.67
OA-Drugs/Alc	4.53	3.53	-1.00
K12-Tutor	4.00	3.50	-0.50
Elder Immun	4.07	3.50	-0.57
DrugAlc-Preven	4.64	3.50	-1.14
DrugAlc-Rehab	4.50	3.50	-1.00
DrugAlc-Interven	4.57	3.50	-1.07
Child Mentor	4.20	3.47	-0.73
Wellness Edu	3.86	3.46	-0.40
Med Assist	4.36	3.46	-0.90
Advoc-Mental	3.71	3.43	-0.29
O/All-Elderly	4.27	3.43	-0.84
Child Nutrition	4.07	3.40	-0.67
Mental Rec	3.79	3.38	-0.40
Elder Trans	4.07	3.36	-0.71
Vision Serv	4.00	3.33	-0.67
HearingServ	4.00	3.33	-0.67
Dental Assist	4.29	3.31	-0.98
Elder Nutrition	4.13	3.29	-0.85
PhyDis Rec	4.00	3.25	-0.75
Employ Train	4.27	3.13	-1.13
Adult D/Care	4.07	3.00	-1.07
Financial Counsel	4.07	2.93	-1.14

After being sorted by mean served, Table 3.11 reveals several important patterns in service category distribution throughout the table. Disaster and recreation services are all located very high on the table, indicating that the Allocation Committee considers them relatively well served. Drugs/alcohol, mental, and advocacy services all trend toward the middle of the table, indicating that the Allocation Committee considers them to be moderately well served. Physical disability and elderly services each received some moderate ratings and some very low ratings. This suggests a significant difference in how well individual services within these categories are being served. Child/family and health service are dispersed throughout the table, suggesting that the Allocation Committee considers the individual services under these categories to be receiving different levels of service.

Table 3.12: Sorted by GAP

Type of Service	Mean Importance	Mean Served	GAP
O/All-Rec	3.33	4.00	0.67
Trails	3.36	4.00	0.64
Swim	3.36	3.92	0.57
Fitness	3.36	3.92	0.57
Parks	3.50	4.00	0.50
EmergHousing	4.40	4.33	-0.07
Child D/Care	4.07	3.93	-0.13
O/All-Advoc	3.93	3.73	-0.20
Hospice	4.36	4.15	-0.20
O/All-Disaster	4.60	4.33	-0.27
Emerg Response	4.73	4.47	-0.27
Blood Collect	4.29	4.00	-0.29
Advoc-Mental	3.71	3.43	-0.29
Advoc-DomViol	4.07	3.79	-0.29
Preg Serv	4.00	3.67	-0.33
FoodBank	4.57	4.21	-0.36
Wellness Edu	3.86	3.46	-0.40
O/All-Mental	4.00	3.60	-0.40
Mental Rec	3.79	3.38	-0.40
Advoc-PhyDis	4.07	3.64	-0.43
O/All-PhyDis	4.08	3.62	-0.47
PhyDis Trans	4.15	3.67	-0.49
K12-Tutor	4.00	3.50	-0.50
Advoc-Elderly	4.07	3.57	-0.50
PhyDis Rehab	4.23	3.67	-0.56
Elder Immun	4.07	3.50	-0.57
Advoc-Child	4.21	3.57	-0.64
Mental Counsel	4.36	3.69	-0.66
SpecNeedsPrg	4.36	3.69	-0.66
Child Nutrition	4.07	3.40	-0.67
Vision Serv	4.00	3.33	-0.67
HearingServ	4.00	3.33	-0.67
Fam Counsel	4.20	3.53	-0.67
Dom Violence	4.40	3.73	-0.67
Early Child Ed	4.40	3.69	-0.71
Elder Trans	4.07	3.36	-0.71
Child Mentor	4.20	3.47	-0.73
O/All-Health	4.40	3.67	-0.73
PhyDis Rec	4.00	3.25	-0.75
HomeHealth	4.40	3.57	-0.83
O/All-Elderly	4.27	3.43	-0.84
Elder Nutrition	4.13	3.29	-0.85
Child Immun	4.50	3.62	-0.88
Med Assist	4.36	3.46	-0.90
O/All-Child/Fam	4.50	3.53	-0.97
Dental Assist	4.29	3.31	-0.98
DrugAlc-Rehab	4.50	3.50	-1.00
OA-Drugs/Alc	4.53	3.53	-1.00
Adult D/Care	4.07	3.00	-1.07
DrugAlc-Interven	4.57	3.50	-1.07
Employ Train	4.27	3.13	-1.13
Financial Counsel	4.07	2.93	-1.14
DrugAlc-Preven	4.64	3.50	-1.14

Table 3.12 reveals several significant patterns regarding the GAPs between served and level of importance for specific service categories.

Notable Observations:

- All Recreation services have positive GAPs, suggesting they may over-served given their importance
- Disaster Services tend to have small negative GAPs, suggesting that they are appropriately served given their importance
- Drugs/Alcohol services have very large negative GAPs, suggesting they are underserved given their importance
- Elderly Services tend to have large negative GAPs, suggesting they may be underserved given their importance
- The Health Service category has services with both small and large negative GAPs, suggesting that it contains services that are both appropriately served and underserved given their importance
- Overall Child/Family has a large negative GAP but the rest of the category's services are distributed throughout the table

The following three tables, 3.13 – 3.16, illustrate the same analysis as Tables 3.9 – 3.12 with the inclusion of data from all four respondent groups combined. Table 3.13 presents the data utilized. Table 3.14 contains the same data but is sorted by mean importance. Table 3.15 is sorted by mean served. Table 3.16 is sorted by GAP. Again, each service category is represented by color-coding. The color scheme is the same as utilized before.

Table 3.13

Type of Service	Mean Importance	Mean Served	GAP
Early Child Ed	4.29	3.58	-0.71
K12-Tutor	4.03	3.18	-0.85
Child D/Care	4.35	3.47	-0.88
Child Nutrition	4.03	3.31	-0.72
Fam Counsel	4.11	3.22	-0.90
Child Mentor	4.03	3.11	-0.92
Preg Serv	4.12	3.61	-0.50
Employ Train	4.21	3.27	-0.94
Dom Violence	4.27	3.81	-0.46
Financial Counsel	3.90	2.84	-1.05
O/All-Child/Fam	4.40	3.46	-0.94
Elder Nutrition	4.12	3.47	-0.65
HomeHealth	4.29	3.64	-0.65
Adult D/Care	4.00	3.08	-0.92
Elder Immun	4.24	3.83	-0.41
Elder Trans	4.31	3.38	-0.93
O/All-Elderly	4.35	3.63	-0.73
Wellness Edu	3.97	3.51	-0.46
Blood Collect	4.21	3.90	-0.32
Child Immun	4.45	3.73	-0.72
Hospice	4.17	3.88	-0.29
Med Assist	4.20	3.32	-0.88
Dental Assist	4.03	2.91	-1.12
O/All-Health	4.27	3.38	-0.89
Mental Counsel	4.27	3.36	-0.90
SpecNeedsPrg	4.22	3.39	-0.83
Mental Rec	3.91	3.26	-0.65
O/All-Mental	4.15	3.27	-0.89
PhyDis Rehab	4.18	3.43	-0.75
PhyDis Trans	4.13	3.21	-0.91
Vision Serv	3.96	3.22	-0.74
HearingServ	3.95	3.11	-0.84
PhyDis Rec	3.85	3.14	-0.71
O/All-PhyDis	4.05	3.33	-0.72
Parks	3.90	3.89	-0.01
Trails	3.81	3.97	0.16
Swim	3.71	3.37	-0.34
Fitness	3.84	3.57	-0.27
O/All-Rec	3.79	3.72	-0.07
Advoc-Mental	4.08	3.47	-0.61
Advoc-DomViol	4.28	3.82	-0.46
Advoc-PhyDis	4.17	3.36	-0.81
Advoc-Child	4.48	3.57	-0.91
Advoc-Elderly	4.41	3.45	-0.97
O/All-Advoc	4.22	3.45	-0.77
DrugAlc-Preven	4.43	3.38	-1.06
DrugAlc-Rehab	4.37	3.26	-1.11
DrugAlc-Interven	4.41	3.33	-1.08
OA-Drugs/Alc	4.48	3.32	-1.16
Emerg Response	4.53	3.90	-0.63
EmergHousing	4.31	3.54	-0.78
FoodBank	4.37	3.81	-0.56
O/All-Disaster	4.45	3.79	-0.66

Table 3.14: Sorted by Mean Importance

Type of Service	Mean Importance	Mean Served	GAP
Emerg Response	4.53	3.90	-0.63
OA-Drugs/Alc	4.48	3.32	-1.16
Advoc-Child	4.48	3.57	-0.91
Child Immun	4.45	3.73	-0.72
O/All-Disaster	4.45	3.79	-0.66
DrugAlc-Preven	4.43	3.38	-1.06
Advoc-Elderly	4.41	3.45	-0.97
DrugAlc-Interven	4.41	3.33	-1.08
O/All-Child/Fam	4.40	3.46	-0.94
DrugAlc-Rehab	4.37	3.26	-1.11
FoodBank	4.37	3.81	-0.56
O/All-Elderly	4.35	3.63	-0.73
Child D/Care	4.35	3.47	-0.88
EmergHousing	4.31	3.54	-0.78
Elder Trans	4.31	3.38	-0.93
HomeHealth	4.29	3.64	-0.65
Early Child Ed	4.29	3.58	-0.71
Advoc-DomViol	4.28	3.82	-0.46
Dom Violence	4.27	3.81	-0.46
O/All-Health	4.27	3.38	-0.89
Mental Counsel	4.27	3.36	-0.90
Elder Immun	4.24	3.83	-0.41
O/All-Advoc	4.22	3.45	-0.77
SpecNeedsPrg	4.22	3.39	-0.83
Blood Collect	4.21	3.90	-0.32
Employ Train	4.21	3.27	-0.94
Med Assist	4.20	3.32	-0.88
PhyDis Rehab	4.18	3.43	-0.75
Advoc-PhyDis	4.17	3.36	-0.81
Hospice	4.17	3.88	-0.29
O/All-Mental	4.15	3.27	-0.89
PhyDis Trans	4.13	3.21	-0.91
Elder Nutrition	4.12	3.47	-0.65
Preg Serv	4.12	3.61	-0.50
Fam Counsel	4.11	3.22	-0.90
Advoc-Mental	4.08	3.47	-0.61
O/All-PhyDis	4.05	3.33	-0.72
Child Mentor	4.03	3.11	-0.92
Dental Assist	4.03	2.91	-1.12
K12-Tutor	4.03	3.18	-0.85
Child Nutrition	4.03	3.31	-0.72
Adult D/Care	4.00	3.08	-0.92
Wellness Edu	3.97	3.51	-0.46
Vision Serv	3.96	3.22	-0.74
HearingServ	3.95	3.11	-0.84
Mental Rec	3.91	3.26	-0.65
Parks	3.90	3.89	-0.01
Financial Counsel	3.90	2.84	-1.05
PhyDis Rec	3.85	3.14	-0.71
Fitness	3.84	3.57	-0.27
Trails	3.81	3.97	0.16
O/All-Rec	3.79	3.72	-0.07
Swim	3.71	3.37	-0.34

Notable Observations (Table 3.14):

- Drugs/Alcohol and Disaster services are all near the top of the table, suggesting the groups as a whole consider them to be of high relative importance
- Physical Disability Recreation services trend toward the bottom, suggesting the groups as a whole consider them of lower relative importance
- Overall Child/Family, Overall Elderly, and Overall Drugs/Alcohol are higher on the table than any of the individual services within their respective categories
- Overall Child/Family and Overall Elderly were both rated as high relative importance, but individual services within their respective categories were rated as having moderate and low importance

Table 3.15: Sorted by Mean Served

Type of Service	Mean Importance	Mean Served	GAP
Trails	3.81	3.97	0.16
Emerg Response	4.53	3.90	-0.63
Blood Collect	4.21	3.90	-0.32
Parks	3.90	3.89	-0.01
Hospice	4.17	3.88	-0.29
Elder Immun	4.24	3.83	-0.41
Advoc-DomViol	4.28	3.82	-0.46
Dom Violence	4.27	3.81	-0.46
FoodBank	4.37	3.81	-0.56
O/All-Disaster	4.45	3.79	-0.66
Child Immun	4.45	3.73	-0.72
O/All-Rec	3.79	3.72	-0.07
HomeHealth	4.29	3.64	-0.65
O/All-Elderly	4.35	3.63	-0.73
Preg Serv	4.12	3.61	-0.50
Early Child Ed	4.29	3.58	-0.71
Advoc-Child	4.48	3.57	-0.91
Fitness	3.84	3.57	-0.27
EmergHousing	4.31	3.54	-0.78
Wellness Edu	3.97	3.51	-0.46
Child D/Care	4.35	3.47	-0.88
Advoc-Mental	4.08	3.47	-0.61
Elder Nutrition	4.12	3.47	-0.65
O/All-Child/Fam	4.40	3.46	-0.94
O/All-Advoc	4.22	3.45	-0.77
Advoc-Elderly	4.41	3.45	-0.97
PhyDis Rehab	4.18	3.43	-0.75
SpecNeedsPrg	4.22	3.39	-0.83
O/All-Health	4.27	3.38	-0.89
DrugAlc-Preven	4.43	3.38	-1.06
Elder Trans	4.31	3.38	-0.93
Swim	3.71	3.37	-0.34
Mental Counsel	4.27	3.36	-0.90
Advoc-PhyDis	4.17	3.36	-0.81
O/All-PhyDis	4.05	3.33	-0.72
DrugAlc-Interven	4.41	3.33	-1.08
OA-Drugs/Alc	4.48	3.32	-1.16
Med Assist	4.20	3.32	-0.88
Child Nutrition	4.03	3.31	-0.72
Employ Train	4.21	3.27	-0.94
O/All-Mental	4.15	3.27	-0.89
Mental Rec	3.91	3.26	-0.65
DrugAlc-Rehab	4.37	3.26	-1.11
Vision Serv	3.96	3.22	-0.74
Fam Counsel	4.11	3.22	-0.90
PhyDis Trans	4.13	3.21	-0.91
K12-Tutor	4.03	3.18	-0.85
PhyDis Rec	3.85	3.14	-0.71
Child Mentor	4.03	3.11	-0.92
HearingServ	3.95	3.11	-0.84
Adult D/Care	4.00	3.08	-0.92
Dental Assist	4.03	2.91	-1.12
Financial Counsel	3.90	2.84	-1.05

Notable Observations (Table 3.15):

- In general, the groups as a whole seem to consider Disaster and Recreation services as relatively well served
- Drugs/Alcohol, Mental, and Physical Disability services are all located on the lower half of the table, indicating they are relatively not well served
 - The groups consider Physical Disability services to be particularly less well served
- Child/Family services have several very low ranking services and others located toward the top of the table; this suggests that the groups consider Child/Family services to have a great deal of variation in how well they are served

Table 3.16: Sorted by GAP

Type of Service	Mean Importance	Mean Served	GAP
Trails	3.81	3.97	0.16
Parks	3.90	3.89	-0.01
O/All-Rec	3.79	3.72	-0.07
Fitness	3.84	3.57	-0.27
Hospice	4.17	3.88	-0.29
Blood Collect	4.21	3.90	-0.32
Swim	3.71	3.37	-0.34
Elder Immun	4.24	3.83	-0.41
Dom Violence	4.27	3.81	-0.46
Advoc-DomViol	4.28	3.82	-0.46
Wellness Edu	3.97	3.51	-0.46
Preg Serv	4.12	3.61	-0.50
FoodBank	4.37	3.81	-0.56
Advoc-Mental	4.08	3.47	-0.61
Emerg Response	4.53	3.90	-0.63
Mental Rec	3.91	3.26	-0.65
Elder Nutrition	4.12	3.47	-0.65
HomeHealth	4.29	3.64	-0.65
O/All-Disaster	4.45	3.79	-0.66
PhyDis Rec	3.85	3.14	-0.71
Early Child Ed	4.29	3.58	-0.71
Child Nutrition	4.03	3.31	-0.72
Child Immun	4.45	3.73	-0.72
O/All-PhyDis	4.05	3.33	-0.72
O/All-Elderly	4.35	3.63	-0.73
Vision Serv	3.96	3.22	-0.74
PhyDis Rehab	4.18	3.43	-0.75
O/All-Advoc	4.22	3.45	-0.77
EmergHousing	4.31	3.54	-0.78
Advoc-PhyDis	4.17	3.36	-0.81
SpecNeedsPrg	4.22	3.39	-0.83
HearingServ	3.95	3.11	-0.84
K12-Tutor	4.03	3.18	-0.85
Child D/Care	4.35	3.47	-0.88
Med Assist	4.20	3.32	-0.88
O/All-Mental	4.15	3.27	-0.89
O/All-Health	4.27	3.38	-0.89
Fam Counsel	4.11	3.22	-0.90
Mental Counsel	4.27	3.36	-0.90
Advoc-Child	4.48	3.57	-0.91
PhyDis Trans	4.13	3.21	-0.91
Child Mentor	4.03	3.11	-0.92
Adult D/Care	4.00	3.08	-0.92
Elder Trans	4.31	3.38	-0.93
Employ Train	4.21	3.27	-0.94
O/All-Child/Fam	4.40	3.46	-0.94
Advoc-Elderly	4.41	3.45	-0.97
Financial Counsel	3.90	2.84	-1.05
DrugAlc-Preven	4.43	3.38	-1.06
DrugAlc-Interven	4.41	3.33	-1.08
DrugAlc-Rehab	4.37	3.26	-1.11
Dental Assist	4.03	2.91	-1.12
OA-Drugs/Alc	4.48	3.32	-1.16

Notable Observations (Table 3.16):

- Recreation services are all located very high on the table, suggesting that they may be over-served or appropriately served given their importance.
- Drugs/Alcohol services are all located very low on the table, suggesting that the groups as a whole consider them to be relatively underserved.
- Overall Child/Family has the seventh largest negative GAP, yet much of the individual services in the same category have smaller negative GAPs.

Table 3.17 contains all of the means calculated from the 2006 and 2007 survey data. These means include importance and served for every service category for each of the four groups and all groups combined. The overall service categories are in bold to help divide the table by service category. This table essentially serves as a master list of the means used throughout the rest of the data analysis results chapter.

Table 3.17

All Groups	IMPORTANCE				Service Category	SERVED				All Groups
	Alloc	Officials	BOD	SSA		SSA	BOD	Officials	Alloc	
4.3	4.4	4.0	4.3	4.3	Early Child Ed	3.7	3.3	3.1	3.7	3.6
4.0	4.0	4.0	3.6	4.2	K12-Tutor	3.1	3.1	3.1	3.5	3.2
4.4	4.1	4.3	4.2	4.5	Child D/Care	3.4	3.4	3.1	3.9	3.5
4.0	4.1	3.5	4.2	4.0	Child Nutrition	3.3	3.2	3.8	3.4	3.3
4.1	4.2	3.6	3.8	4.2	Fam Counsel	3.3	2.9	3.0	3.5	3.2
4.0	4.2	3.8	3.4	4.2	Child Mentor	3.1	3.1	2.8	3.5	3.1
4.1	4.0	3.9	3.8	4.3	Preg Serv	3.6	3.6	3.5	3.7	3.6
4.2	4.3	4.4	3.9	4.3	Employ Train	3.3	3.4	3.4	3.1	3.3
4.3	4.4	4.0	3.9	4.4	Dom Violence	3.8	3.7	4.0	3.7	3.8
3.9	4.1	3.3	4.0	3.9	FinancialCounsel	3.0	2.4	2.3	2.9	2.8
4.4	4.5	4.4	4.2	4.4	O/All-Child/Fam	3.5	3.2	3.6	3.5	3.5
4.1	4.1	4.0	3.8	4.2	Elder Nutrition	3.5	3.4	3.5	3.3	3.5
4.3	4.4	4.6	3.8	4.4	HomeHealth	3.7	3.6	3.6	3.6	3.6
4.0	4.1	3.6	3.6	4.2	Adult D/Care	3.1	3.3	2.9	3.0	3.1
4.2	4.1	4.4	3.9	4.4	Elder Immun	3.9	3.7	4.3	3.5	3.8
4.3	4.1	4.3	4.2	4.4	Elder Trans	3.3	3.7	3.5	3.4	3.4
4.4	4.3	4.4	4.1	4.5	O/All-Elderly	3.6	3.8	3.8	3.4	3.6
4.0	3.9	4.1	3.8	4.0	Wellness Edu	3.6	3.4	3.1	3.5	3.5
4.2	4.3	4.5	4.2	4.2	Blood Collect	4.0	3.6	3.8	4.0	3.9
4.5	4.5	4.4	4.3	4.5	Child Immun	3.8	3.4	4.0	3.6	3.7
4.2	4.4	4.3	4.1	4.1	Hospice	3.8	3.8	4.1	4.2	3.9
4.2	4.4	3.8	4.1	4.3	Med Assist	3.2	3.4	4.0	3.5	3.3
4.0	4.3	3.5	3.9	4.1	Dental Assist	2.7	3.2	3.4	3.3	2.9
4.3	4.4	4.4	4.0	4.3	O/All-Health	3.4	3.1	3.5	3.7	3.4
4.3	4.4	3.9	4.1	4.4	Mental Counsel	3.4	3.3	2.9	3.7	3.4
4.2	4.4	4.3	4.2	4.2	SpecNeedsPrg	3.3	3.5	3.4	3.7	3.4
3.9	3.8	3.9	4.0	3.9	Mental Rec	3.1	3.6	3.4	3.4	3.3
4.2	4.0	4.3	4.0	4.2	O/All-Mental	3.2	3.2	3.4	3.6	3.3
4.2	4.2	4.3	4.1	4.2	PhyDis Rehab	3.5	3.1	3.6	3.7	3.4
4.1	4.2	3.8	3.9	4.2	PhyDis Trans	3.2	3.1	3.3	3.7	3.2
4.0	4.0	3.5	3.9	4.0	Vision Serv	3.2	3.2	3.4	3.3	3.2
3.9	4.0	3.4	3.9	4.0	HearingServ	3.2	2.9	2.9	3.3	3.1
3.8	4.0	3.8	3.7	3.9	PhyDis Rec	3.0	3.4	3.4	3.3	3.1
4.1	4.1	3.9	3.8	4.1	O/All-PhyDis	3.2	3.6	3.1	3.6	3.3
3.9	3.5	4.0	3.8	4.0	Parks	3.9	3.8	3.9	4.0	3.9
3.8	3.4	4.2	3.6	3.9	Trails	3.9	3.9	4.5	4.0	4.0
3.7	3.4	3.9	3.8	3.7	Swim	3.3	3.5	2.8	3.9	3.4
3.8	3.4	4.6	3.9	3.8	Fitness	3.5	3.8	3.0	3.9	3.6
3.8	3.3	4.4	3.6	3.9	O/All-Rec	3.6	3.8	3.8	4.0	3.7
4.1	3.7	4.0	3.7	4.3	Advoc-Mental	3.4	3.5	3.8	3.4	3.5
4.3	4.1	4.6	4.1	4.3	Advoc-DomViol	3.8	3.8	3.9	3.8	3.8
4.2	4.1	4.1	3.8	4.3	Advoc-PhyDis	3.4	3.1	3.0	3.6	3.4
4.5	4.2	4.7	4.3	4.6	Advoc-Child	3.5	3.6	4.1	3.6	3.6
4.4	4.1	4.5	4.3	4.5	Advoc-Elderly	3.4	3.3	3.8	3.6	3.4
4.2	3.9	4.4	4.0	4.3	O/All-Advoc	3.4	3.1	3.9	3.7	3.4
4.4	4.6	4.8	4.1	4.4	DrugAlc-Preven	3.4	3.2	3.1	3.5	3.4
4.4	4.5	4.5	4.1	4.4	DrugAlc-Rehab	3.2	3.2	3.3	3.5	3.3
4.4	4.6	4.4	4.3	4.4	DrugAlc-Interven	3.3	3.2	3.3	3.5	3.3
4.5	4.5	4.8	4.4	4.5	OA-Drugs/Alc	3.3	3.3	3.1	3.5	3.3
4.5	4.7	4.7	4.4	4.5	Emerg Response	3.8	3.6	4.1	4.5	3.9
4.3	4.4	4.4	4.3	4.3	EmergHousing	3.3	3.6	3.8	4.3	3.5
4.4	4.6	4.3	4.1	4.4	FoodBank	3.7	3.7	4.0	4.2	3.8
4.4	4.6	4.5	4.3	4.4	O/All-Disaster	3.7	3.6	4.0	4.3	3.8

B. Overall Service Item Mean Responses

Following is a series of graphs, Figures 3.13 – 3.22, that depict mean responses for the overall service categories. These graphs illustrate how the four groups rated each overall service — in terms of importance, served, and GAP — relative to the others. They also illustrate how each overall service was ranked relative to each other in terms of importance, served, and GAP. Each of the graphs is shown in two different scales, 1 to 5 and 3 to 5, to show how scale influences the appearance of differences in means. The objective of this is to present the data accurately by not exaggerating the differences by presenting only a smaller scale. The 3 to 5 scale, however, is still reasonable to use given that no mean responses for any of the overall services were less than 3.0.

Figure 3.13

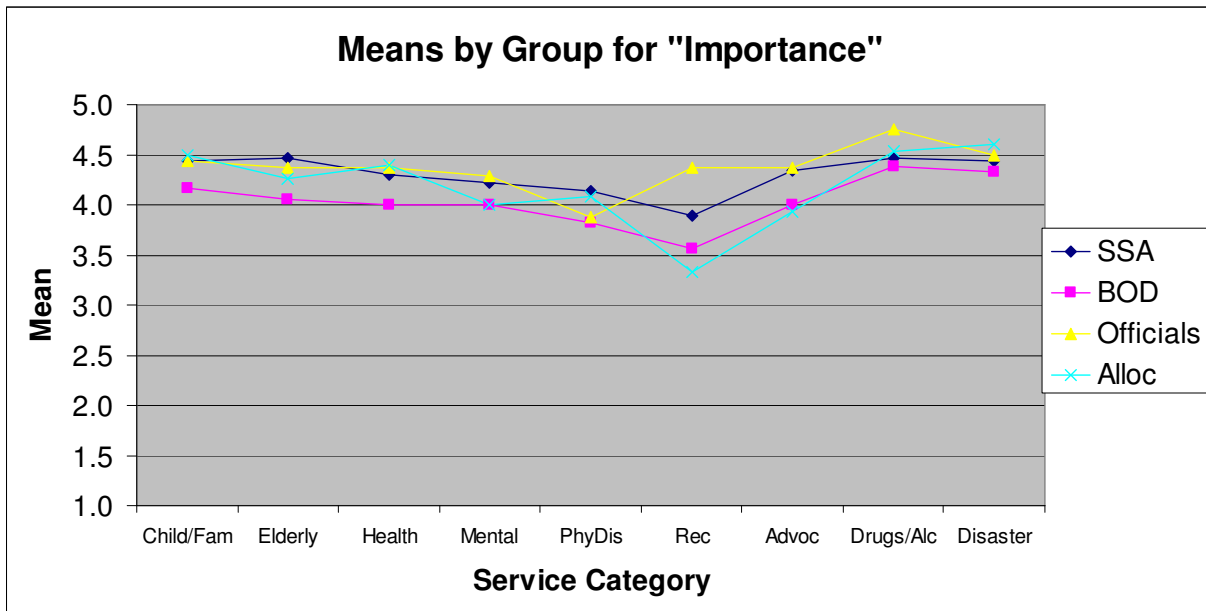
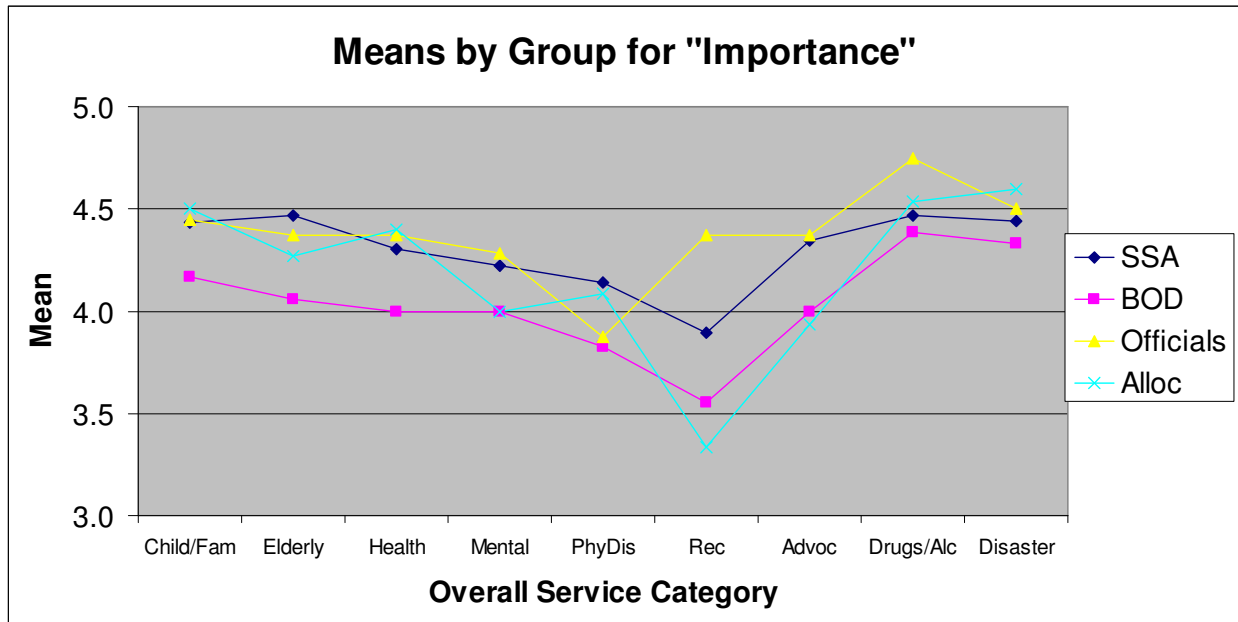


Figure 3.14



Notable Observations (Figure 3.14):

- BOD and Alloc's ranks were consistently lower than SSA and officials
- Recreation has greatest degree of disagreement among groups
- Disaster has the greatest degree of agreement among groups

Figure 3.15

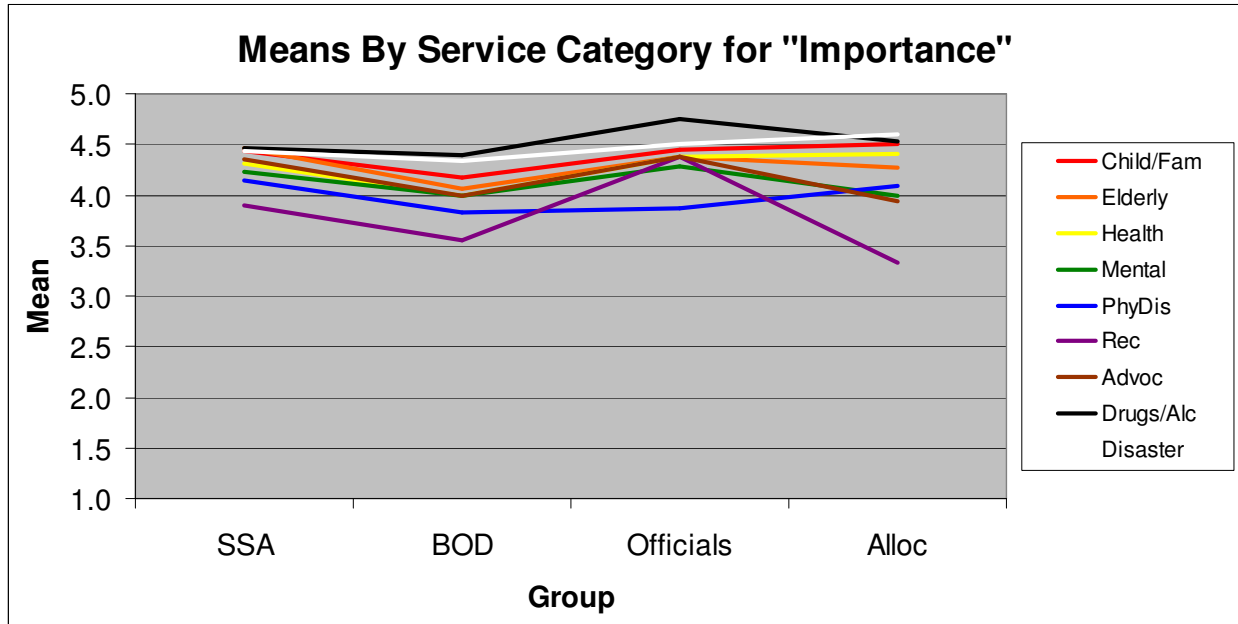
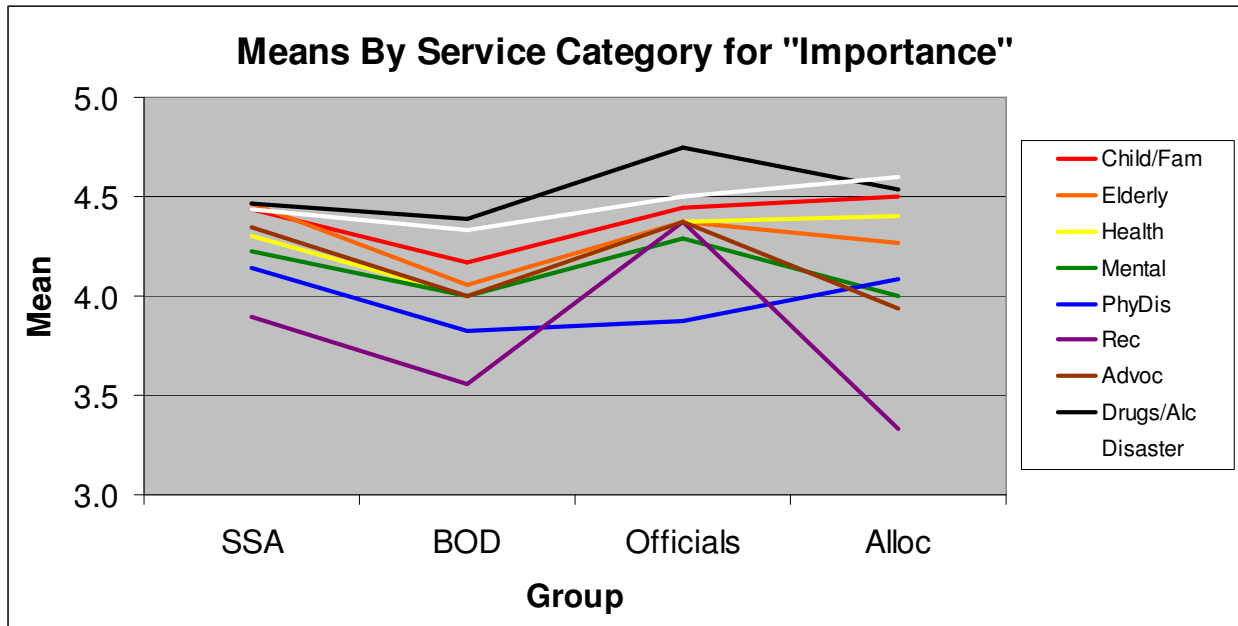


Figure 3.16



Notable Observations (Figure 3.16):

- Drugs/Alcohol, Disaster, and Child/Family are consistently ranked as highest importance by all four groups
- Recreation and Physical Disability are consistently ranked as lowest importance

Figure 3.17

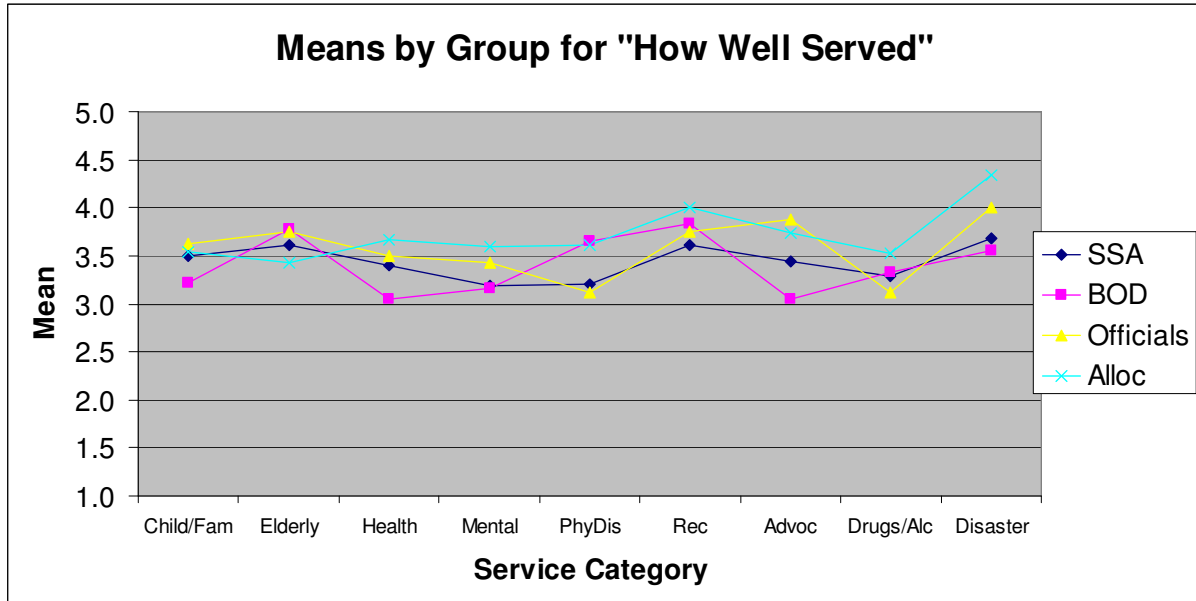
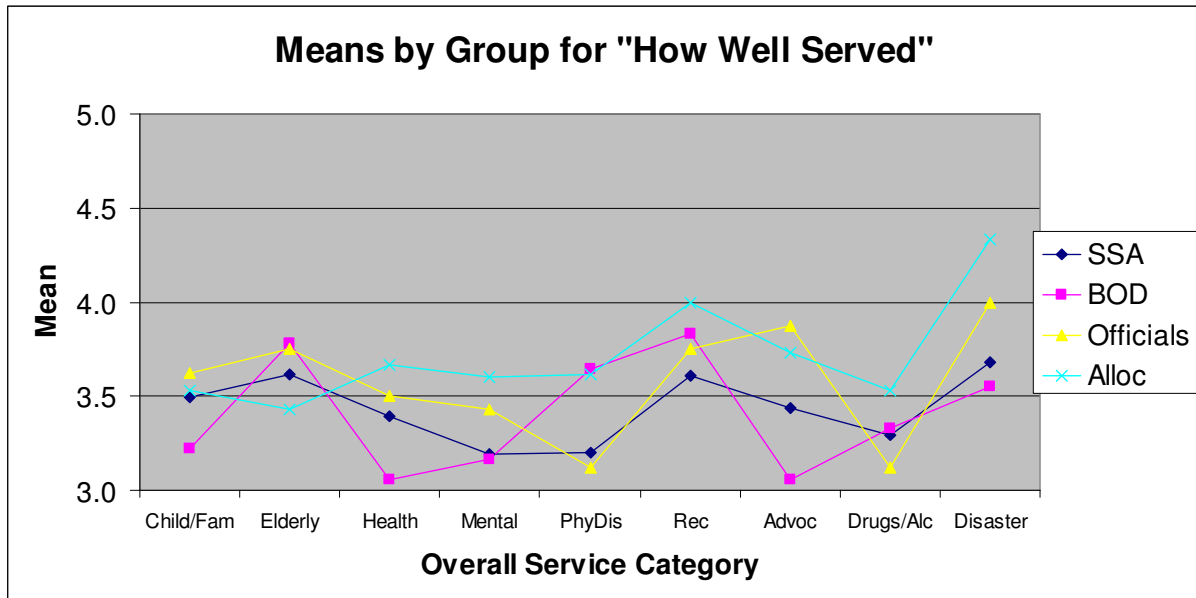


Figure 3.18



Notable Observations (Figure 3.18):

- Alloc consistently ranks services as well served
- BOD and Alloc consider physical disability more well served than SSA and officials

Figure 3.19

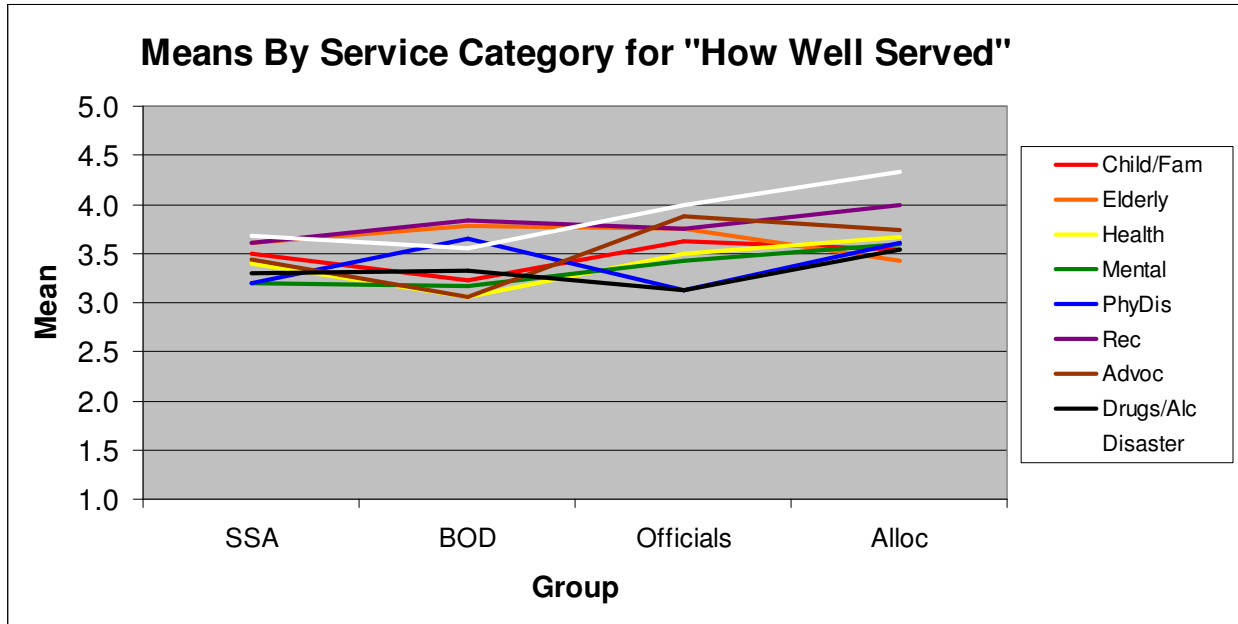
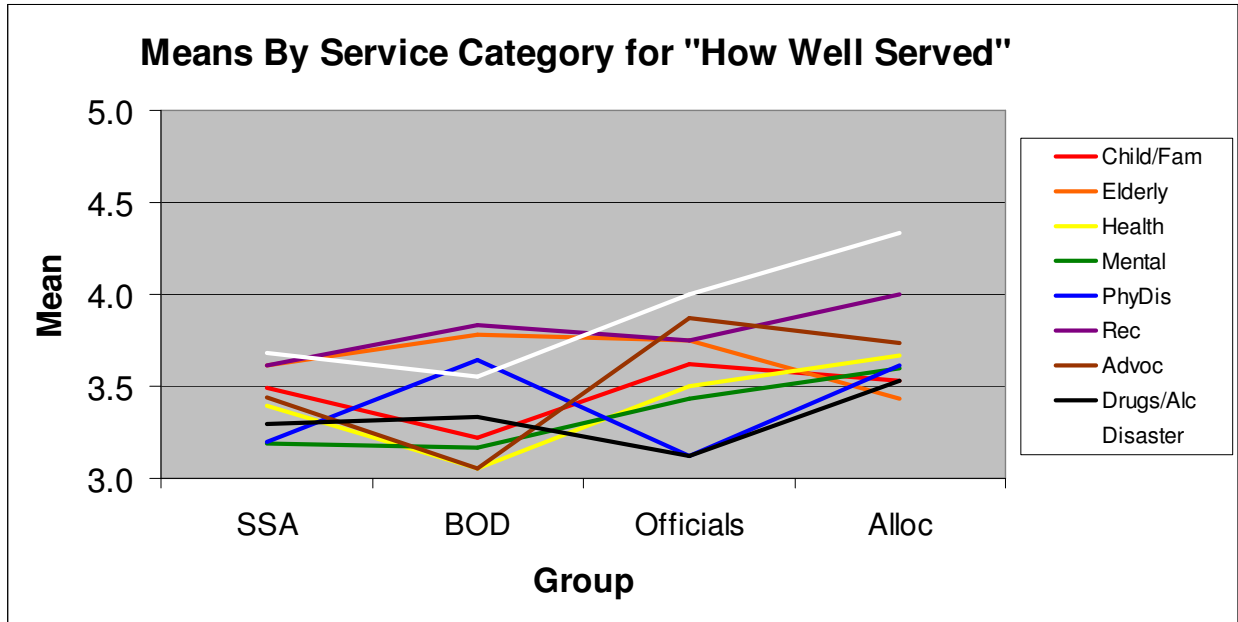


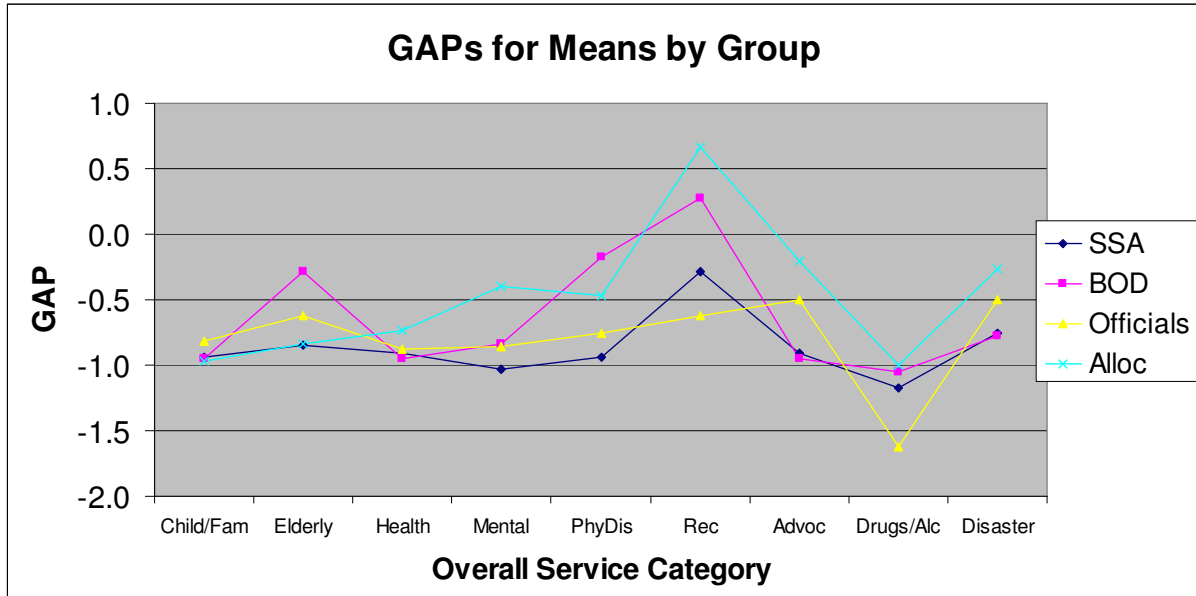
Figure 3.20



Notable Observations (Figure 3.20):

- Recreation and Disaster consistently ranked as well served
- Other than by Alloc, Elderly consistently ranked as well served
- Other than by the BOD, Drugs/Alcohol and Physical Disability consistently ranked low

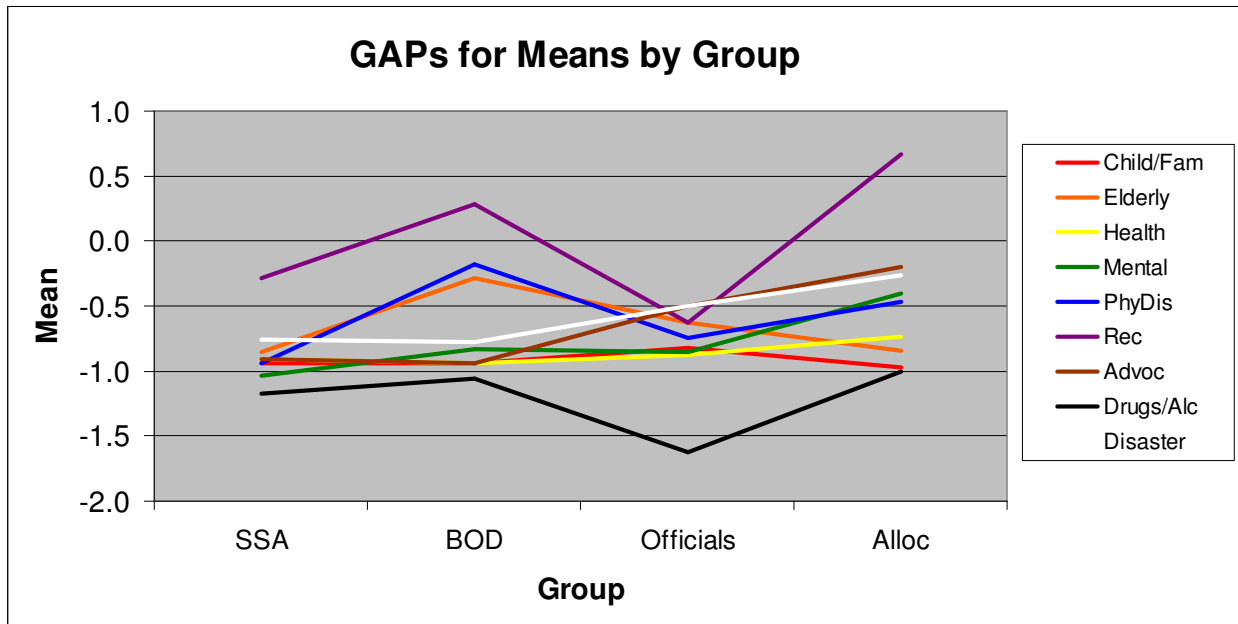
Figure 3.21



Notable Observations (Figure 3.21):

- Alloc and BOD tend to rank services as having relatively small GAPs (level of importance and service are closer together than rankings from other groups)
- Very little disagreement for Child/Family and Health Services
- Great deal of disagreement regarding Recreation

Figure 3.22



Notable Observations (Figure 3.22):

- Recreation consistently ranked as having relatively high GAP, suggesting that these services are over-served
- Drugs/Alcohol consistently ranked as having relatively low GAP, suggesting that these services are underserved

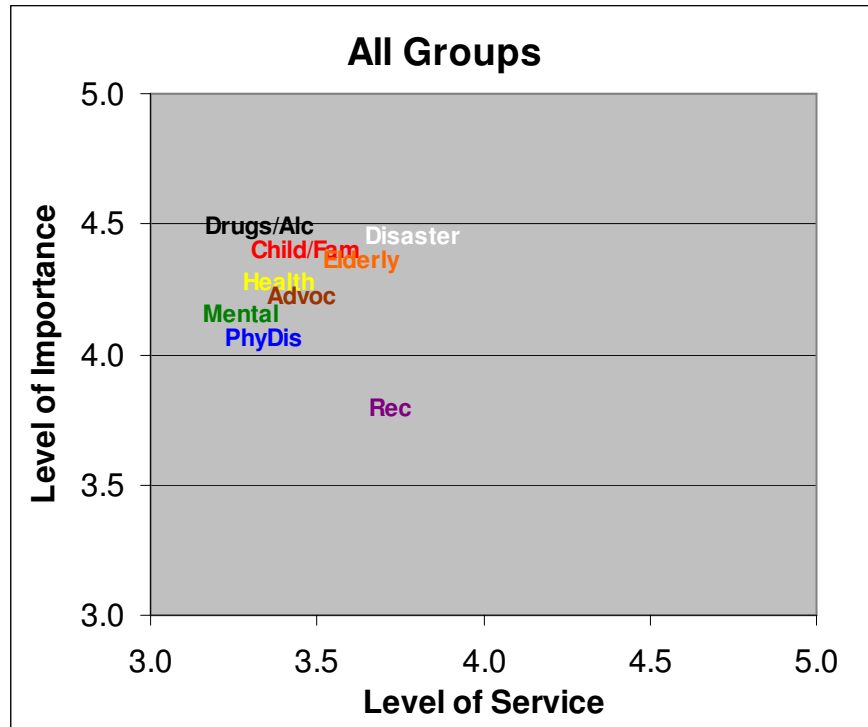
C. Scatterplots

Table 3.21 is intended to aid in interpretation of the series of graphs that follow, Figures 3.23 -3.36. Each of these graphs has x-axis measuring level of service from low to high and y-axis measuring level of importance from low to high. This axis system creates four general regions that can be interpreted as shown in Table 3.13. Services that have either low importance and low service or high importance and high service are considered appropriately served given their levels of importance. However, if importance or service are not in agreement, this suggests that services are either under-served (importance > served) or over-served (importance < served). This framework of thinking, however, should be used to evaluate relative positions in the following graphs. Therefore, services closest to the bottom right are relatively over-served; services closest to the top left are relatively underserved. Services closest to the top right and bottom left are relatively served appropriately. Also, another key observation to consider is the distance data points are from one another.

Table 3.21

High Importance	Under-served Relative to Importance	Served Appropriately Relative to Importance
	Served Appropriately Relative to Importance	Over-served Relative to Importance
Low Importance	Low Served	High Served

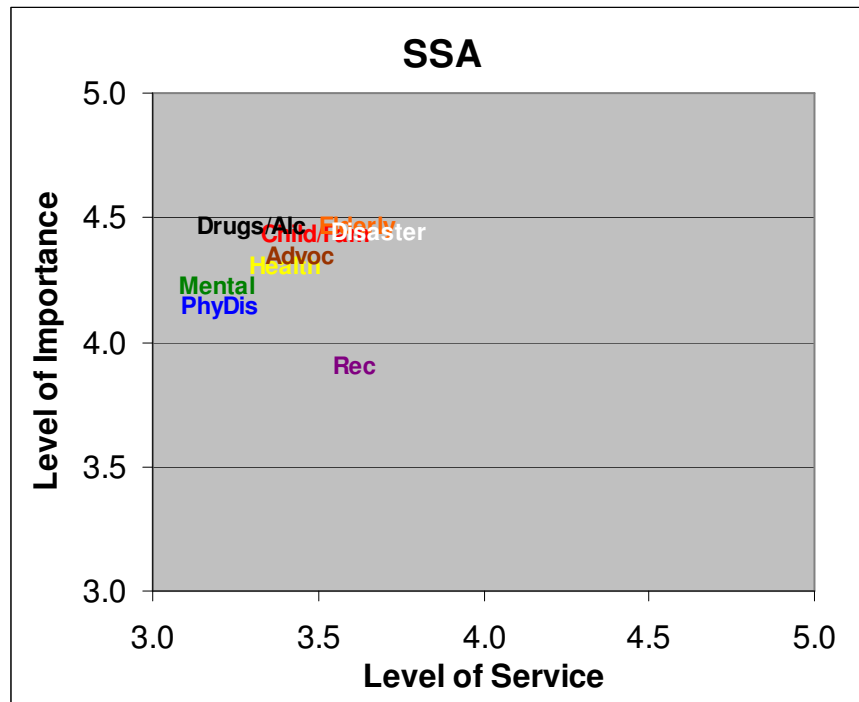
Figure 3.23



Notable Observations (Figure 3.23):

- Recreation appears relatively over-served
- Disaster appears relatively served appropriately
- Drugs/Alcohol appears relatively under-served
- Resembles SSA responses most closely due to their large sample size (about half of total observations) having the most influence on the results of all groups combined (see Figure 3.24 below)

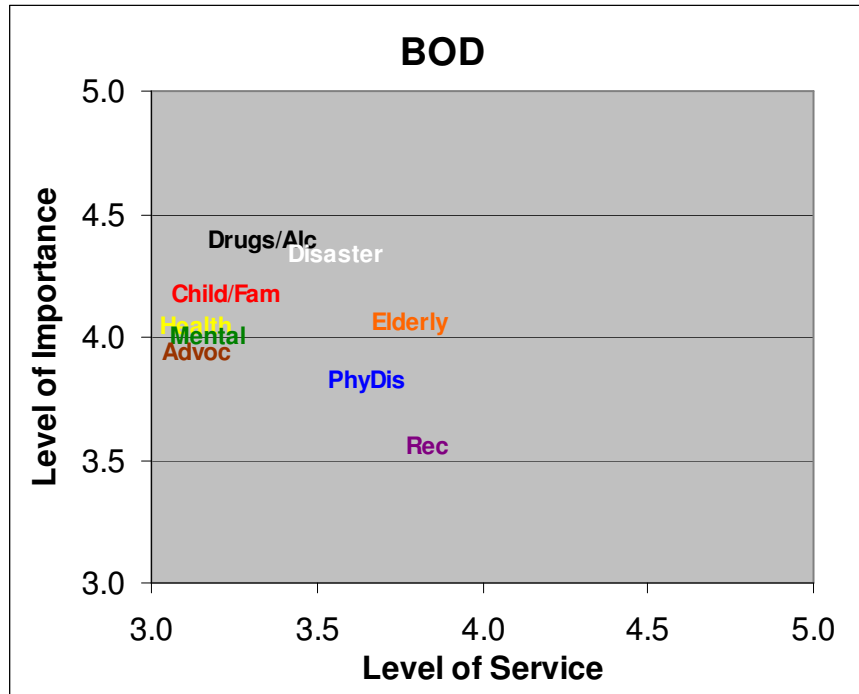
Figure 3.24



Notable Observations (Figure 3.24):

- Recreation appears relatively over-served
- Other than Recreation, there is not much variation in level of importance or level of service

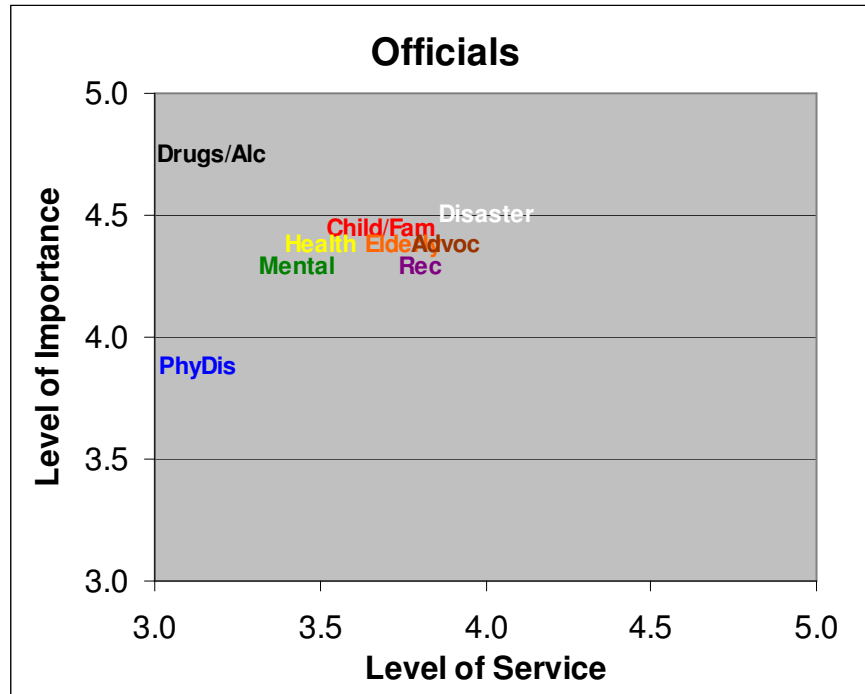
Figure 3.25



Notable Observations (Figure 3.25):

- Recreation is least important and best served, suggesting BOD considers it relatively over-served
- Drugs/Alcohol appears relatively under-served
- Disaster and Drugs/Alcohol are considered most important

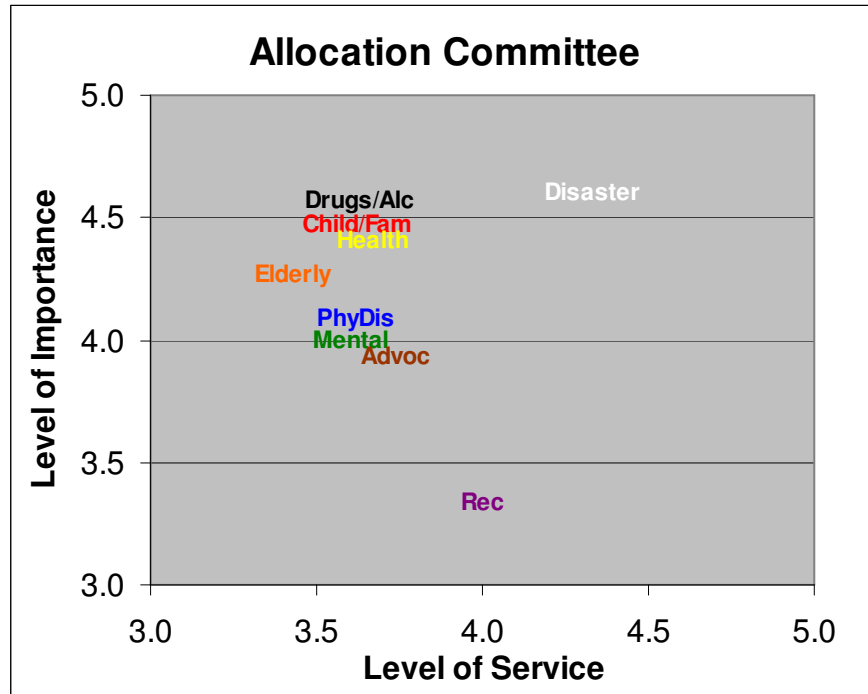
Figure 3.26



Notable Observations (Figure 3.26):

- Disaster and Physical Disability appear relatively served appropriately
- Drugs/Alcohol appears relatively under-served
- Except for Drugs/Alcohol and Physical Disability, officials consider all overall services to be about the same level of importance
- Drugs/Alcohol is of highest importance and lowest level of service
- Physical Disability of lowest importance and lowest level of service

Figure 3.27

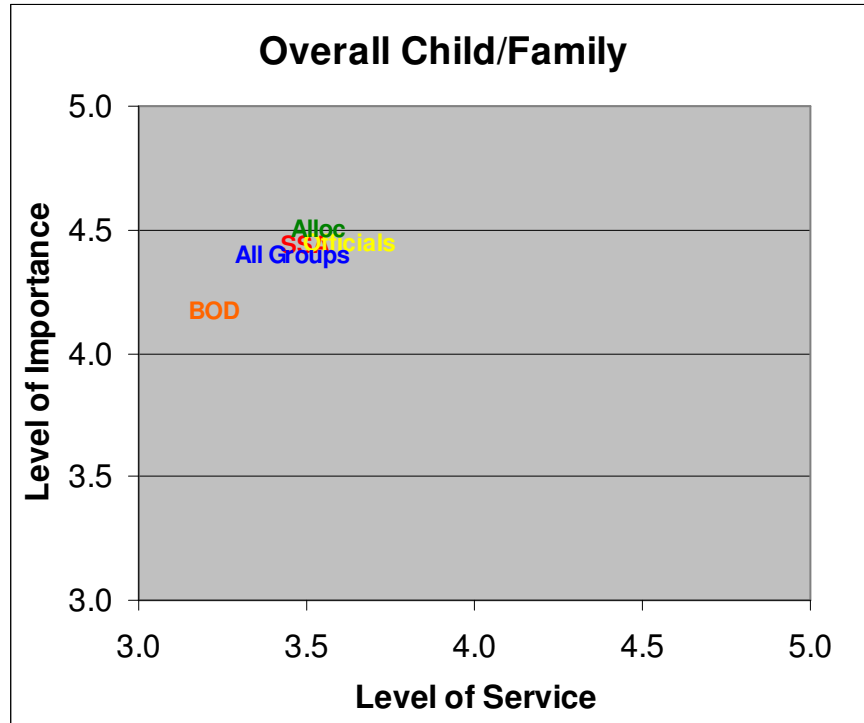


Notable Observations (Figure 3.27):

- Recreation appears relatively over-served
- Disaster appears relatively served appropriately
- Other than Recreation and Disaster, Alloc considers all overall services to be served at about the same level
- Recreation is of lowest importance

Figures 3.28 – 3.36 depict the same data as Figures 3.23 – 3.27. The difference is that the following figures are divide by overall service category and utilize the four groups individually and all groups combined as data points. These graphs lend to a comparison of the groups' assessments of each overall service category relative to the other groups' assessments.

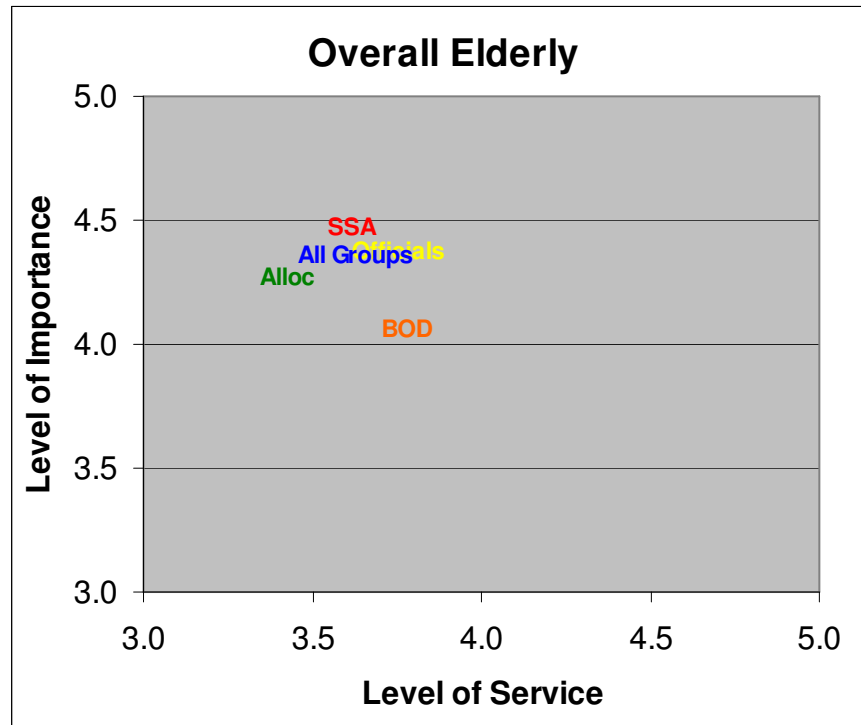
Figure 3.28



Notable Observations (Figure 3.28):

- BOD considers Child/Family less important and less well served than the other groups
- Other than BOD, there is little difference in opinions

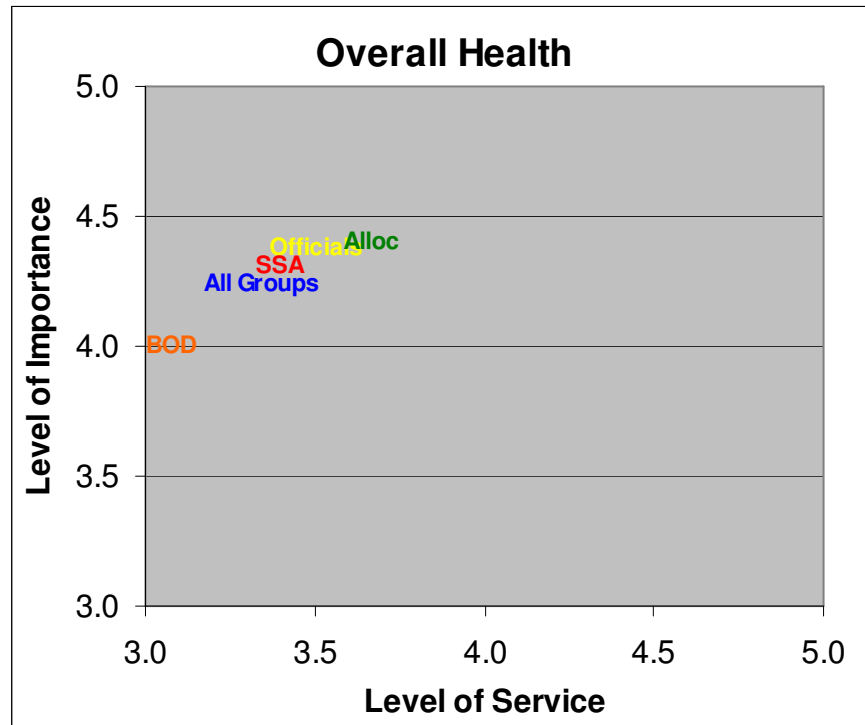
Figure 3.29



Notable Observation (Figure 3.29):

- BOD considers elderly services relatively over-served

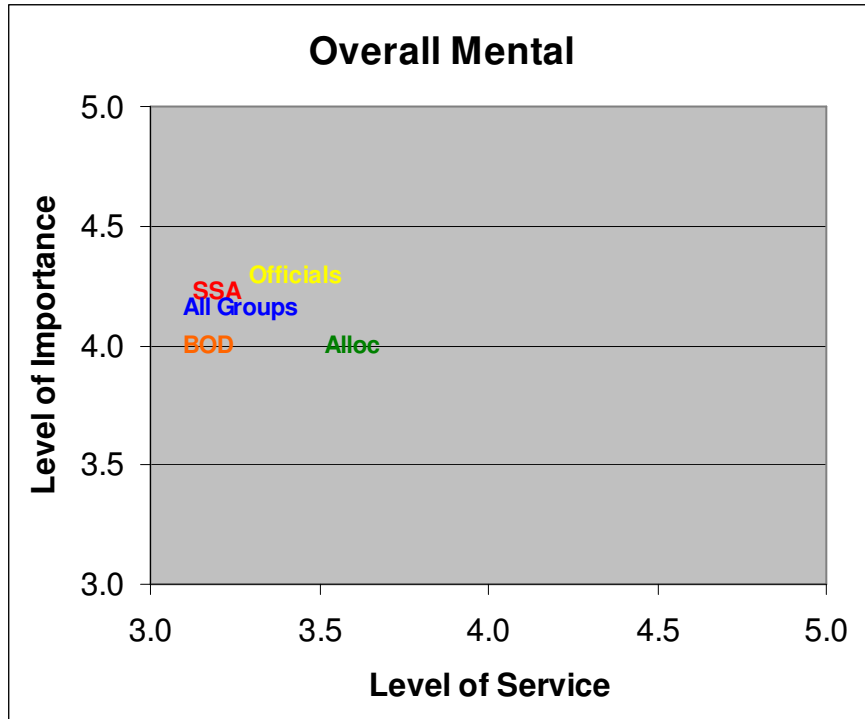
Figure 3.30



Notable Observation (Figure 3.30):

- BOD considers Health services less important and less well served than other groups

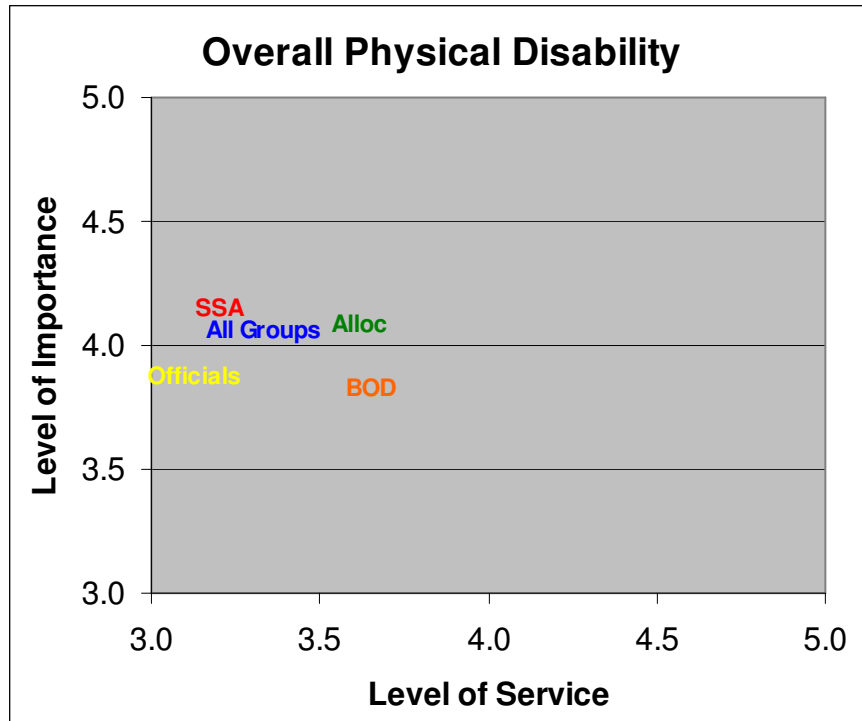
Figure 3.31



Notable Observation (Figure 3.31):

- Alloc rated Mental services with lowest importance and most well served; suggests Alloc considers mental services to be relatively over-served

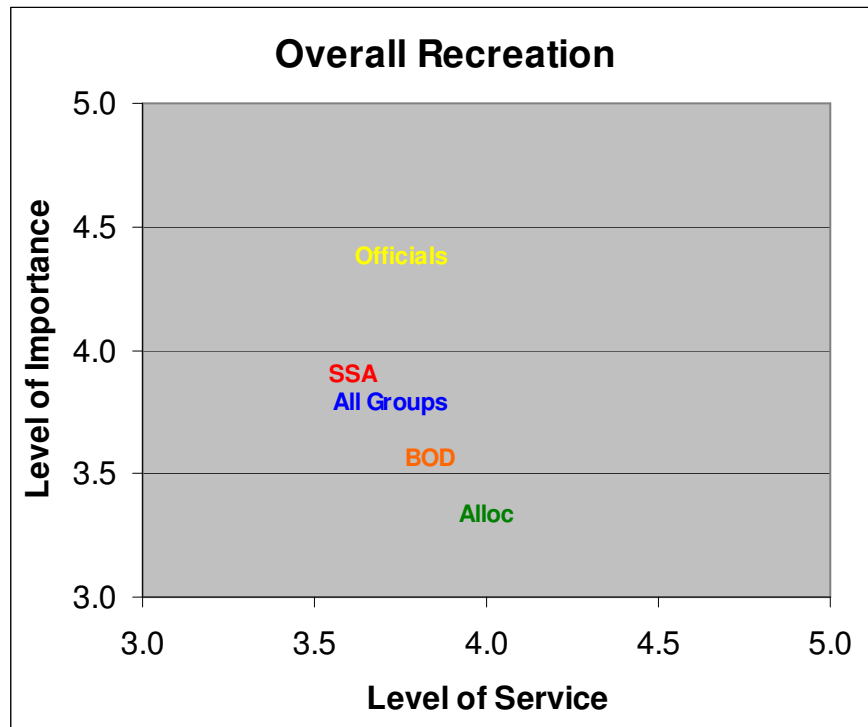
Figure 3.32



Notable Observations (Figure 3.32):

- BOD considers Physical Disability services to be relatively over-served
- SSA considers Physical Disability services to be relatively under-served

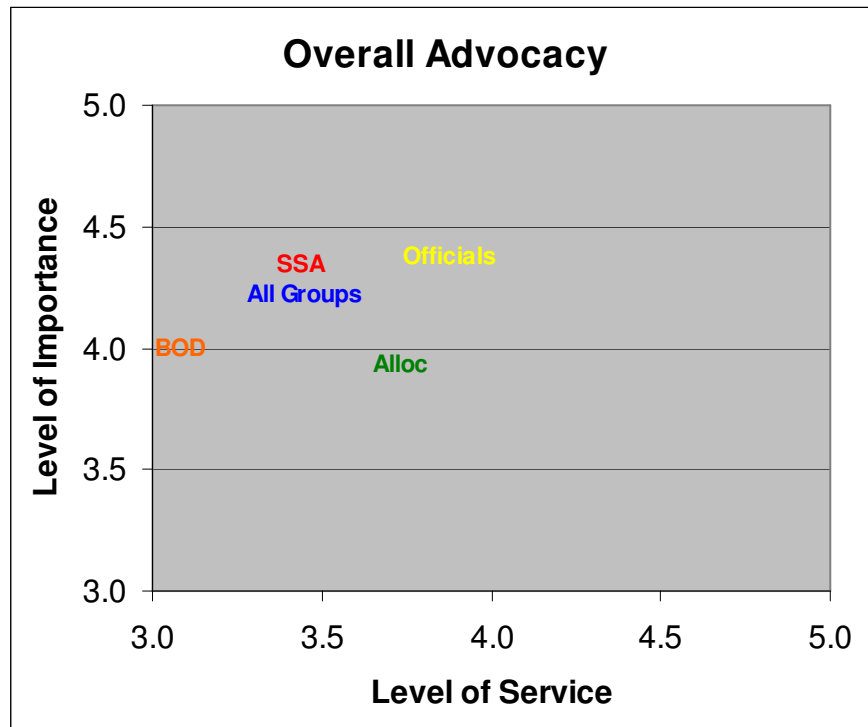
Figure 3.33



Notable Observations (Figure 3.33):

- Officials consider recreation more important than the other groups
- Alloc considers recreation less important than the other groups
- The groups' responses vary much more on level of importance than service

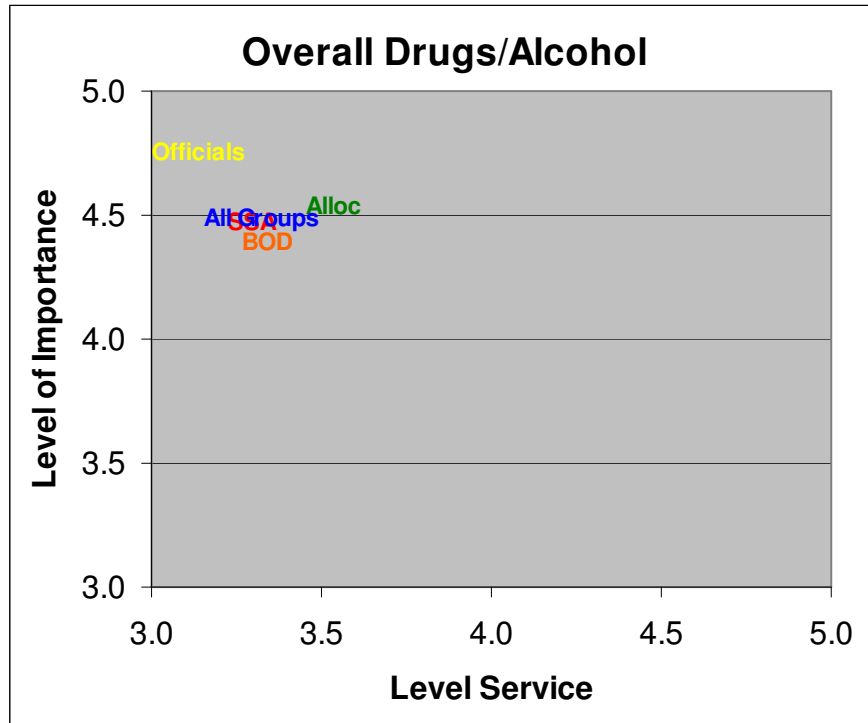
Figure 3.34



Notable Observations (Figure 3.34):

- Officials consider Advocacy more well served than the other groups
- BOD considers Advocacy less well served than the other groups
- The groups' responses vary much more on level of service than importance

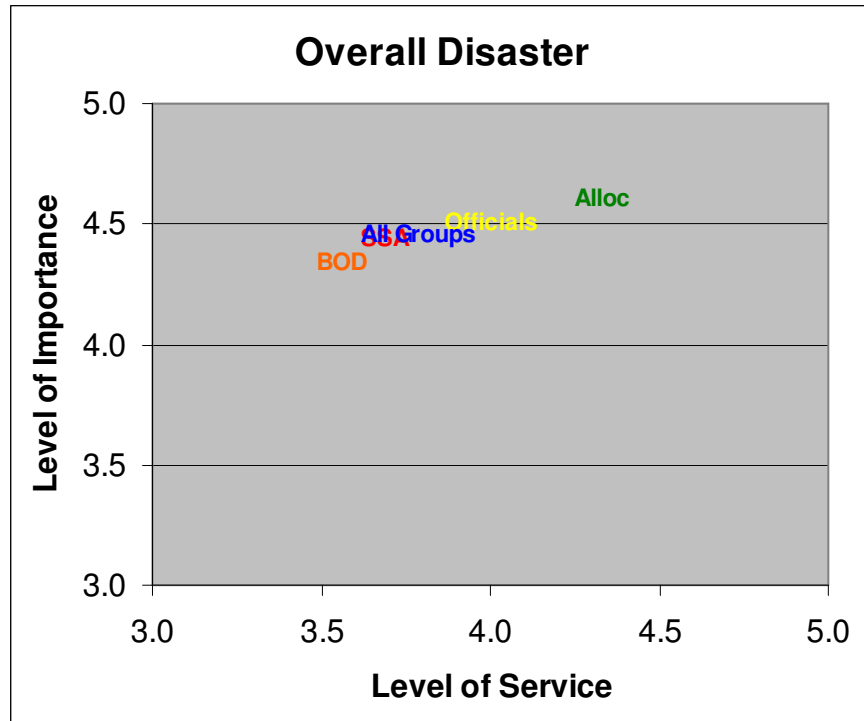
Figure 3.35



Notable Observation (Figure 3.35):

- All groups, especially officials, seem to consider Drugs/Alcohol underserved (high importance, low served)

Figure 3.36



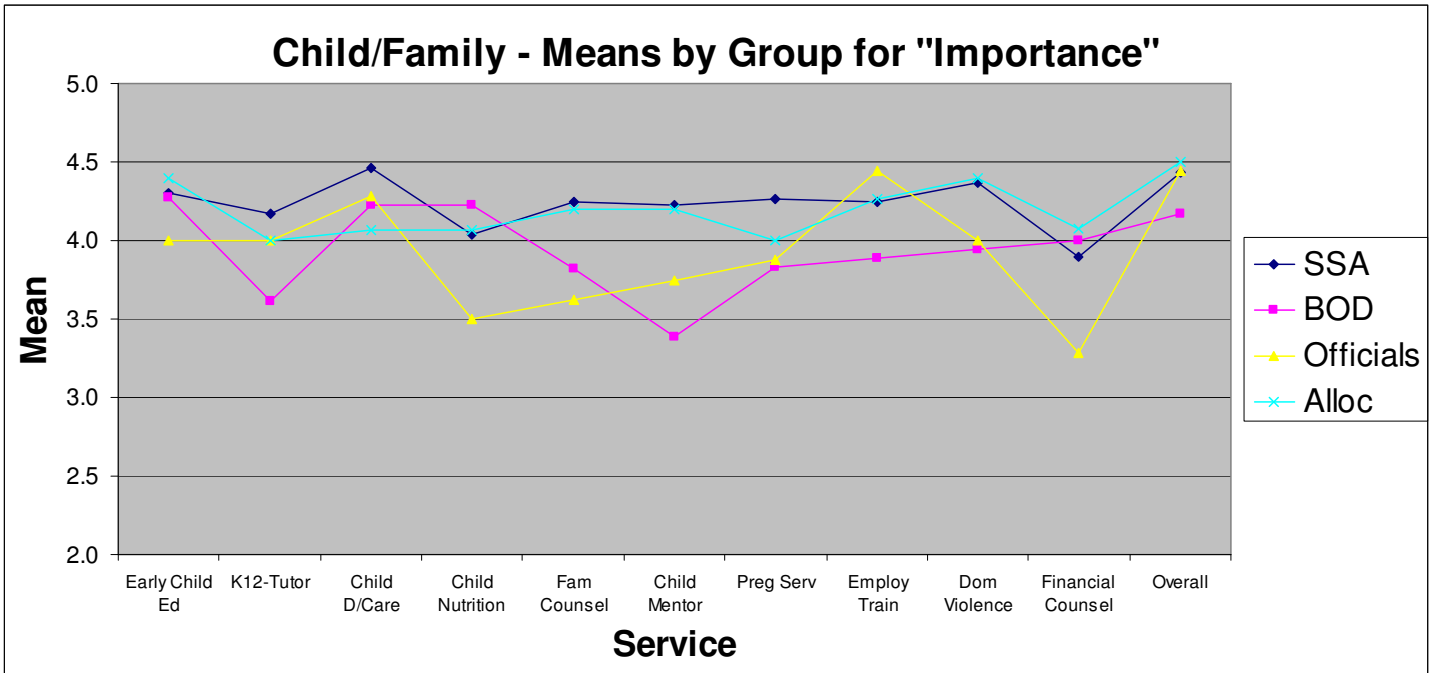
Notable Observations (Figure 3.36):

- All of the groups consider Disaster services to be appropriately served
- The groups' responses indicate much more similarity on level of importance than service

4. Mean Responses – Individual Services

The following set of graphs, Figures 3.37 – 3.90, is divided by service category. There are six graphs for each service category, each depicting importance, service, or GAP by either group or service. Unlike previous graphs, these graphs incorporate the data for individual services instead of overall service data. As before, the purpose of these graphs is to illustrate relative differences between the mean rankings among groups and among services.

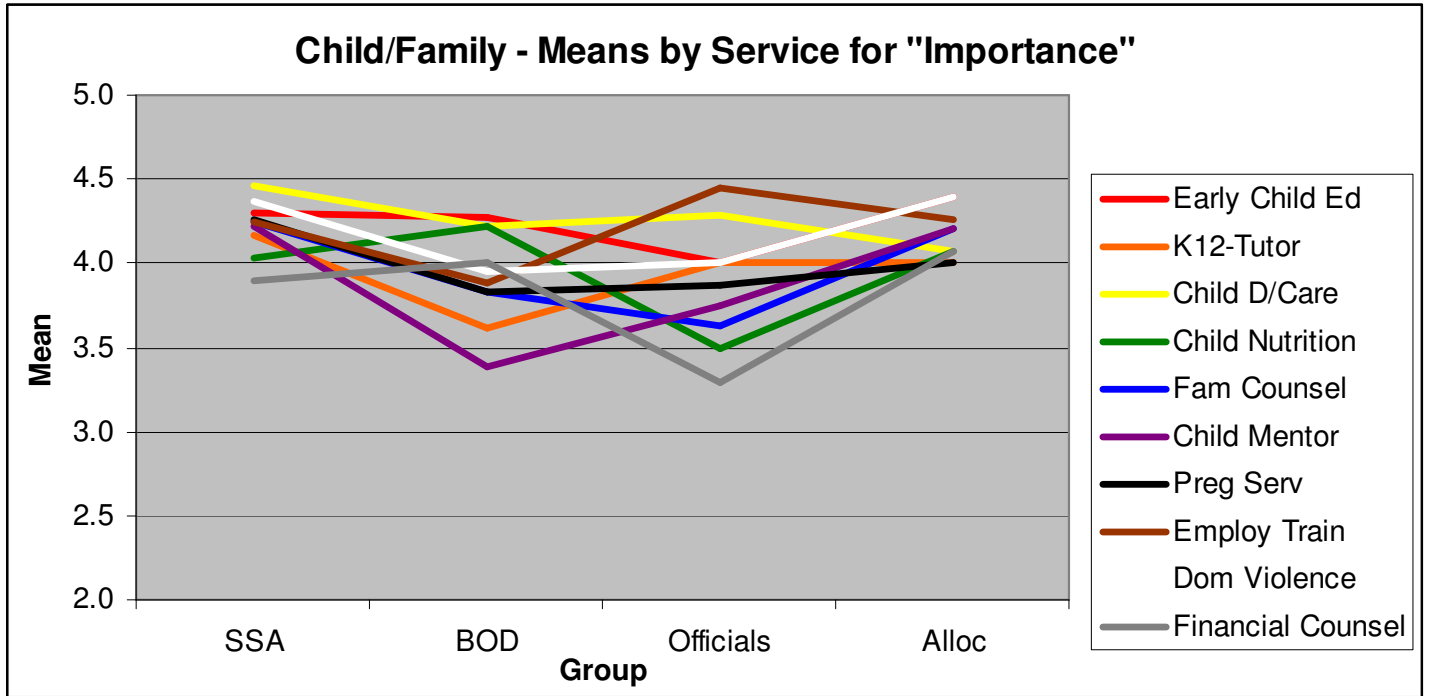
Figure 3.37



Notable Observations (Figure 3.37):

- SSA and Alloc consistently rank importance higher than other groups
- The responses indicate little disagreement about Overall Child/Family, which is approximately each group's highest rating

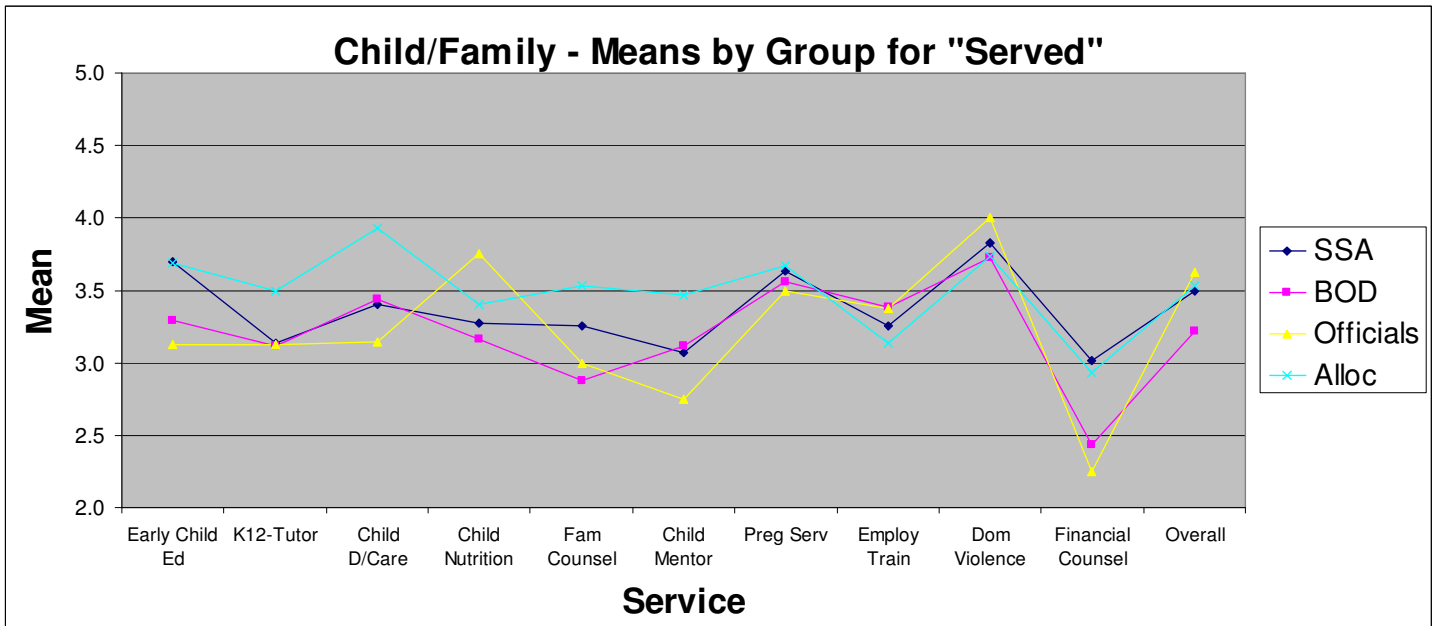
Figure 3.38



Notable Observations (Figure 3.38):

- Child Day Care is considered relatively important by all groups
- Other than by BOD, Financial Counseling was roughly of lowest importance to each group

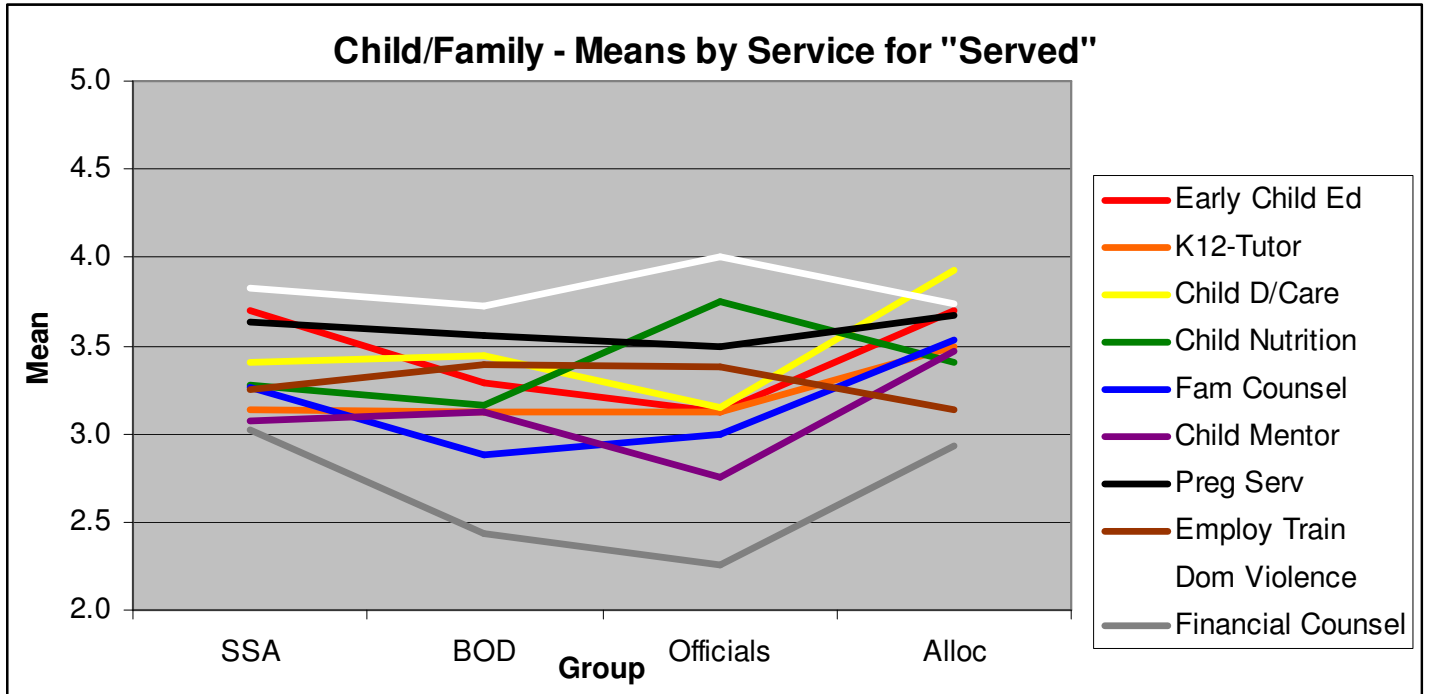
Figure 3.39



Notable Observations (Figure 3.39):

- Alloc tends to consider Child/Family services as more well served than other groups
- Officials tend to provide either the highest or lowest ranking

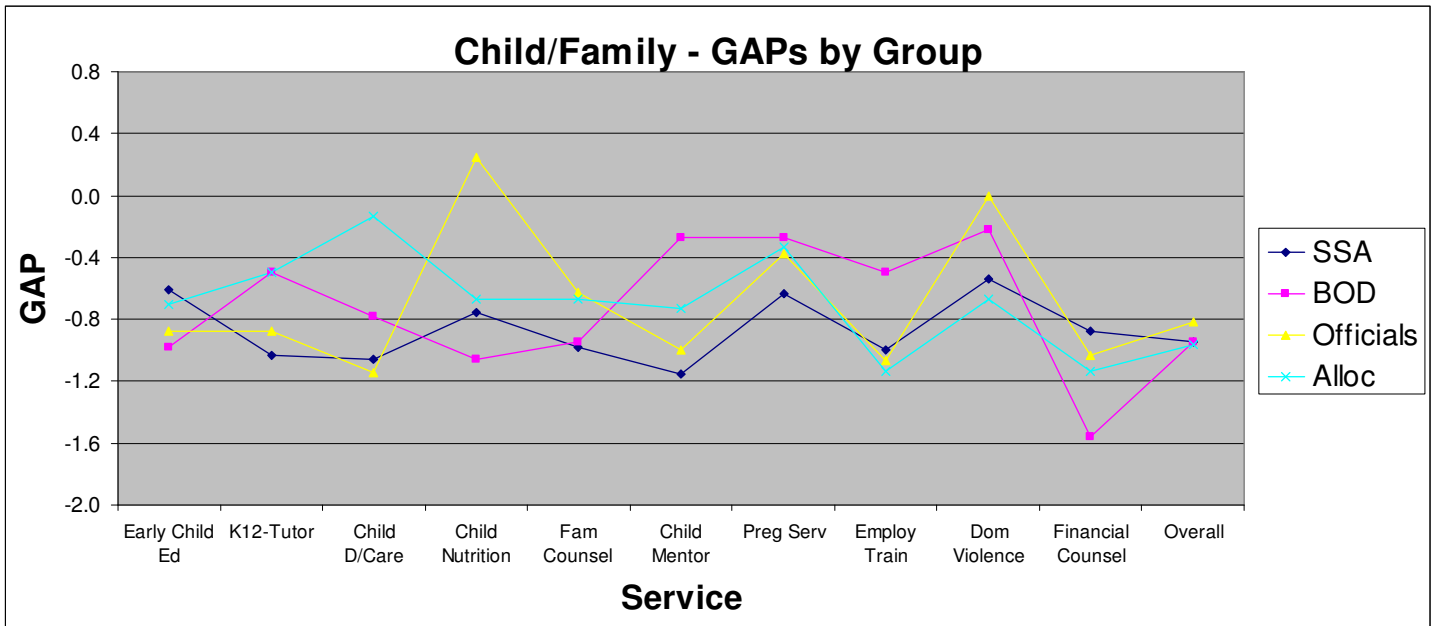
Figure 3.40



Notable Observations (Figure 3.40):

- Domestic Violence and Pregnancy services are relatively well served
- Financial Counseling is considered least well served by all groups

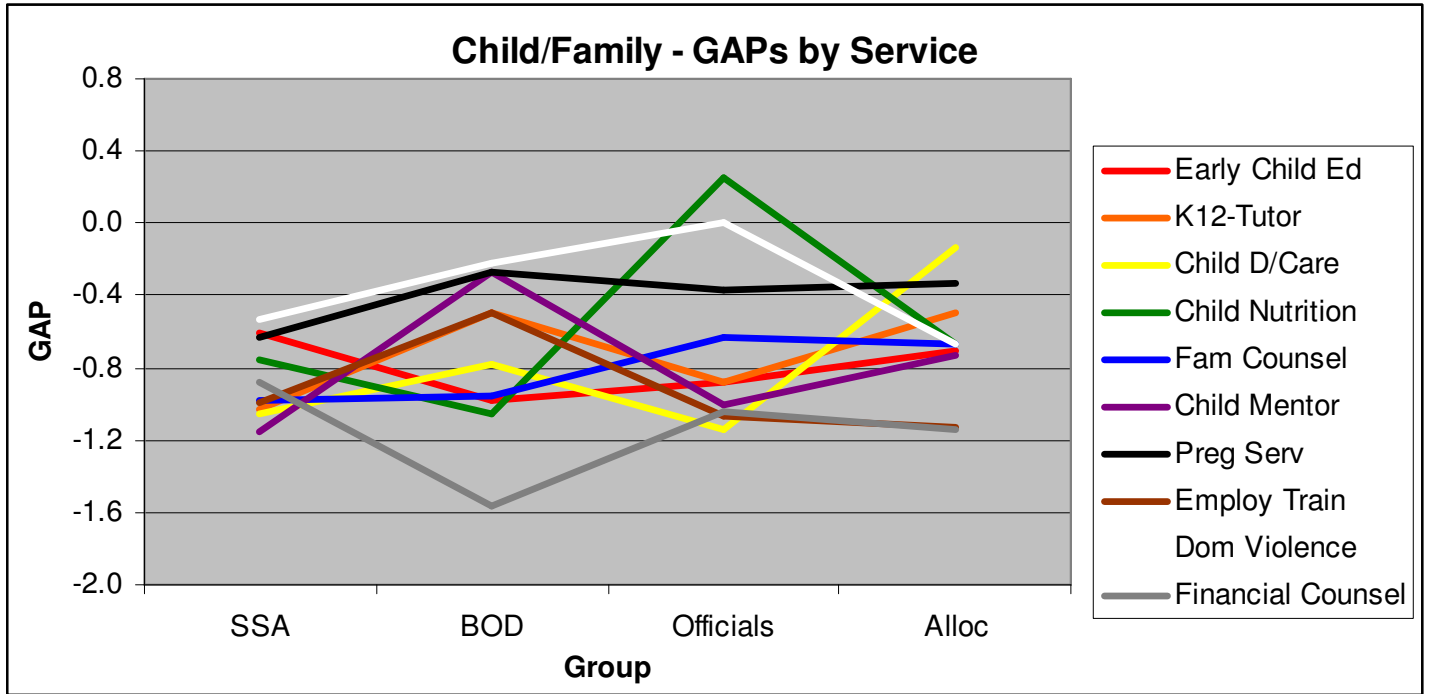
Figure 3.41



Notable Observation (3.41):

- Although there is much disagreement regarding individual services, there is very little disagreement regarding Overall Child/Family GAP.

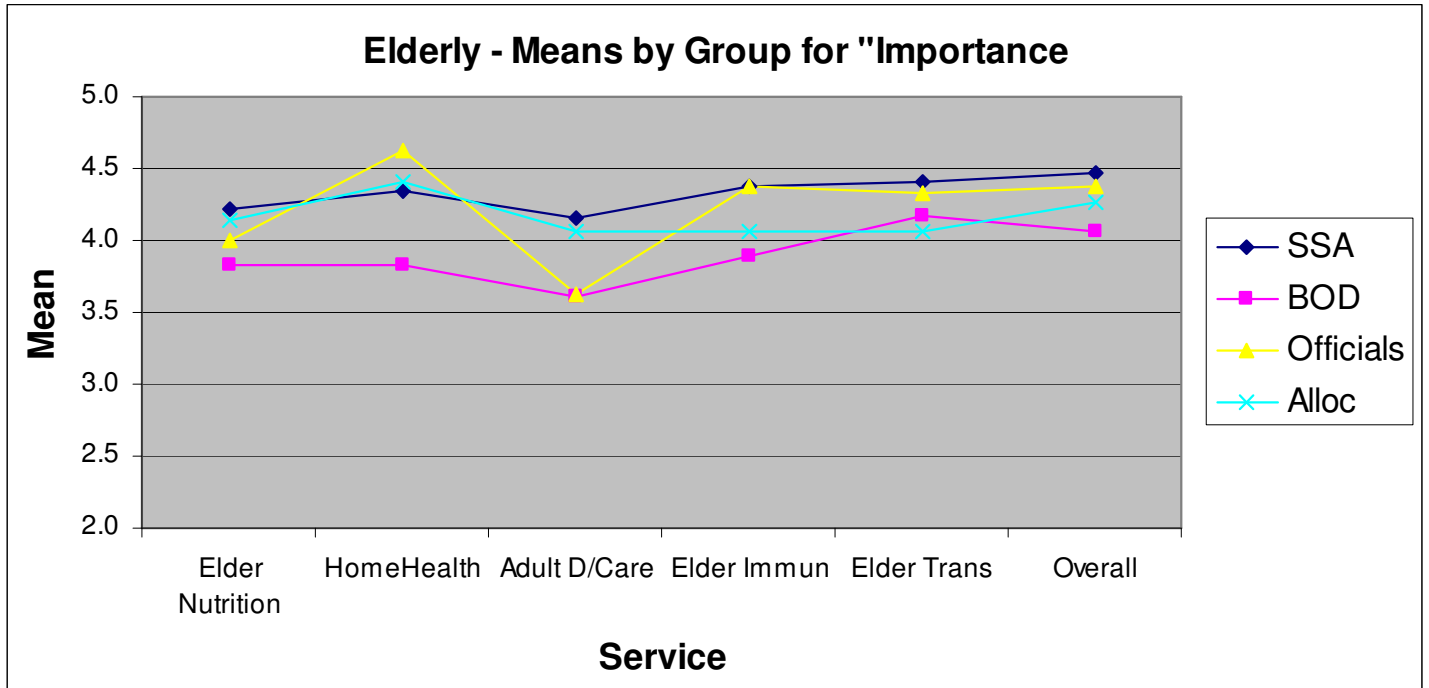
Figure 3.42



Notable Observations (Figure 3.42):

- Domestic Violence and Pregnancy services tend to be considered relatively appropriately served
- Financial Counseling appears to be most relatively underserved given its importance

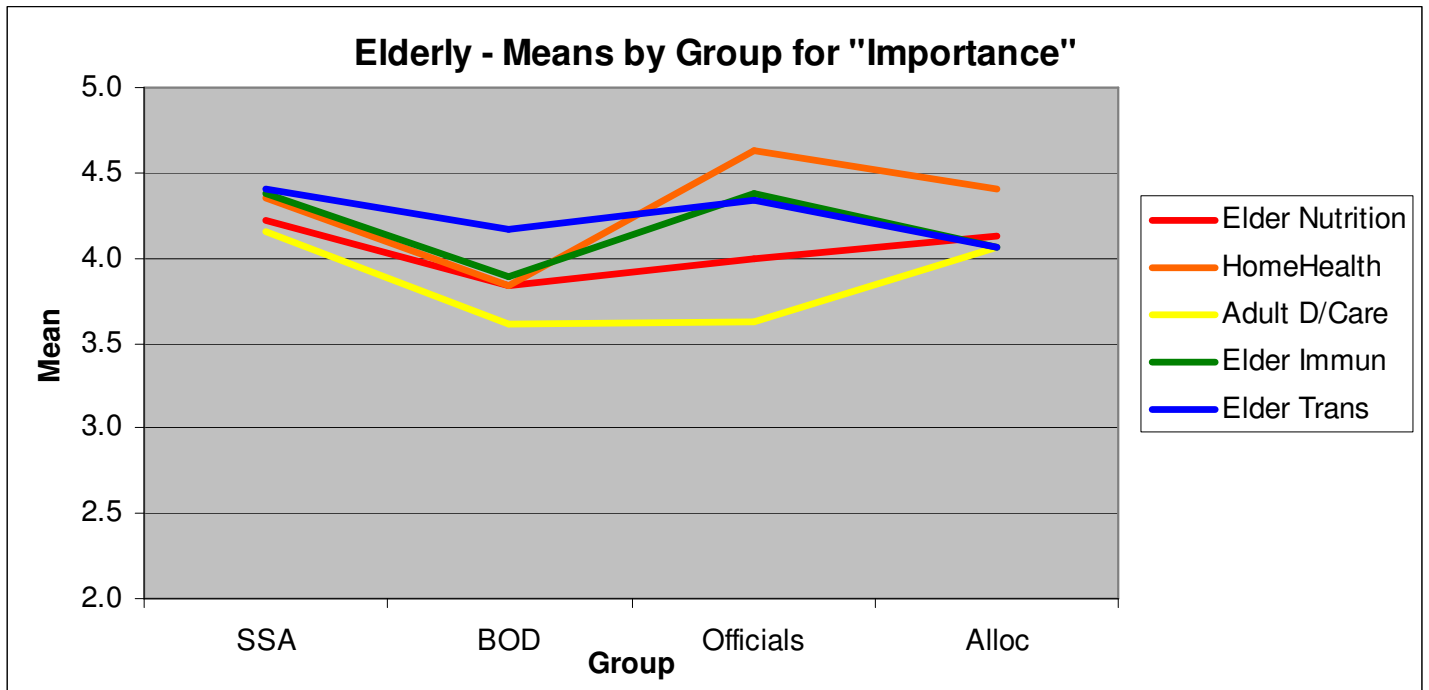
Figure 3.43



Notable Observations (Figure 3.43):

- All groups tend to have fairly consistent rankings for each service
- BOD seems to consider Elderly services least important of all the groups
- SSA seems to consider Elderly services most important of all the groups

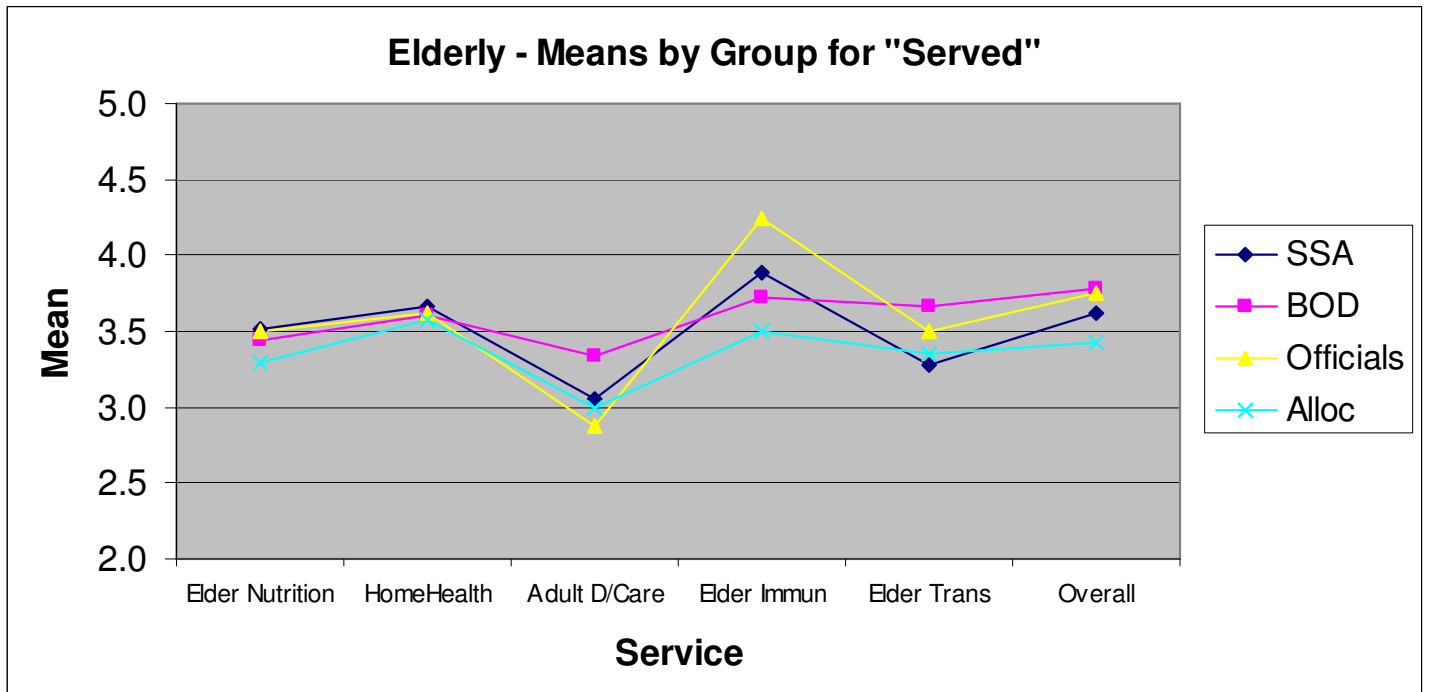
Figure 3.44



Notable Observation (Figure 3.44):

- Adult Day Care appears to be the least important of the services

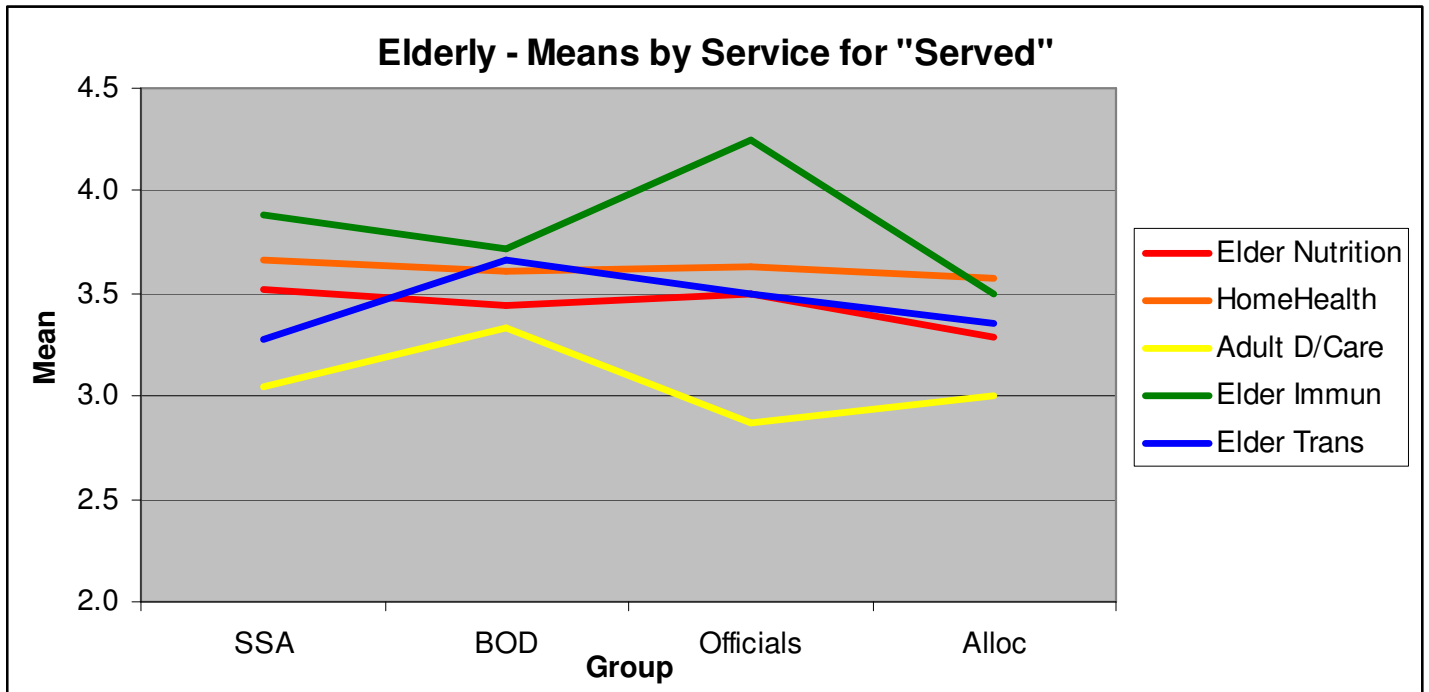
Figure 3.45



Notable Observation (Figure 3.45):

- There is very little disagreement among the groups for each service

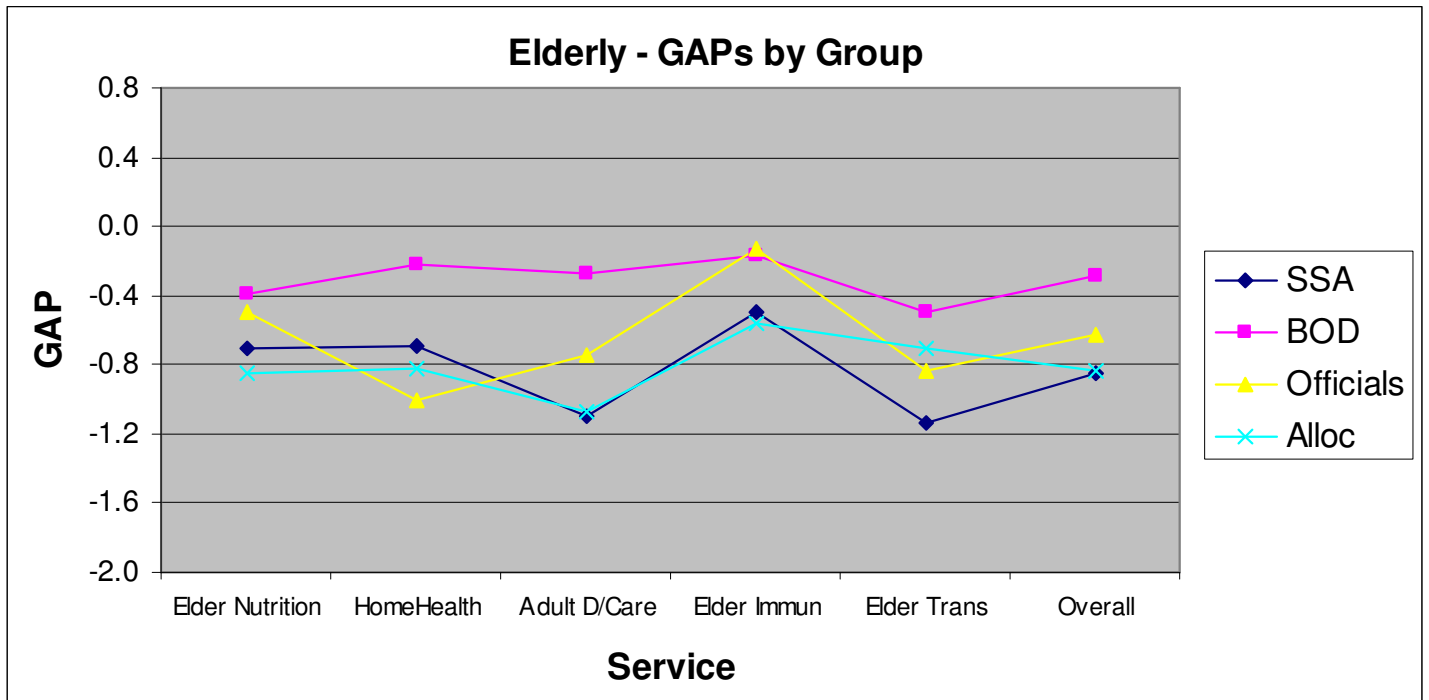
Figure 3.46



Notable Observations (Figure 3.46):

- Adult Day Care is considered least well served by all groups
- Elderly Immunization is considered most well served by all the groups

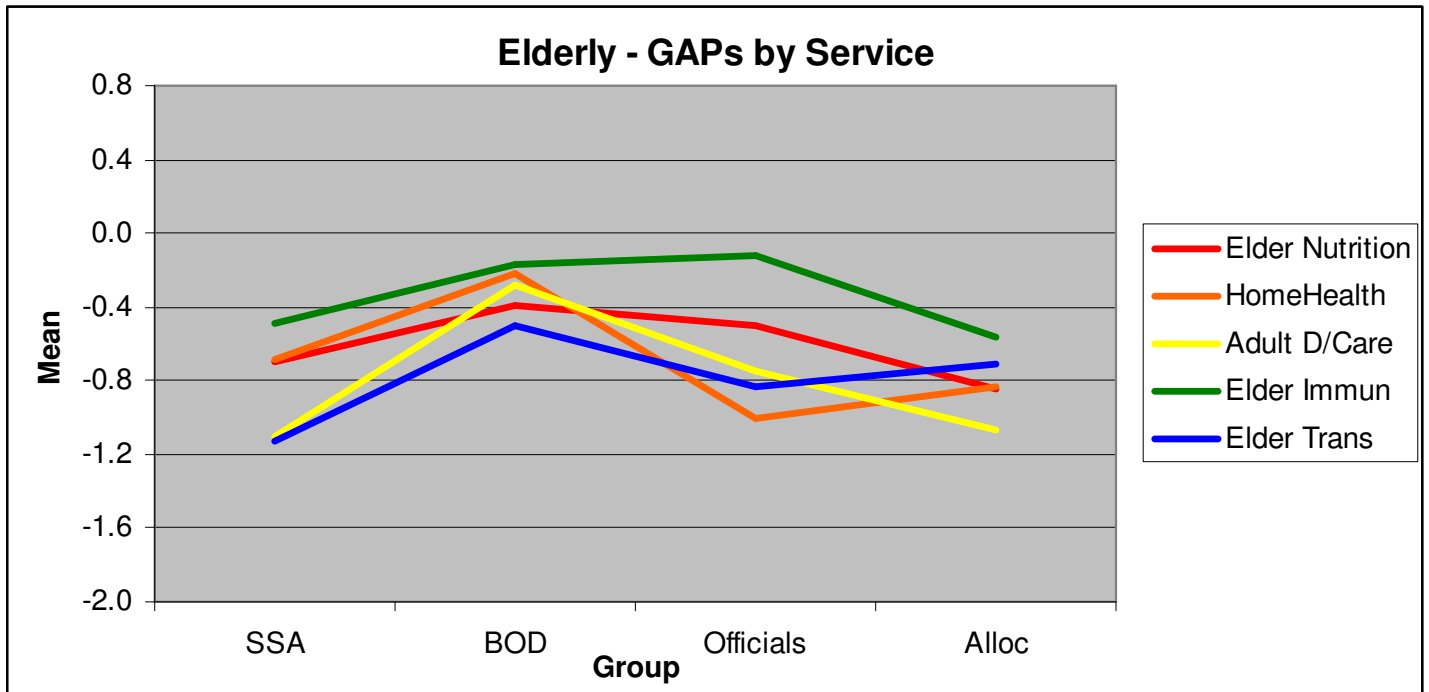
Figure 3.47



Notable Observations (Figure 3.47):

- BOD considers Elderly services to be relatively served appropriately
- Alloc and SSA seems to consider Elderly services as relatively underserved (larger negative GAPS)

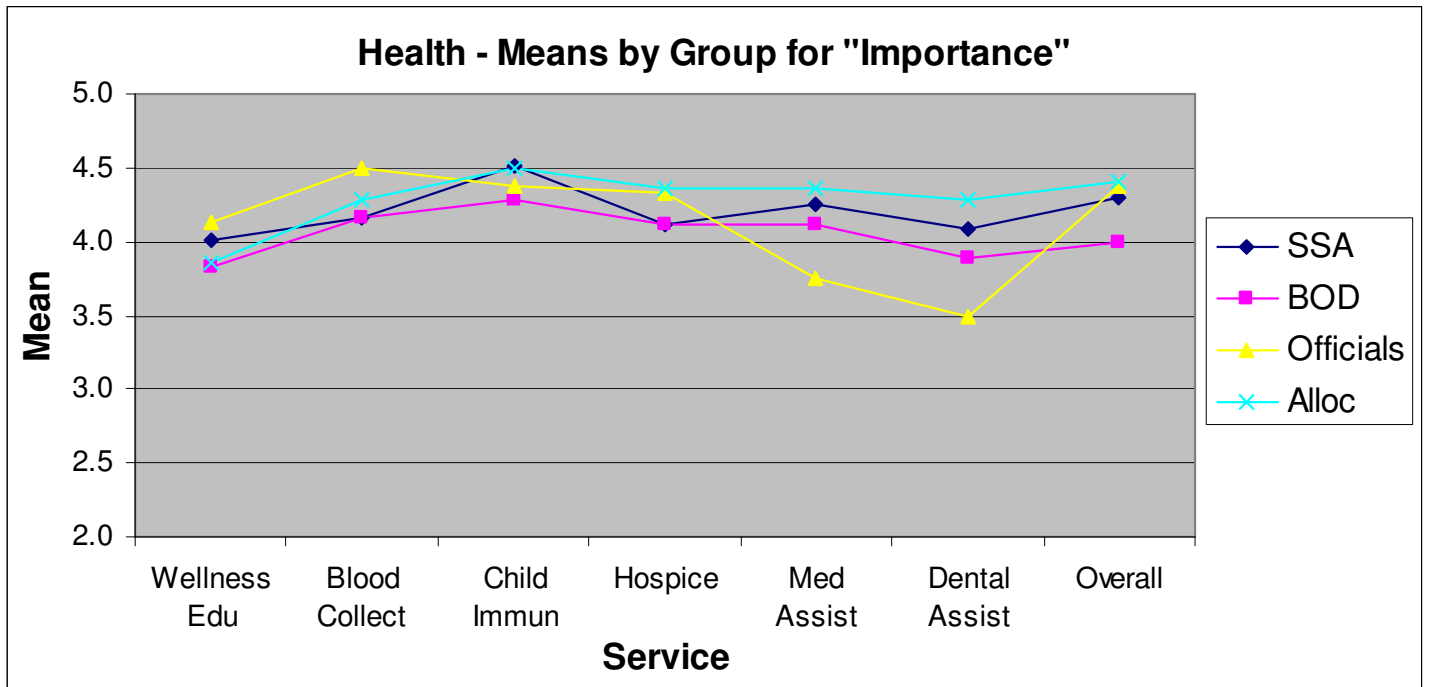
Figure 3.48



Notable Observation (Figure 3.48):

- Elderly Immunization has the smallest negative GAP for each group, which suggests that it is relatively served appropriately

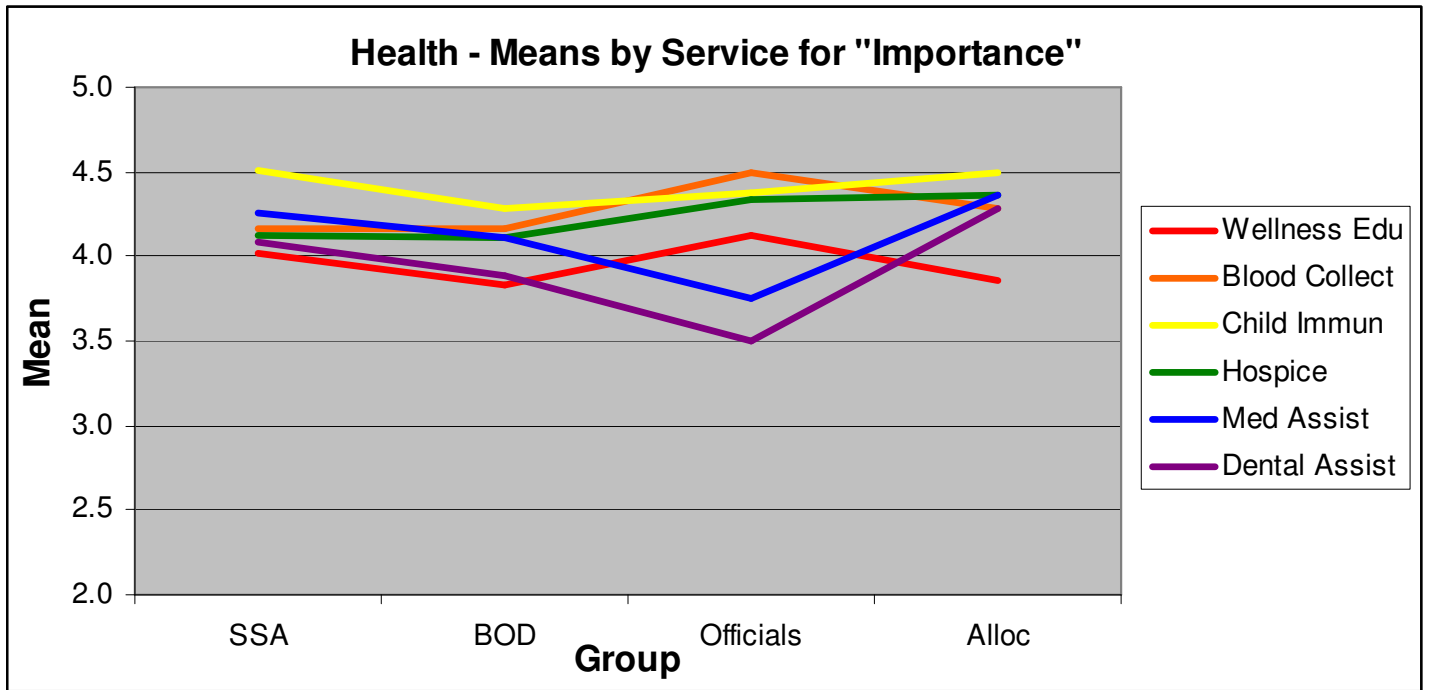
Figure 3.49



Notable Observation (Figure 3.49):

- Ratings are fairly consistent among groups

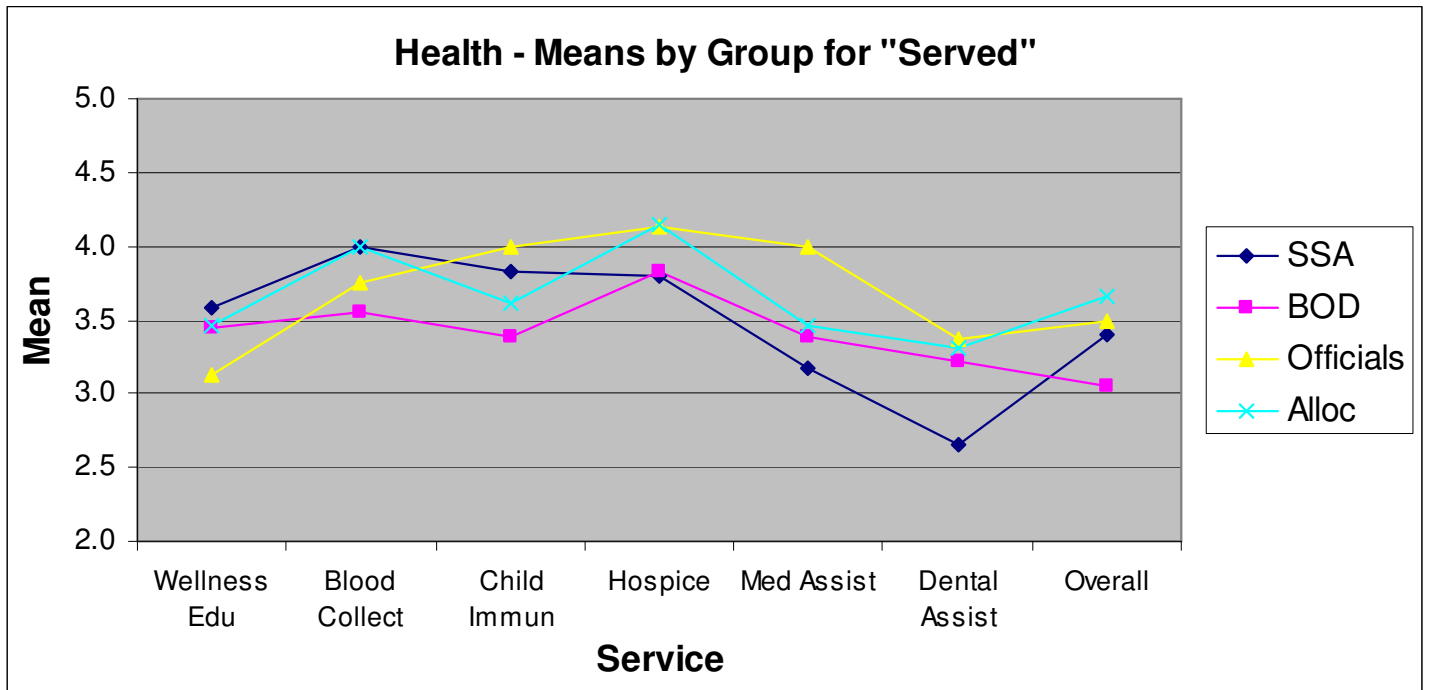
Figure 3.50



Notable Observations (Figure 3.50):

- Child Immunization rated highly
- Other than officials, Wellness Education rated as lowest importance

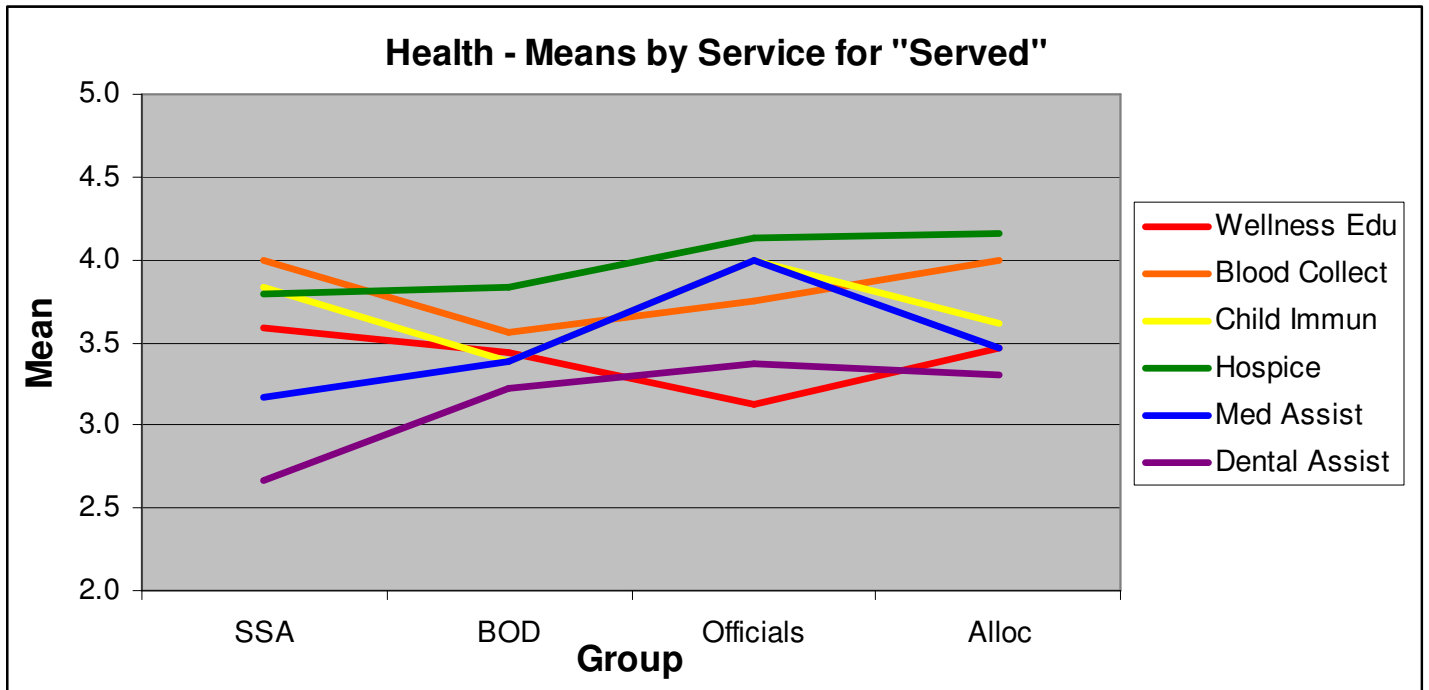
Figure 3.51



Notable Observation (Figure 3.51):

- SSA considers Dental Assistance less well served than the other groups

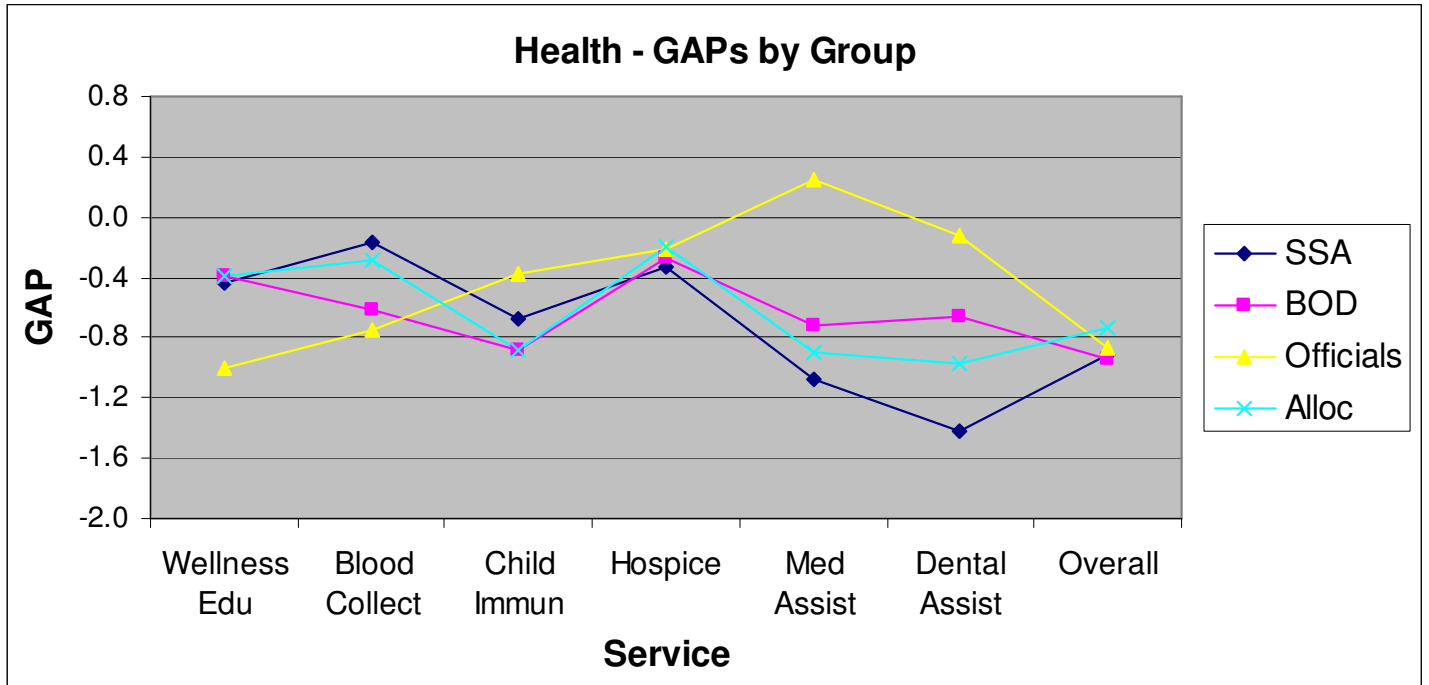
Figure 3.52



Notable Observation (Figure 3.52):

- Elderly Immunization has the smallest negative GAP for each group, which suggests that it is relatively served appropriately

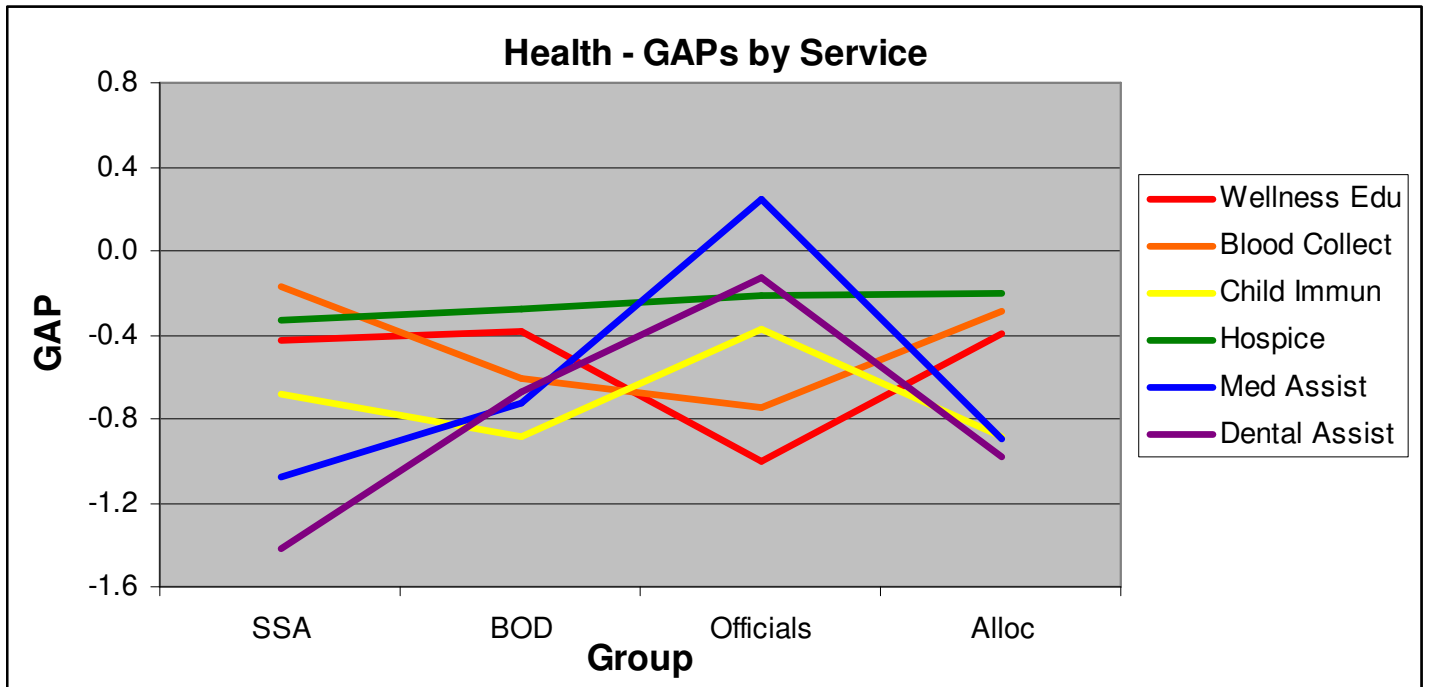
Figure 3.53



Notable Observations (Figure 3.53):

- Highest levels of disagreement regarding Medical Assistance and Dental Assistance, especially for Officials
- Very little disagreement regarding Hospice, Overall Health, and Wellness Education (except Officials)

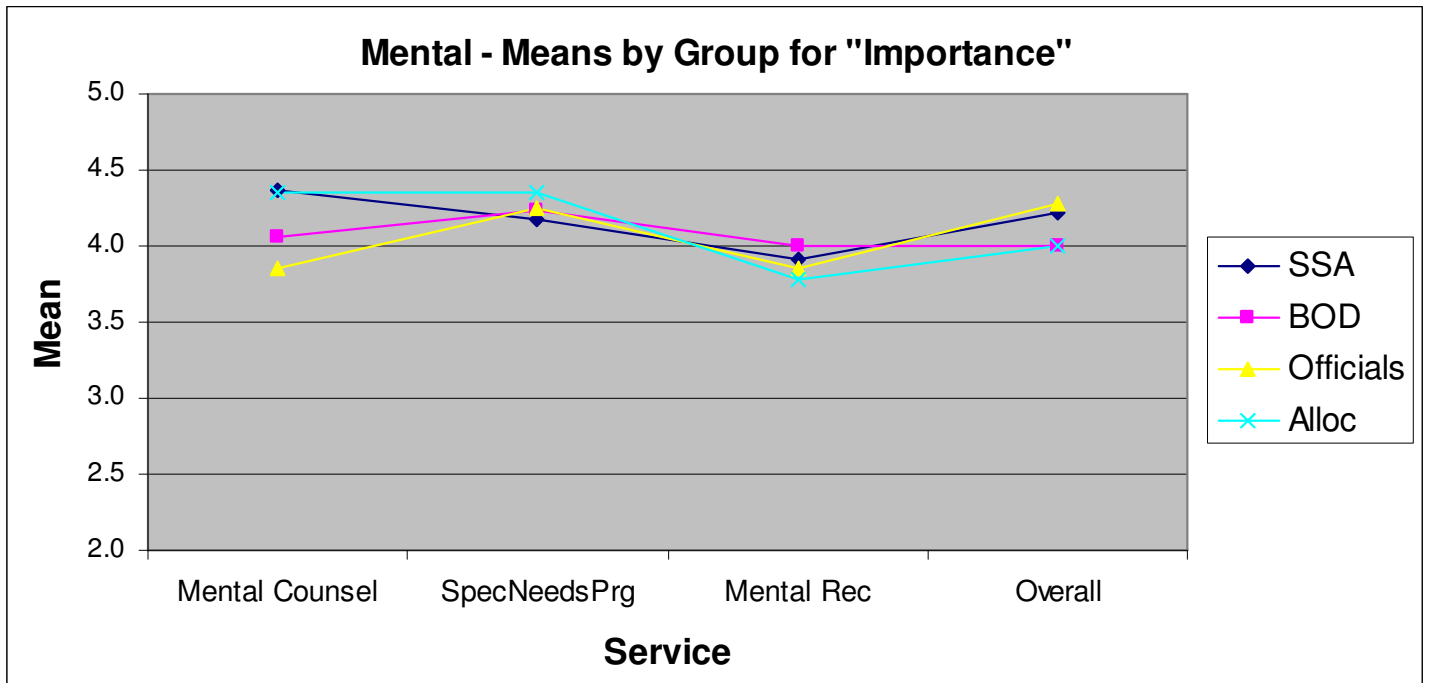
Figure 3.54



Notable Observation (Figure 3.54):

- Hospice tends to have relatively low GAPS, suggesting it is relatively appropriately served

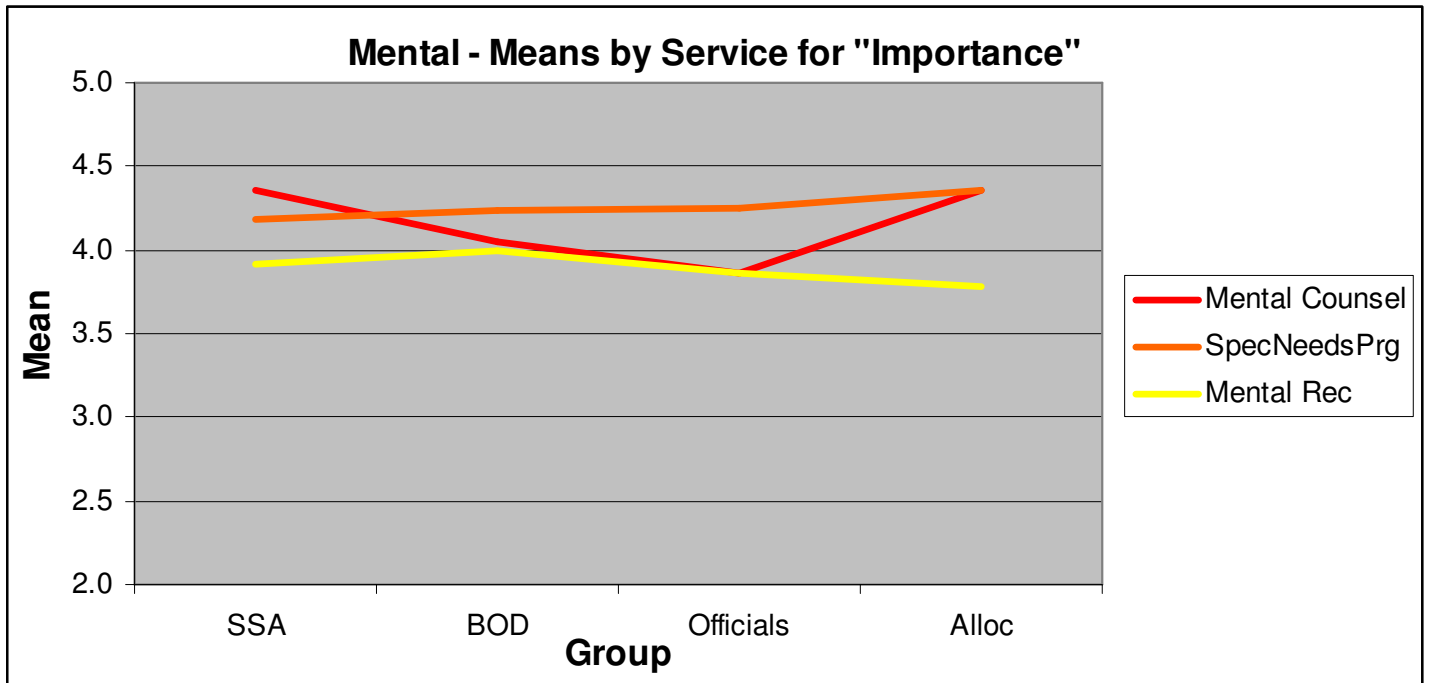
Figure 3.55



Notable Observation (Figure 3.55):

- Very little disagreement among groups

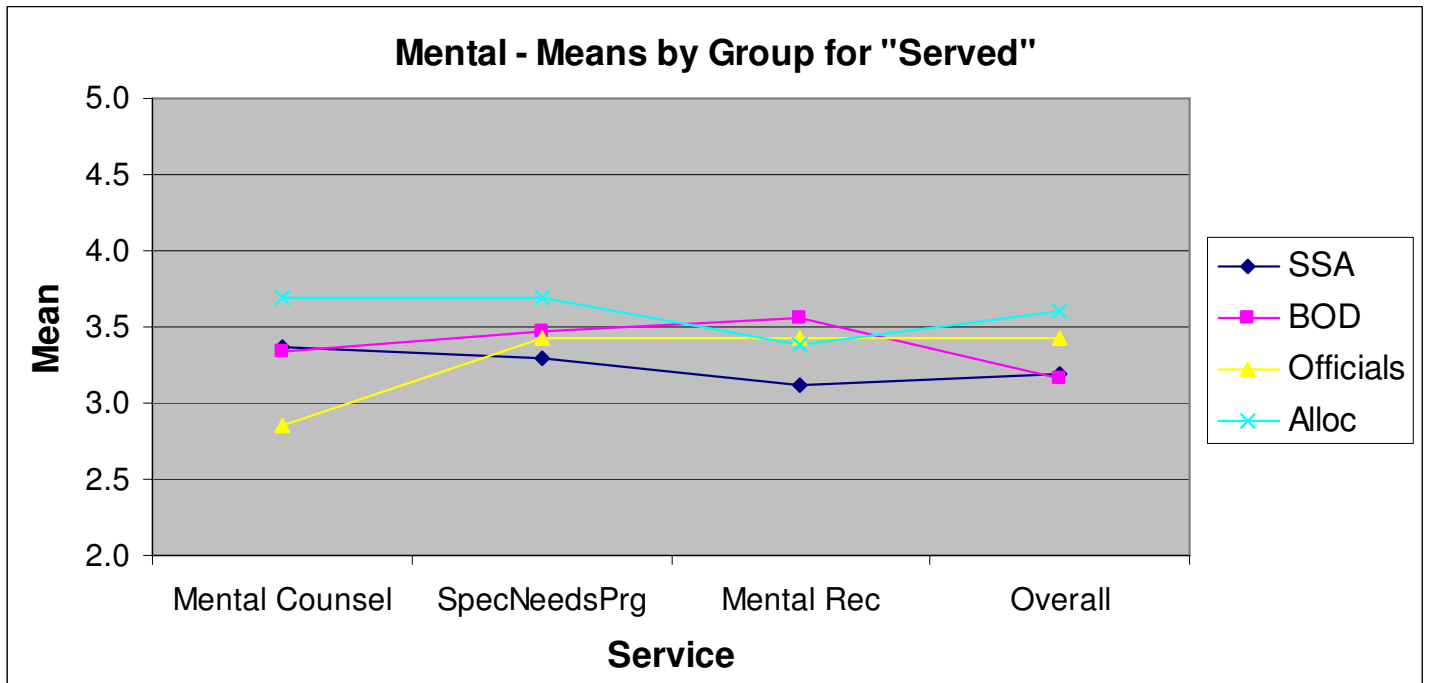
Figure 3.56



Notable Observations (Figure 3.56):

- Mental Recreation rated as least important by each group
- Special Need Programs tends to be rated highest

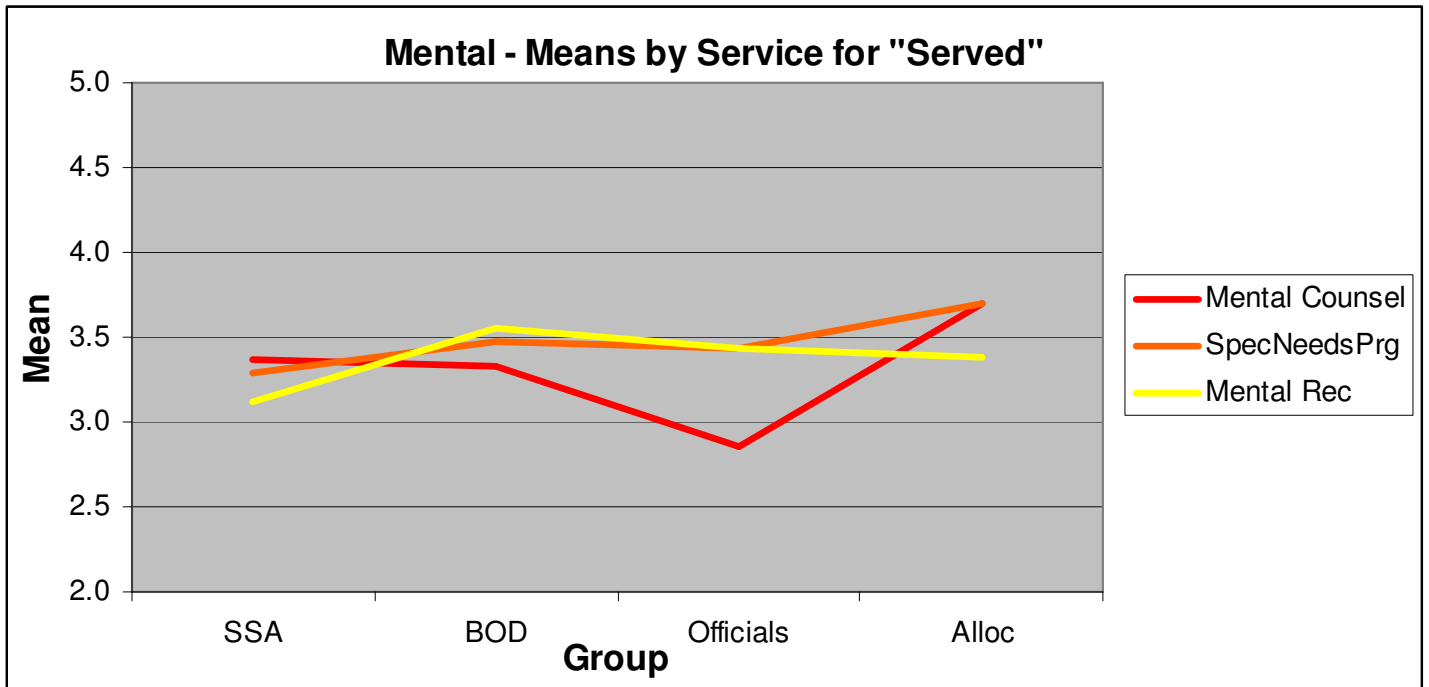
Figure 3.57



Notable Observations (Figure 3.57):

- Alloc and BOD consistently provide highest ratings
- Each group tends to rate each service approximately the same (the lines are relatively flat)

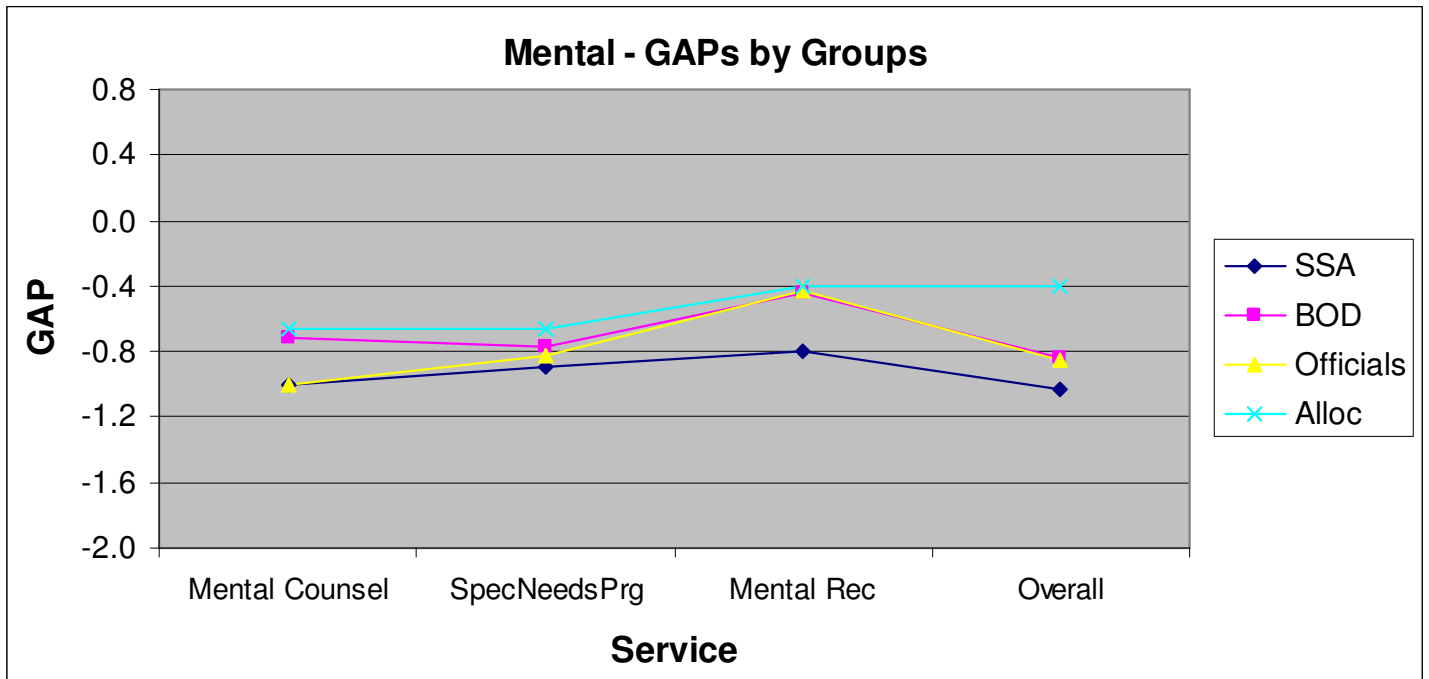
Figure 3.58



Notable Observation (Figure 3.58):

- Elderly Immunization has the smallest negative GAP for each group, which suggests that it is relatively served appropriately

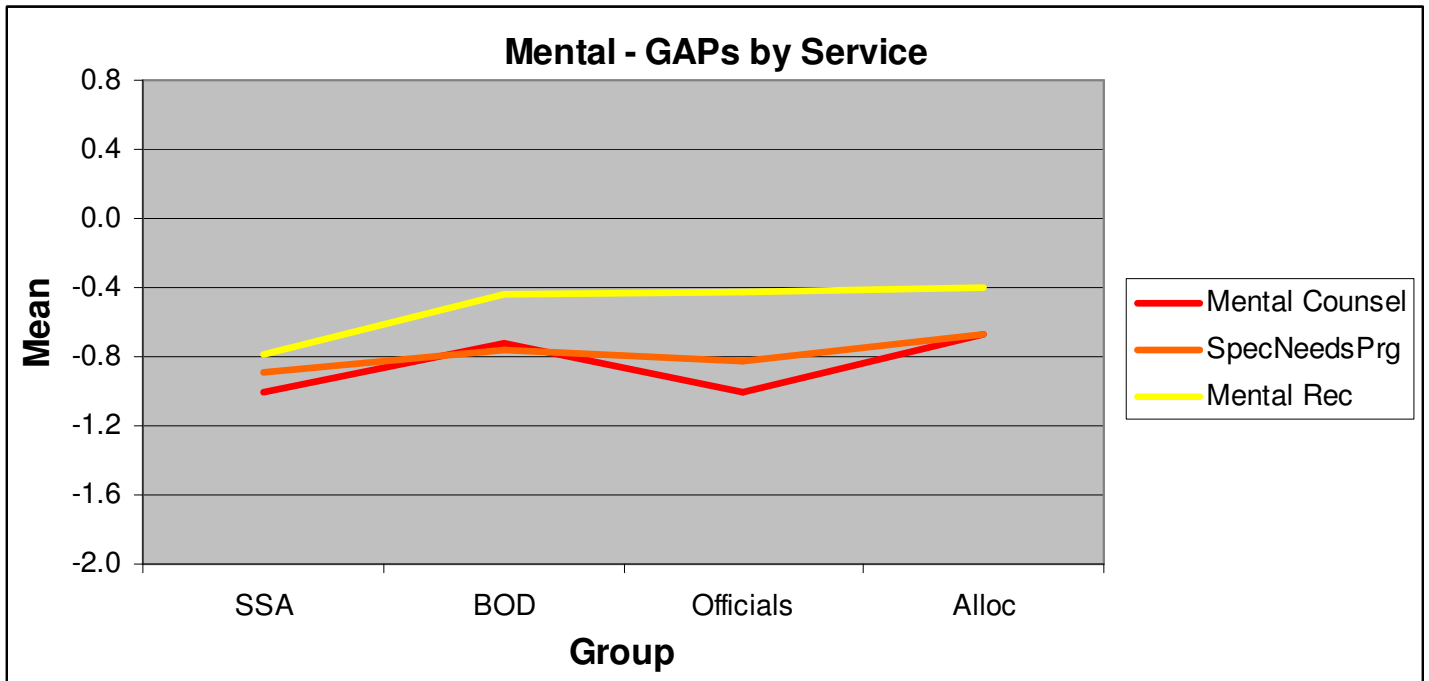
Figure 3.59



Notable Observations (Figure 3.59):

- Alloc rates smallest GAP and SSA rates largest GAPS
- All lines are relatively flat, suggesting each group considers each service to have about the same GAP

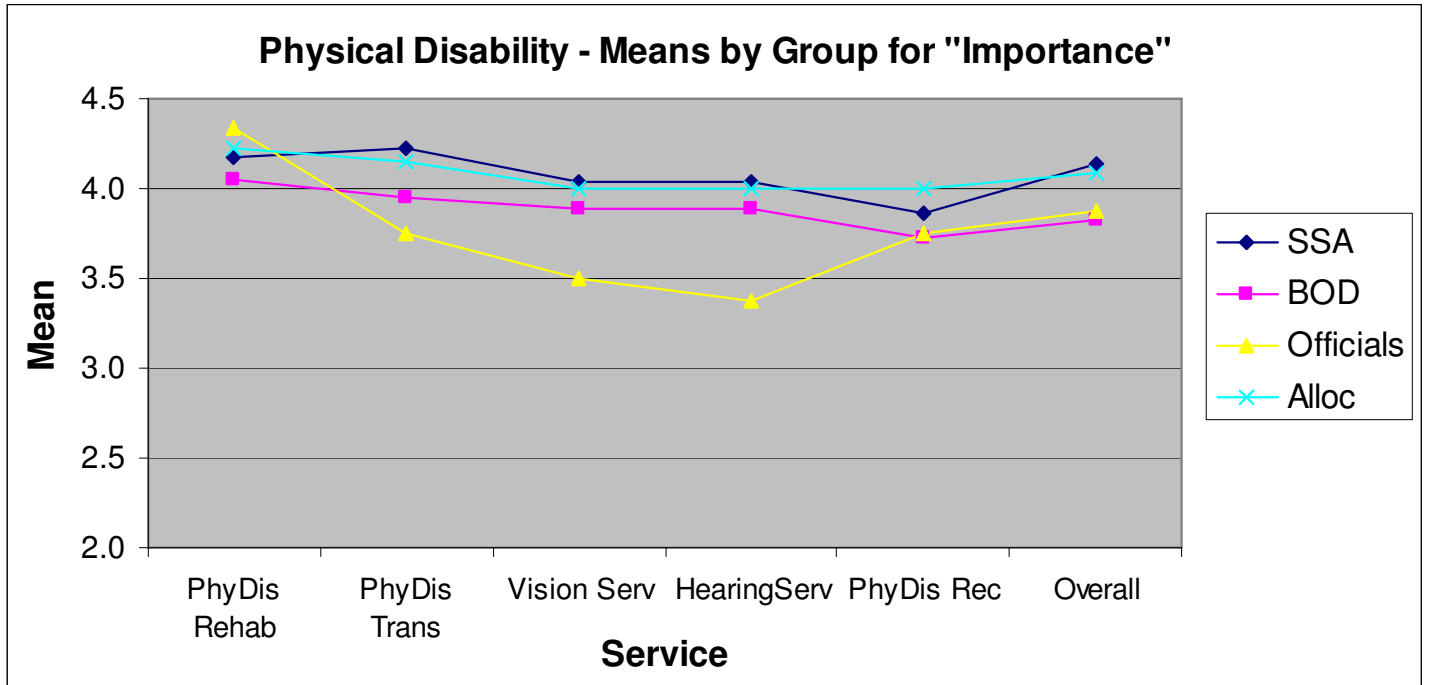
Figure 3.60



Notable Observation (Figure 3.60):

- Mental Recreation has smallest GAP, suggesting it is relatively appropriately served

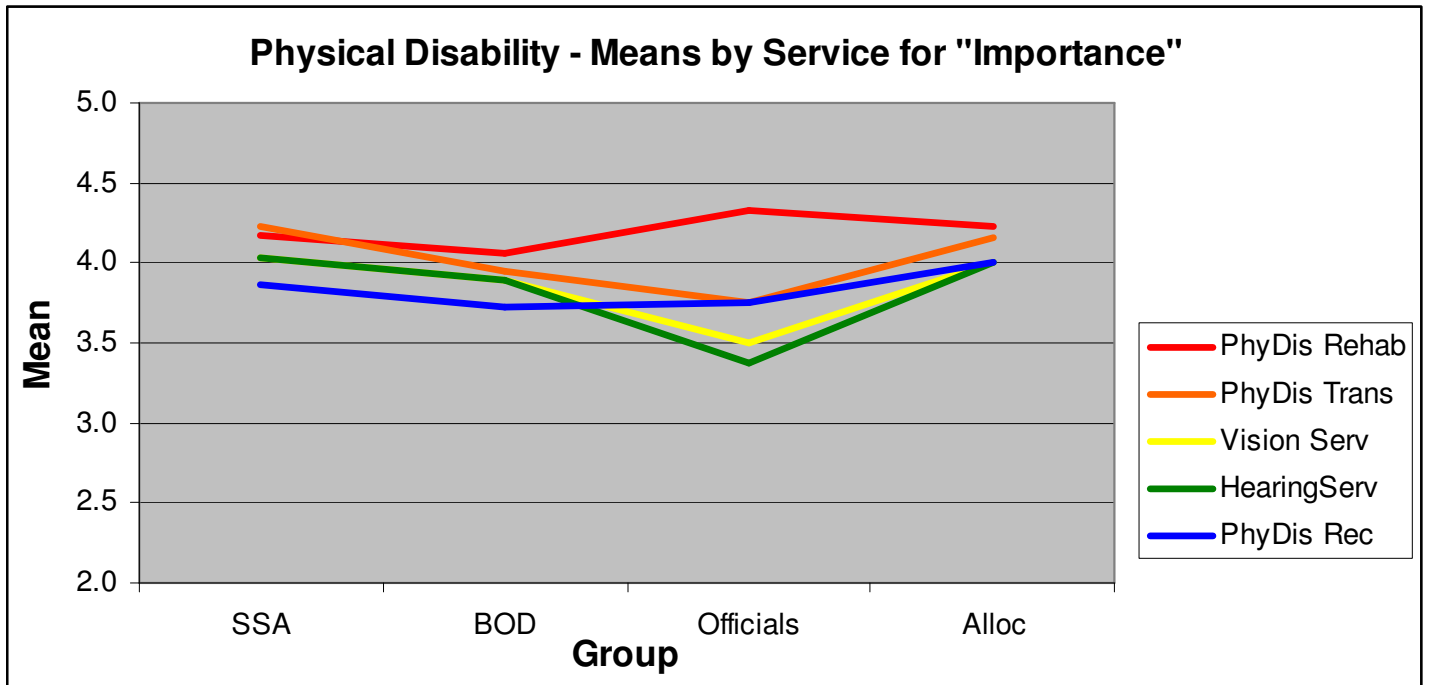
Figure 3.61



Notable Observations (Figure 3.61):

- Officials consistently consider these services less important than other groups
- Alloc, BOD, and SSA have very consistent ratings for each service, suggesting they agree about how important these services are

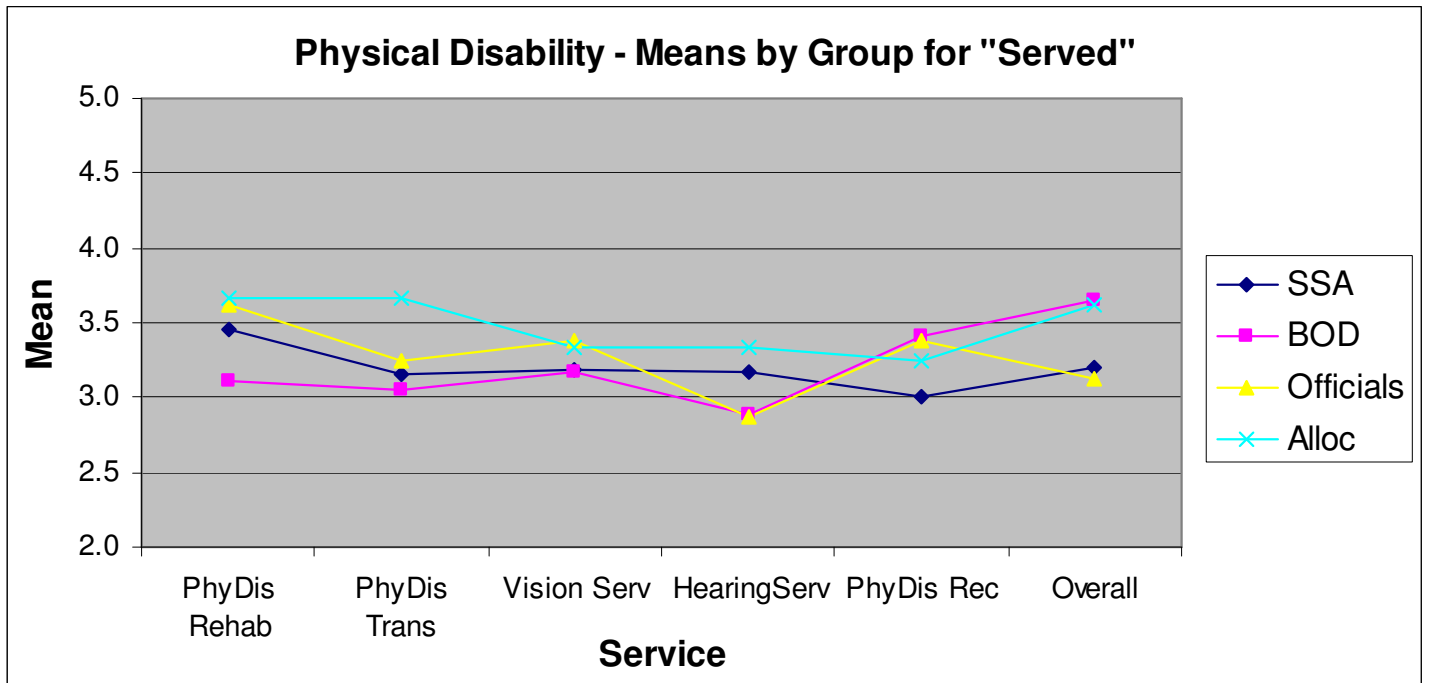
Figure 3.62



Notable Observation (Figure 3.62):

- Physical Disability Rehab tends to be ranked as most importance

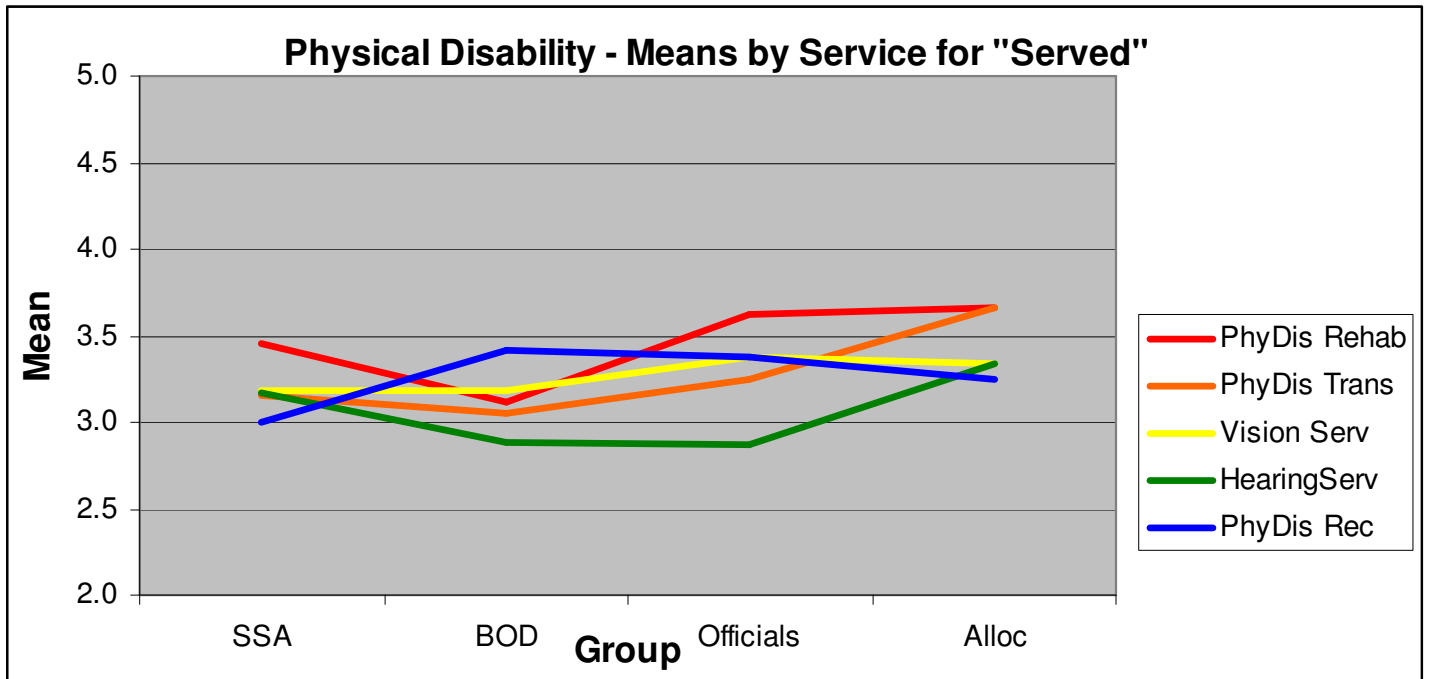
Figure 3.63



Notable Observation (Figure 3.63):

- Alloc tends to consider each service more well served than the other groups

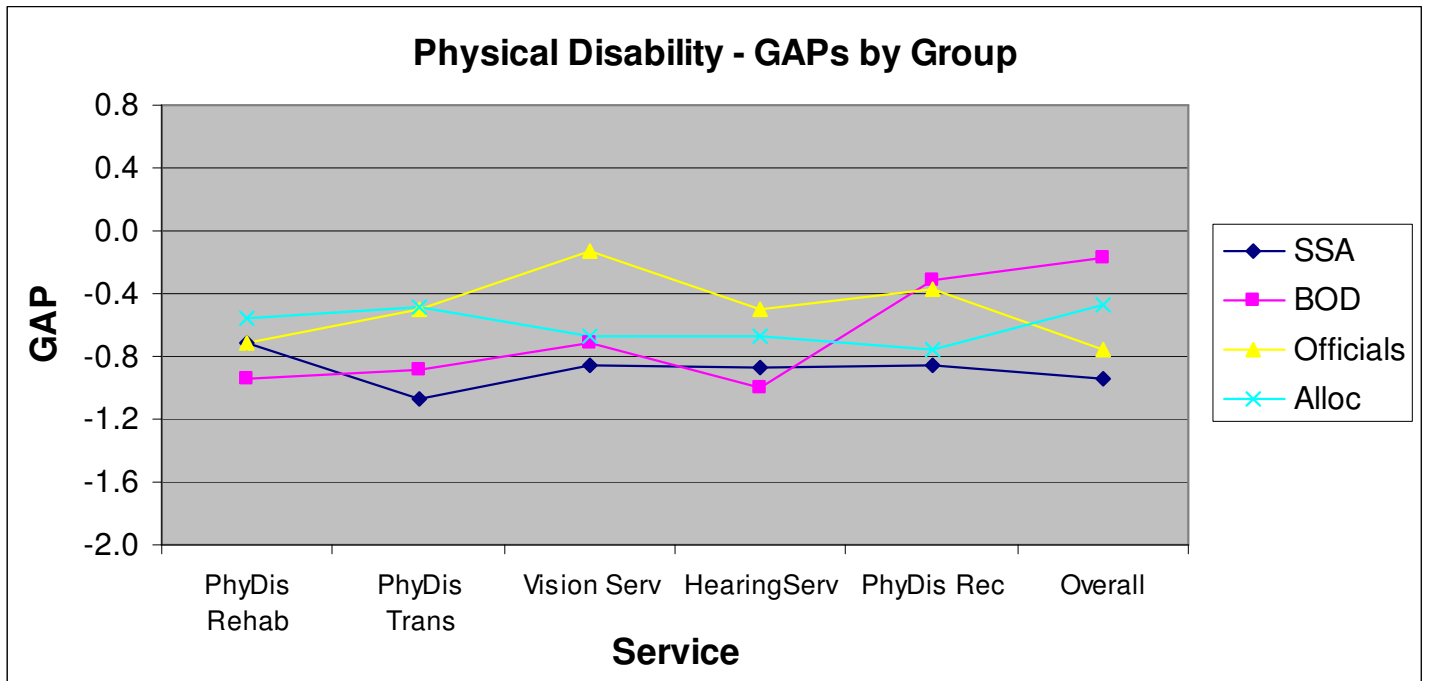
Figure 3.64



Notable Observation (Figure 3.64):

- Hearing Services are consistently rated low in terms of how well served
- Other than by BOD, Physical Disability Rehabilitation is considered most well served by each group

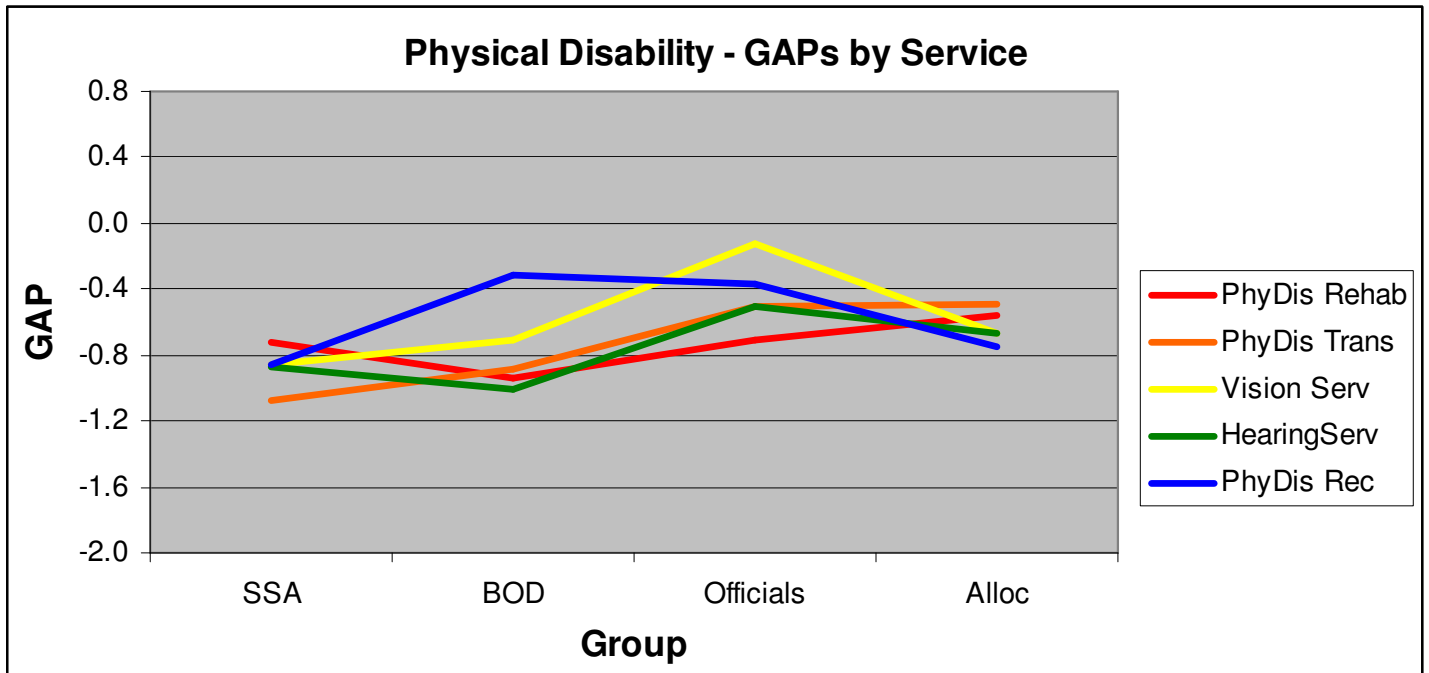
Figure 3.65



Notable Observation (Figure 3.65):

- SSA tends to rate services with relatively large, negative GAPs, suggesting they may consider these services relatively underserved
- Officials tend to rate services with relatively small, negative GAPs

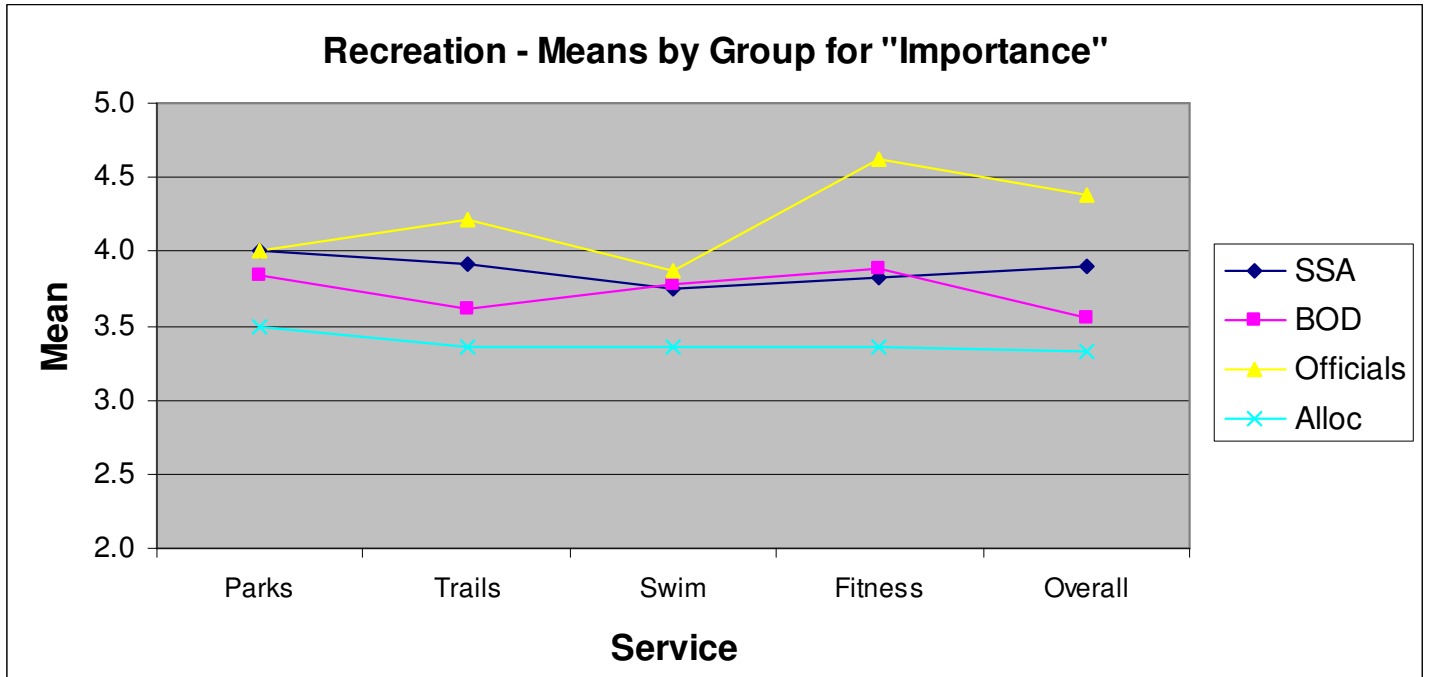
Figure 3.66



Notable Observation (Figure 3.66):

- Alloc rates each service very similarly

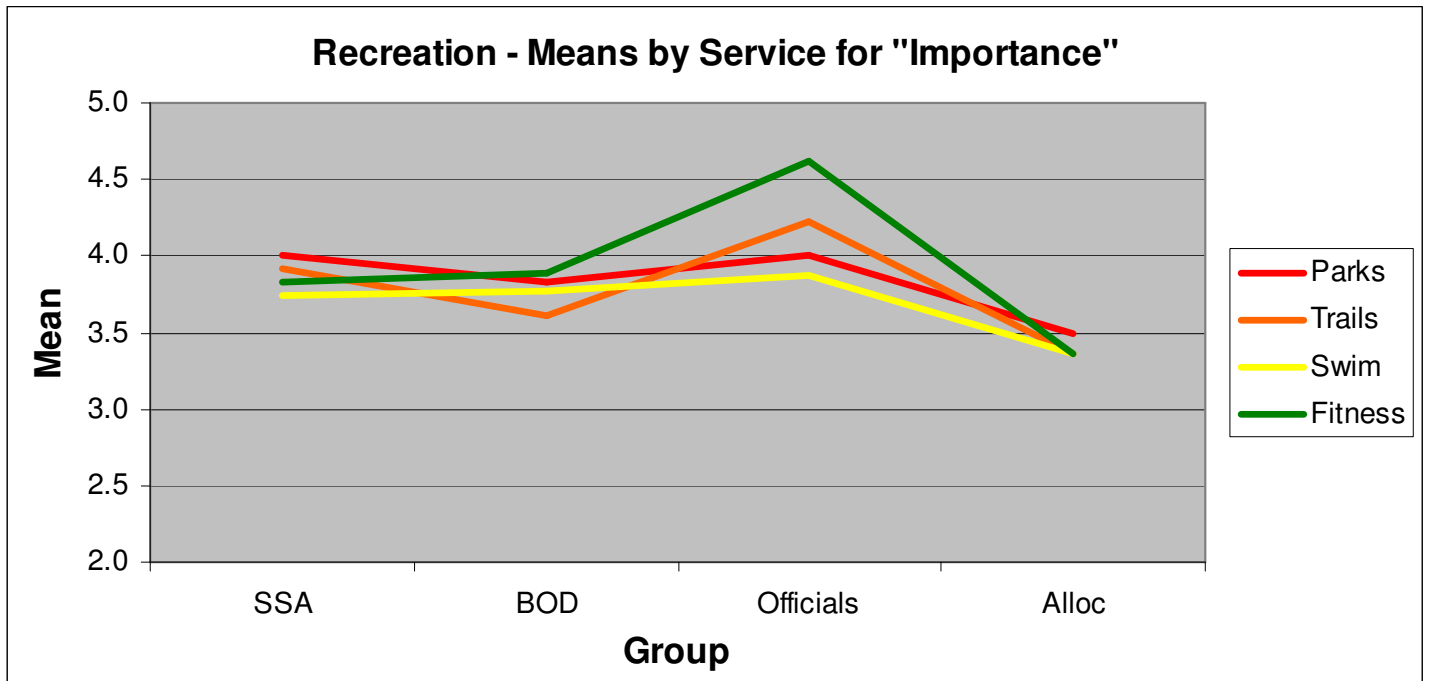
Figure 3.67



Notable Observations (Figure 3.67):

- Alloc considers every Recreation service to be less important than all the other groups
- Official consider every Recreation service to be more important than all the other groups
- Great deal of disagreement, particularly regarding Fitness and Overall

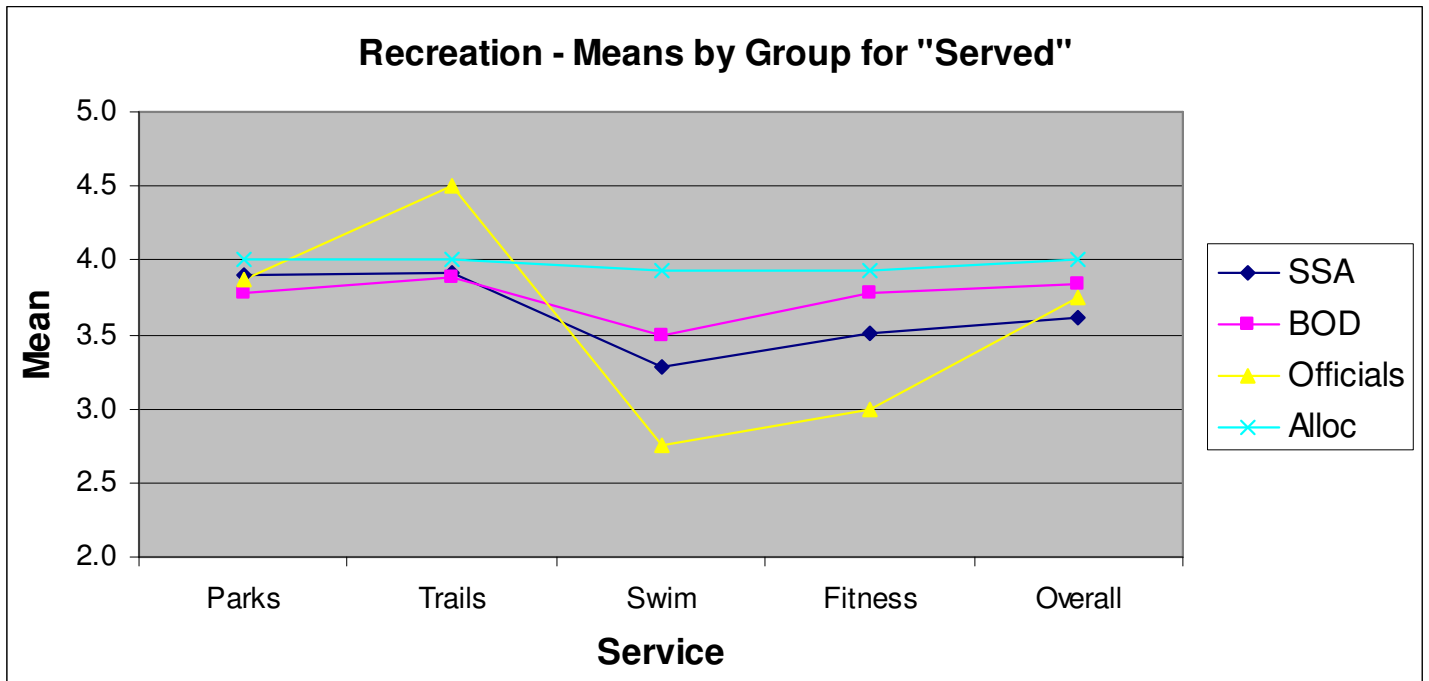
Figure 3.68



Notable Observation (Figure 3.68):

- Swim tends to be considered lowest importance by each group

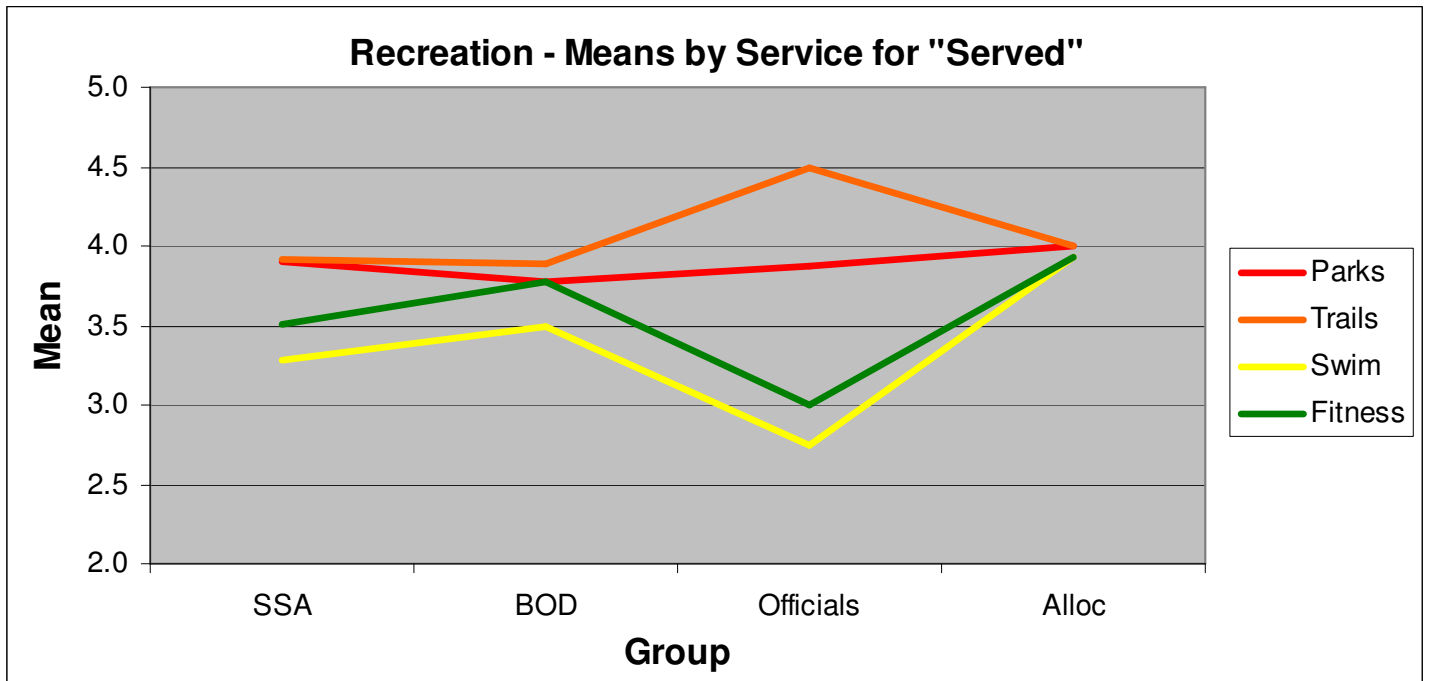
Figure 3.69



Notable Observations (Figure 3.69):

- Alloc considers each service to have the same level of importance
- Officials tend to have extreme opinions regarding how well Recreation services are served
- Very little disagreement regarding Parks and Overall

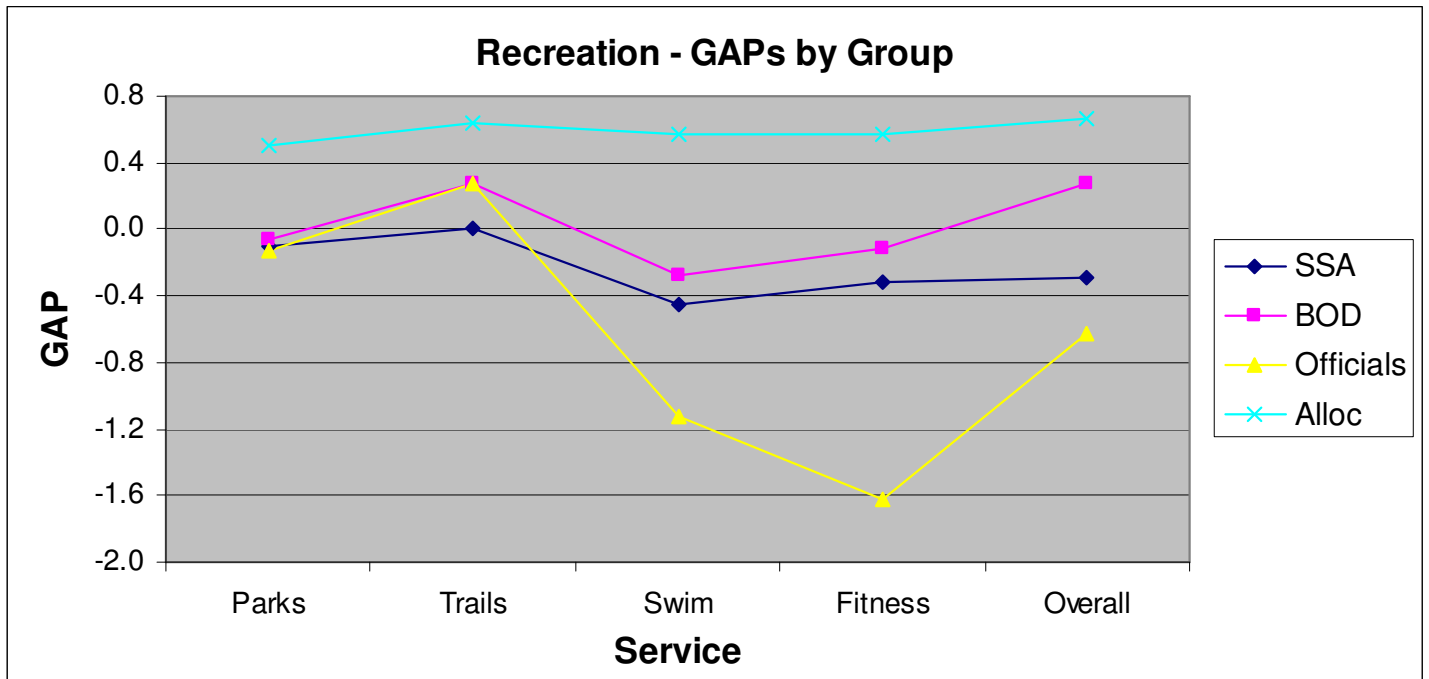
Figure 3.70



Notable Observations (Figure 3.70):

- Trails are rated as most well served by each group
- Swim is rated as least well served by each group

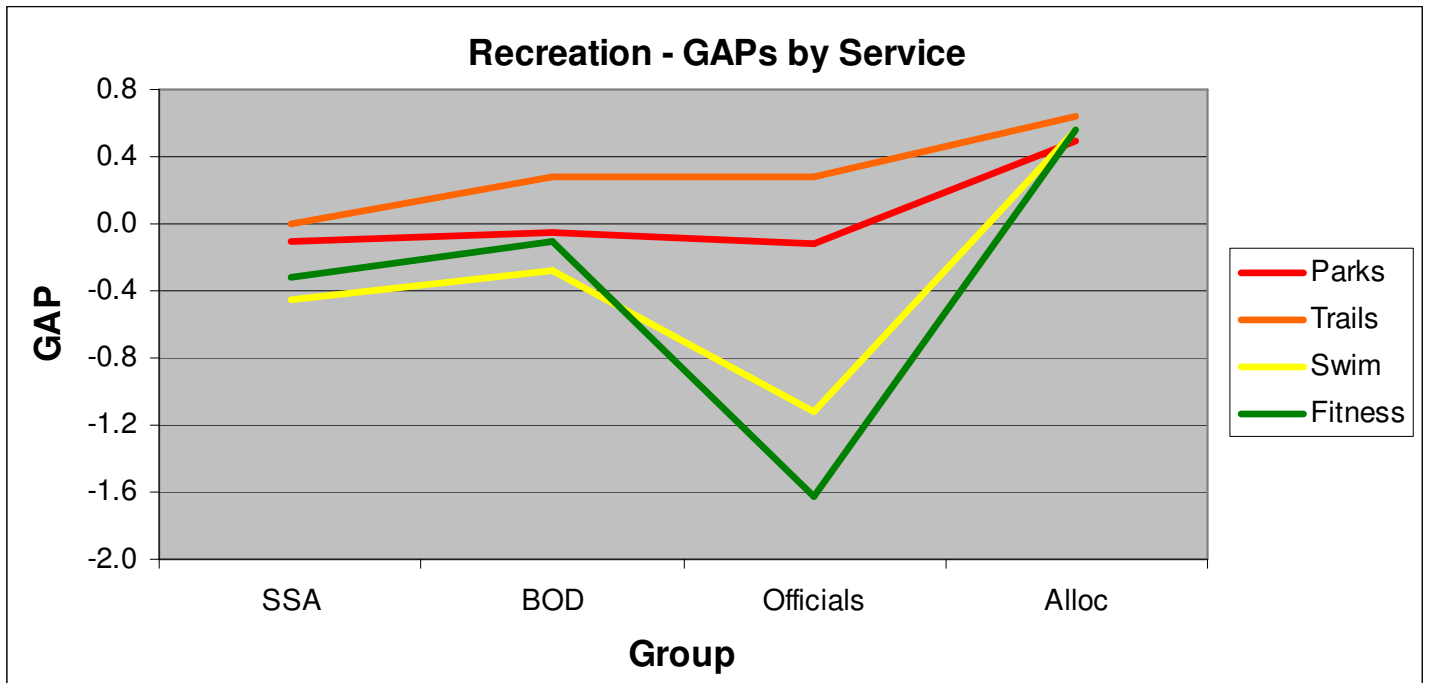
Figure 3.71



Notable Observations (Figure 3.71):

- Alloc ratings produce all positive GAPs, suggesting they consider Recreation services to be over-served
- BOD and SSA ratings produce positive and small negative GAPs, suggesting they consider Recreation services to be over-served and relatively appropriately served
- Officials have ratings that produce large, negative GAPs, suggesting they consider those services underserved
- Great deal of disagreement, particularly regarding Swim, Fitness, and Overall

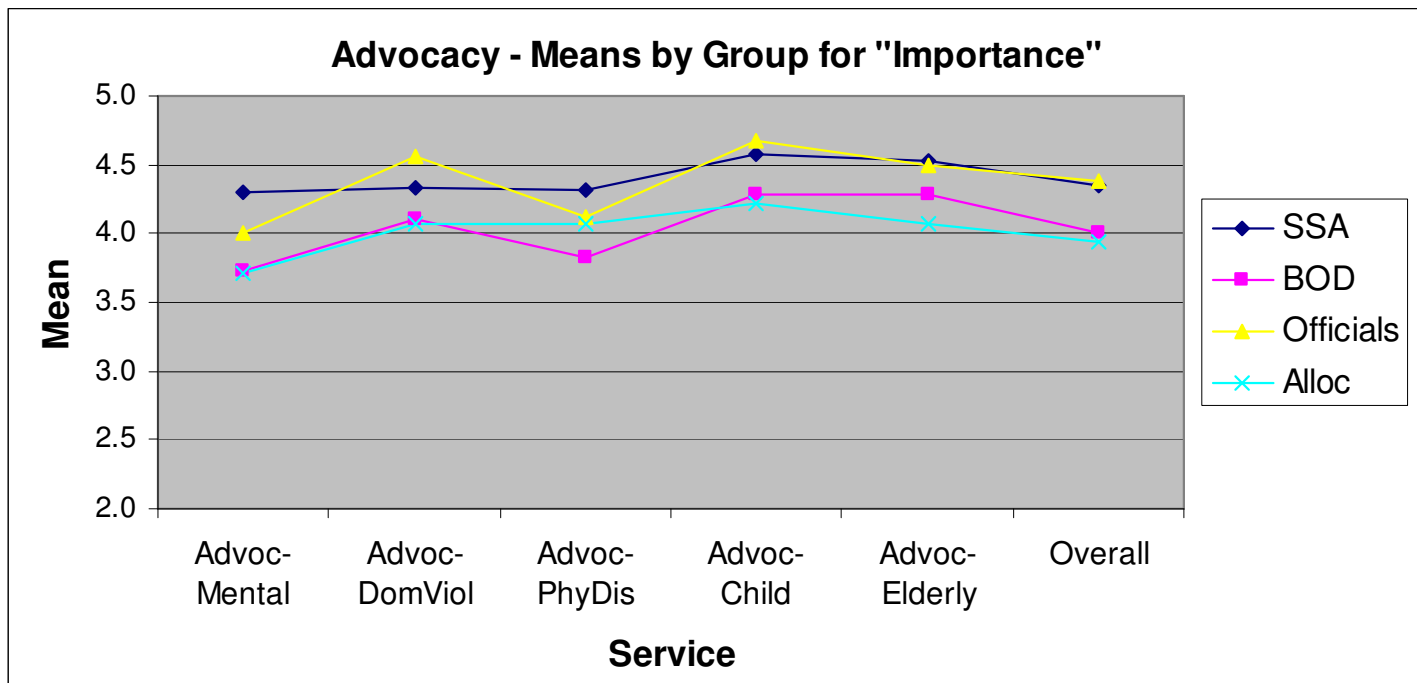
Figure 3.72



Notable Observations (Figure 3.72):

- Trails rated as having positive GAPS by every group, suggesting they consider them over-served
- Every group rates Parks with a very small negative GAP or a positive GAP, suggesting that service is considered over-served or appropriately served

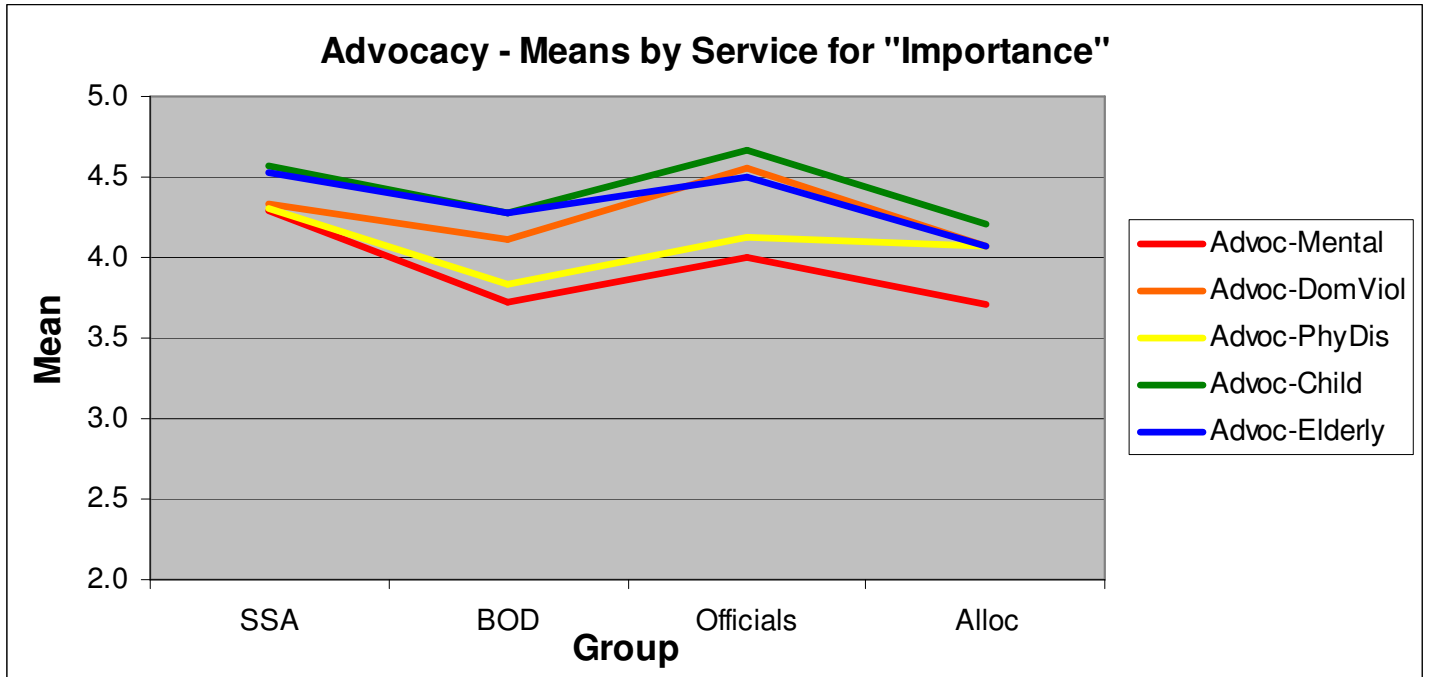
Figure 3.73



Notable Observations (Figure 3.73):

- Very little disagreement regarding importance of Advocacy services
- Alloc and BOD consistently rate importance lower than SSA and Officials

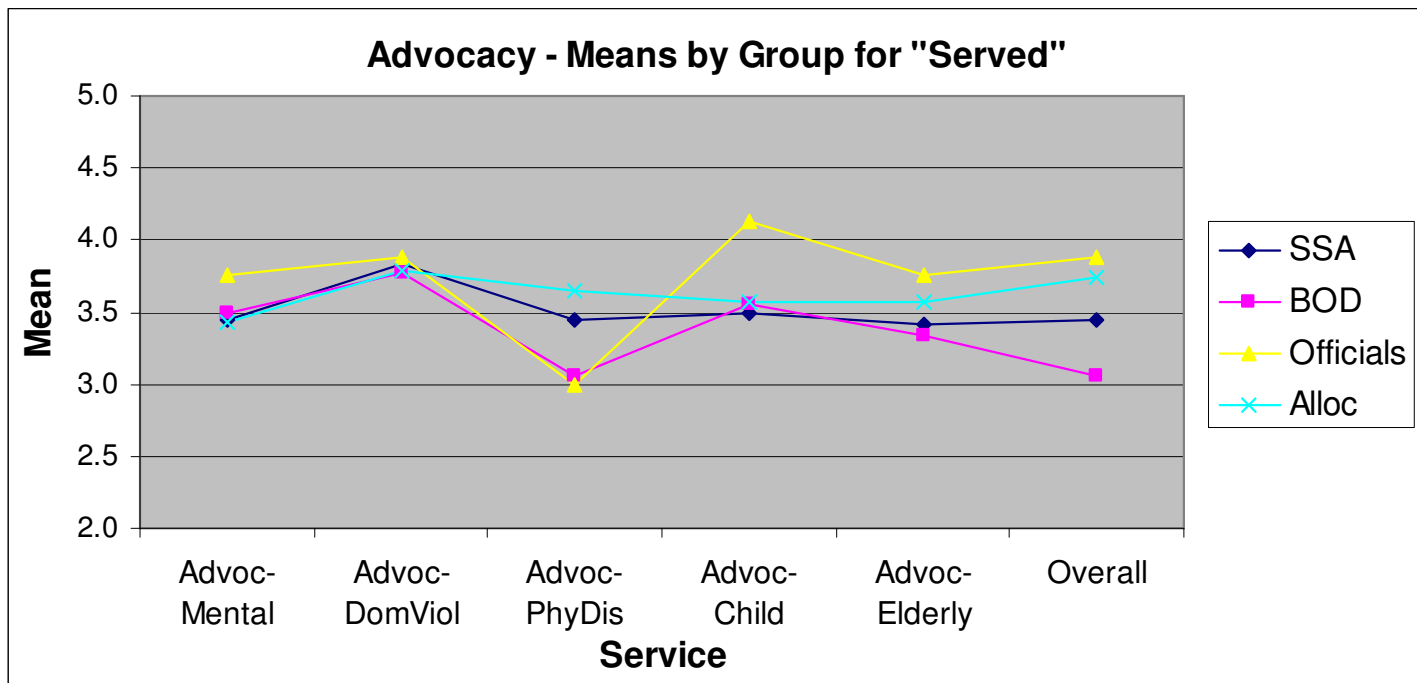
Figure 3.74



Notable Observations (Figure 3.74):

- Advocacy for Children is consistently rated as most important
- Advocacy for Mental Health is consistently rated as least important

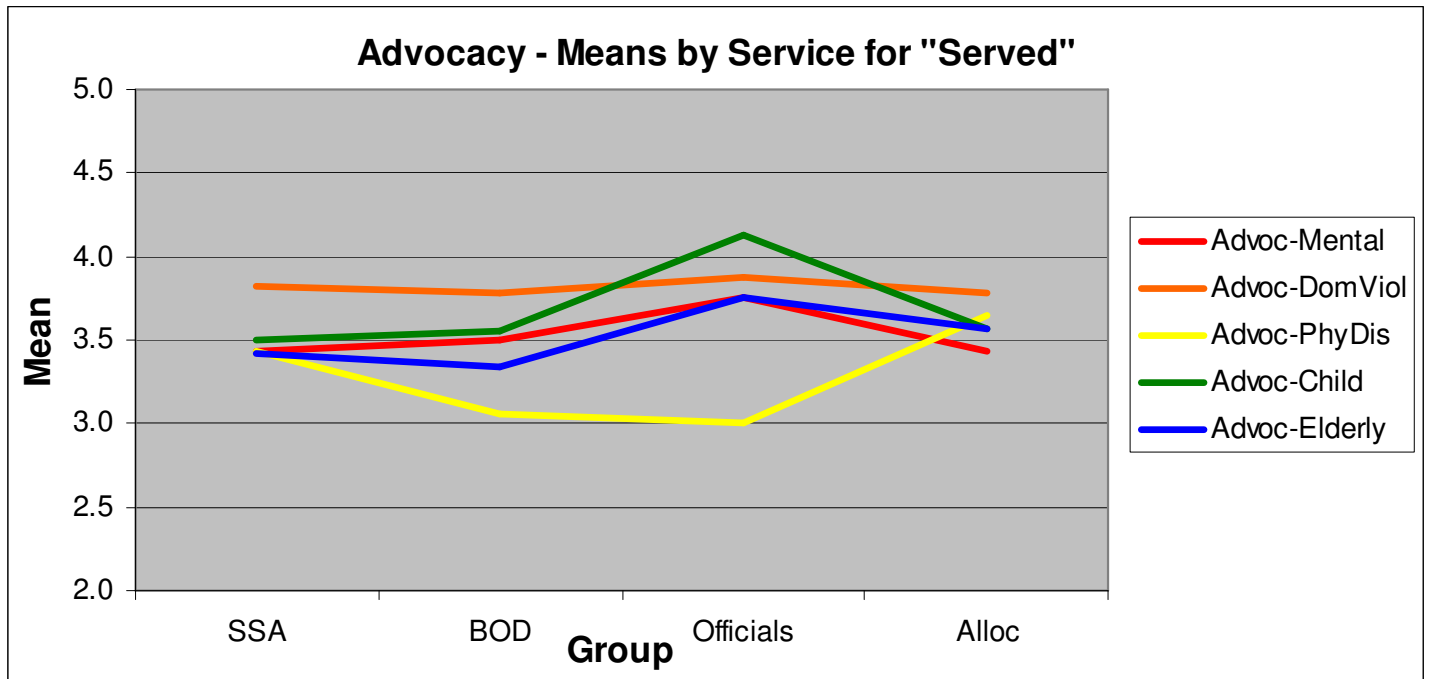
Figure 3.75



Notable Observations (Figure 3.75):

- Officials have most extreme opinion for each service, usually rating services as more well served than the other groups
- Not much disagreement among BOD, SSA, and Alloc
- Most disagreement regarding Overall Advocacy

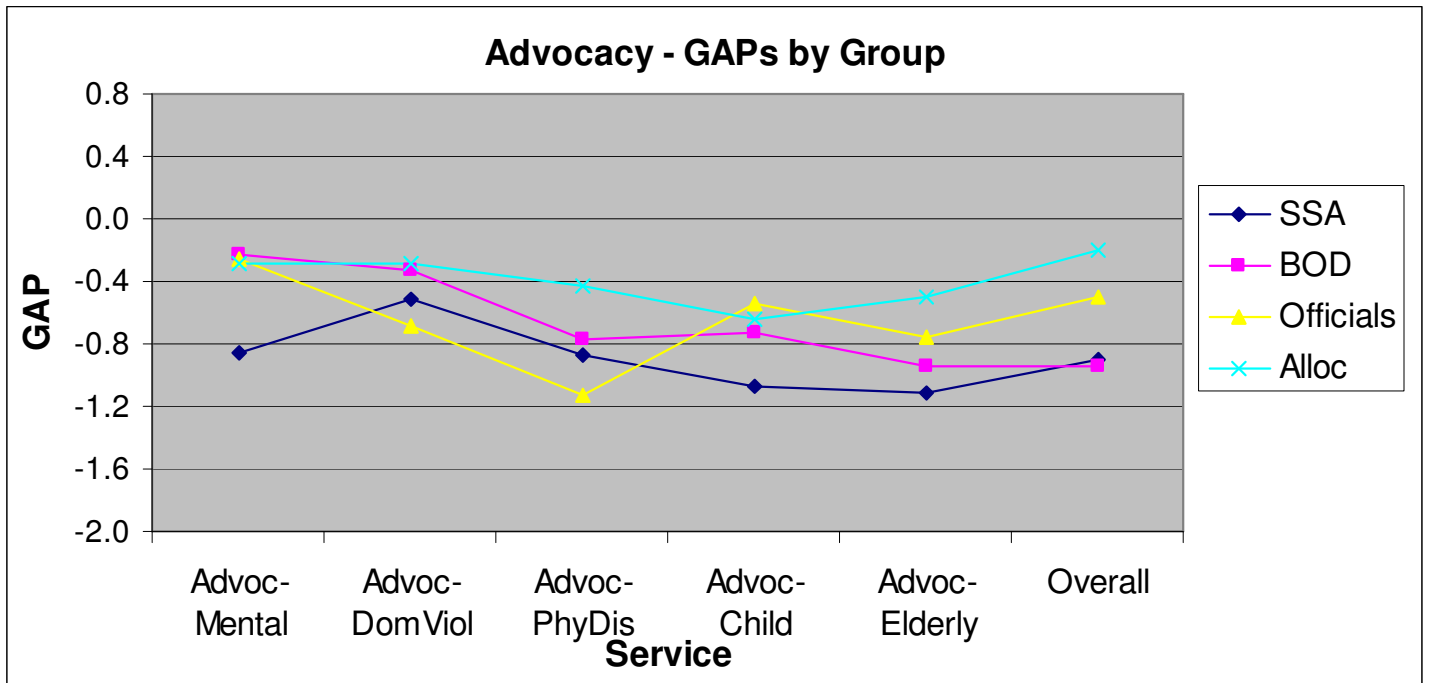
Figure 3.76



Notable Observations (Figure 3.76):

- Advocacy for Physical Disabilities is consistently rated as not well served
- Advocacy for Domestic Violence is rated as most well served by each group except Officials

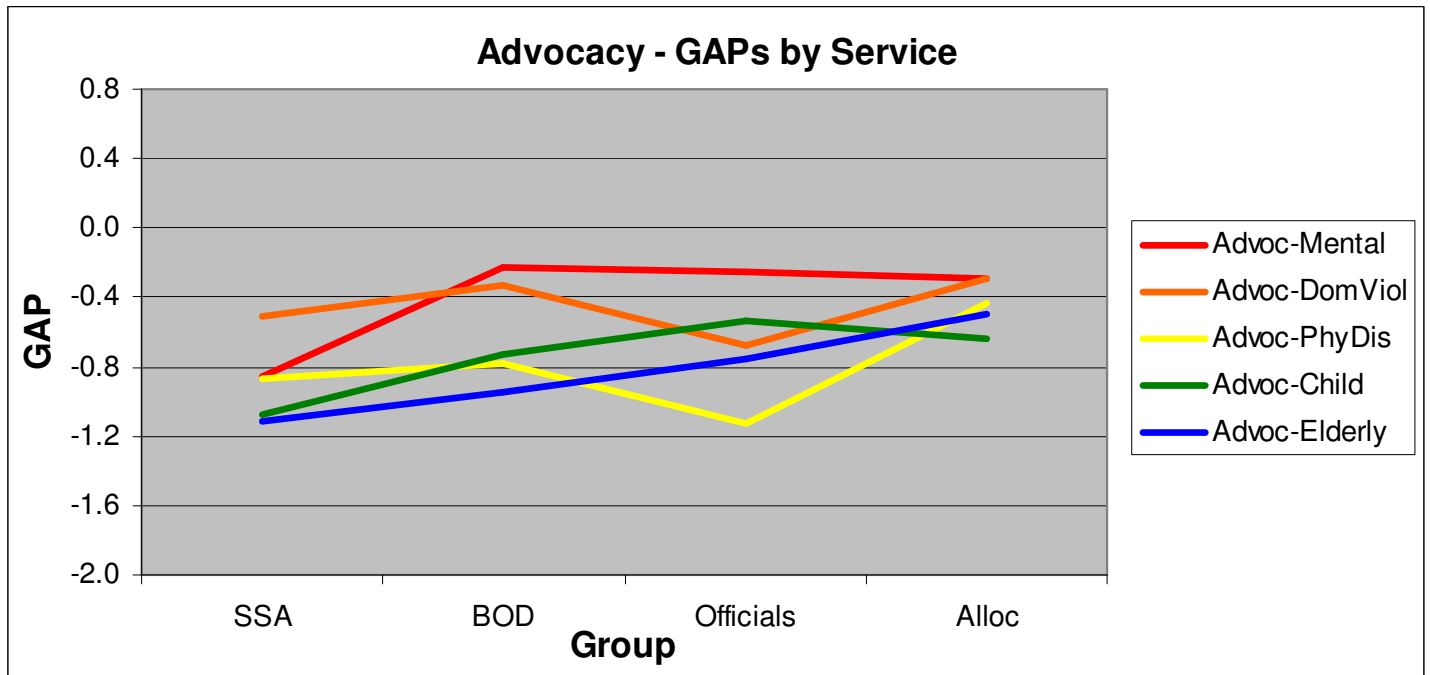
Figure 3.77



Notable Observations (Figure 3.77):

- SSA ratings tend to produce largest negative GAPs, suggesting they consider services relatively underserved
- Alloc ratings tend to product smallest, negative GAPs, suggesting they consider services relatively appropriately served

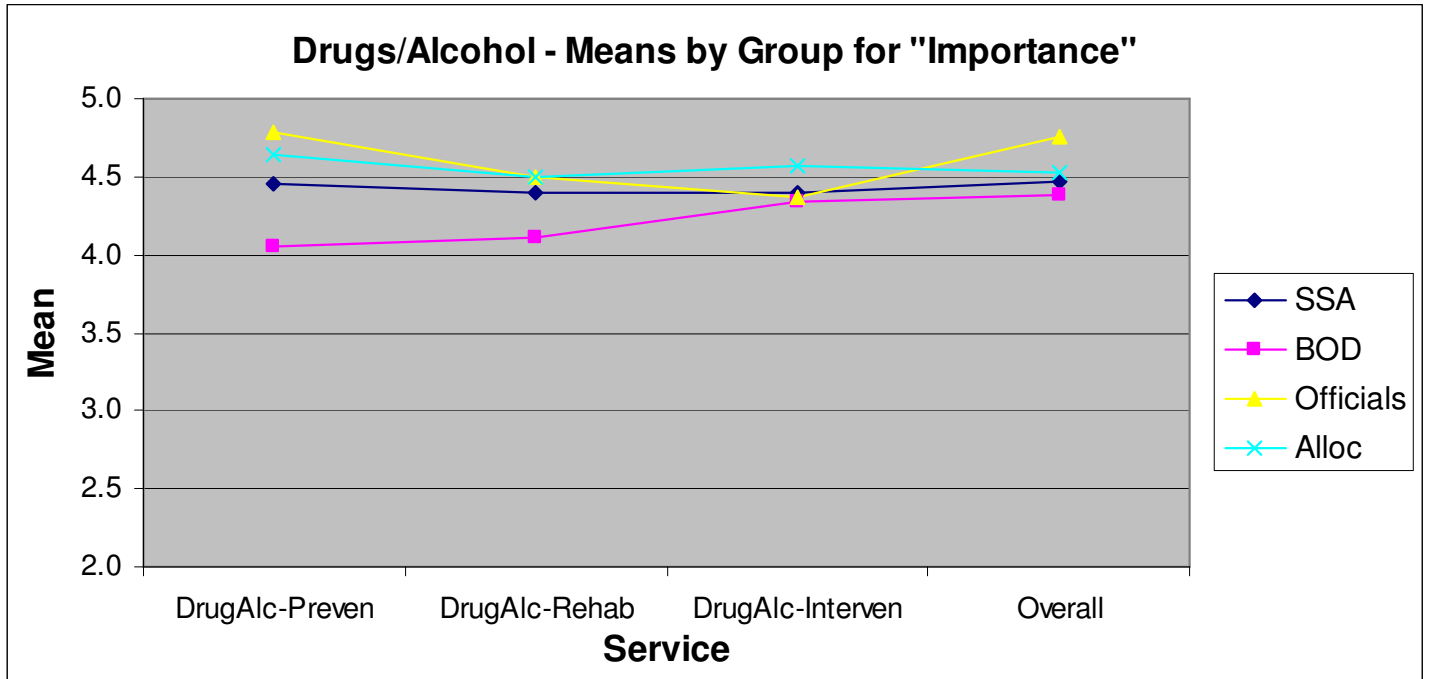
Figure 3.78



Notable Observation (Figure 3.78):

- Except by SSA, Advocacy for Mental Health is rated with smallest, negative GAP

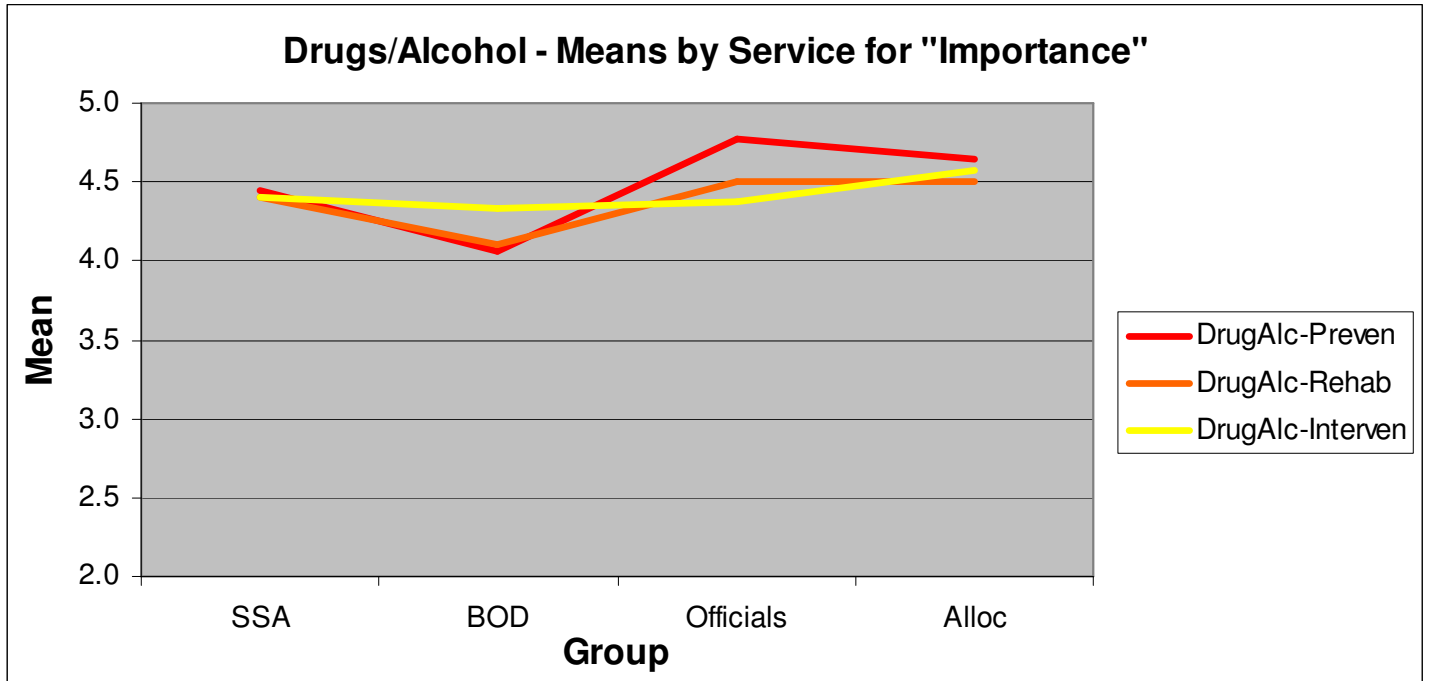
Figure 3.79



Notable Observations (Figure 3.79):

- Great deal of agreement among all groups except BOD for Drug/Alcohol Prevention and Rehab
- Importance ratings in general are very high

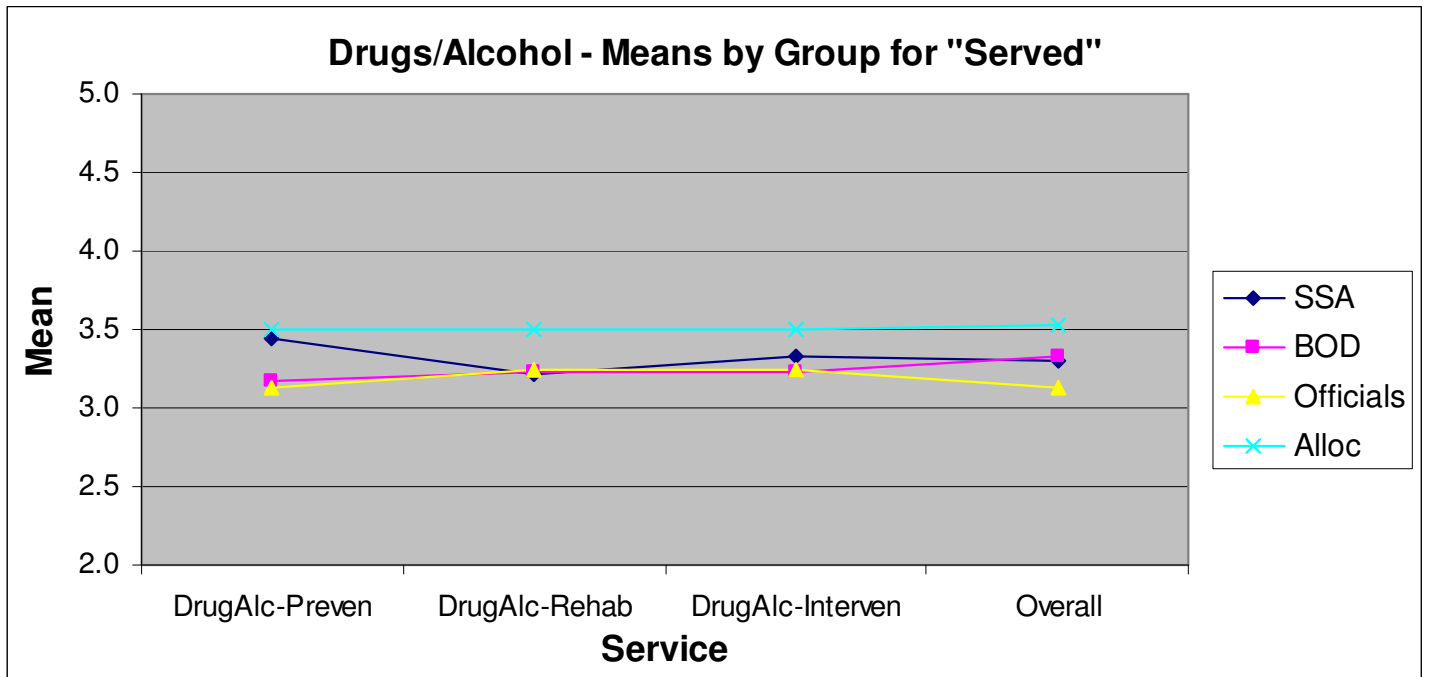
Figure 3.80



Notable Observation (Figure 3.80):

- Drugs/Alcohol Rehab rated at a very similar level of importance by all groups

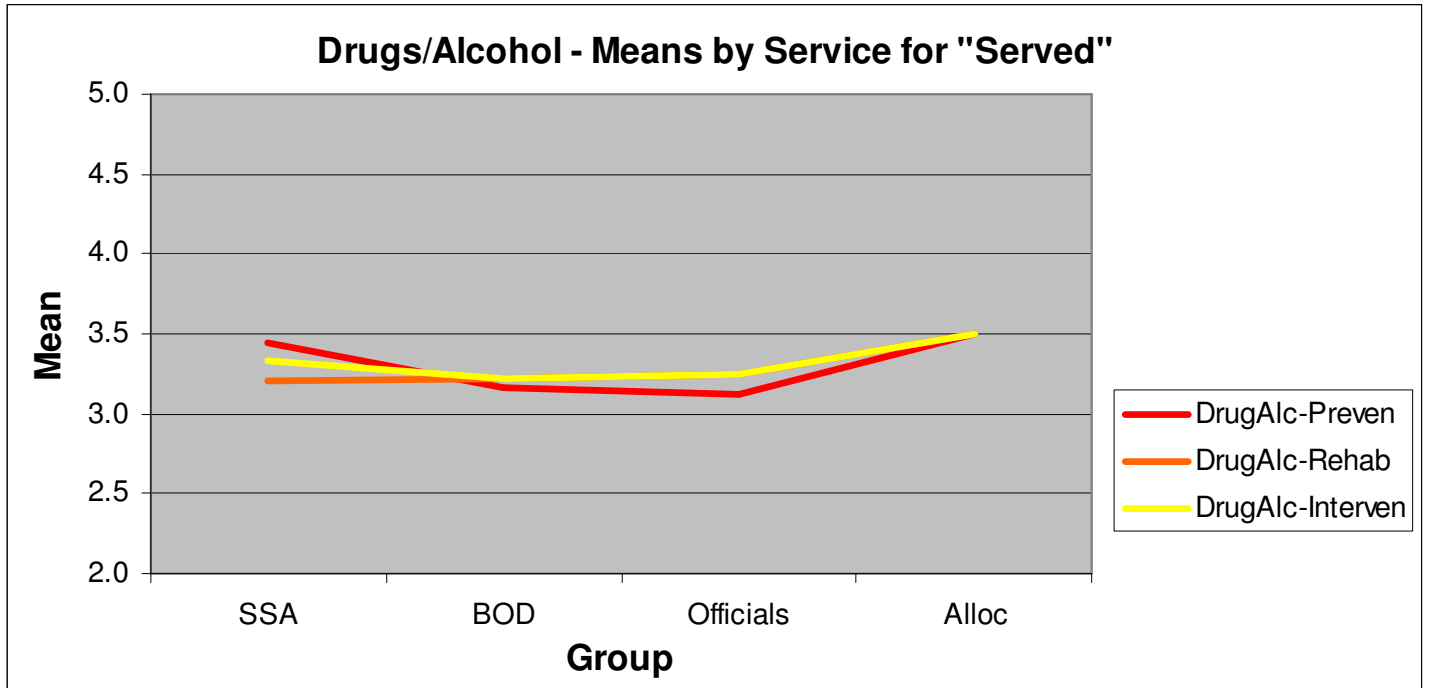
Figure 3.81



Notable Observations (Figure 3.81):

- Alloc considers services more well served than other groups
- Very little disagreement among SSA, BOD, and Officials

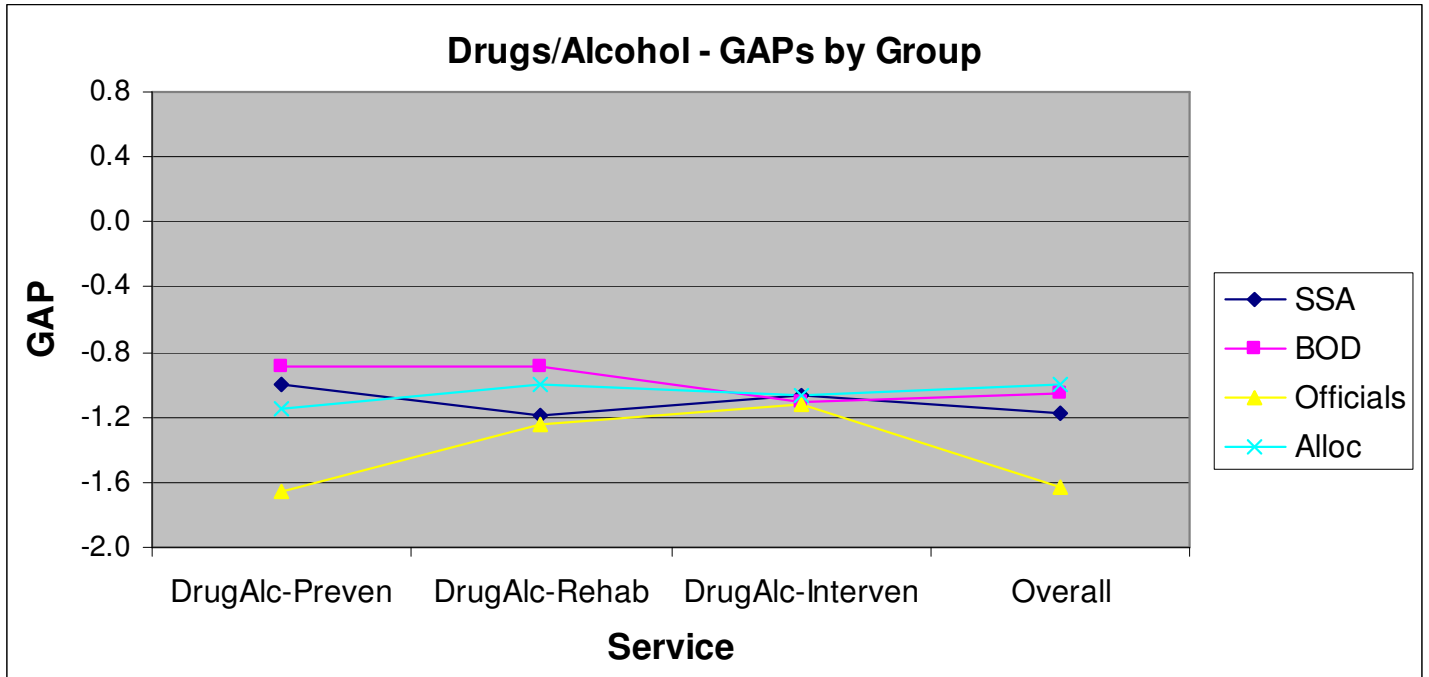
Figure 3.82



Notable Observation (Figure 3.82):

- Essentially no disagreement regarding how well served each service is

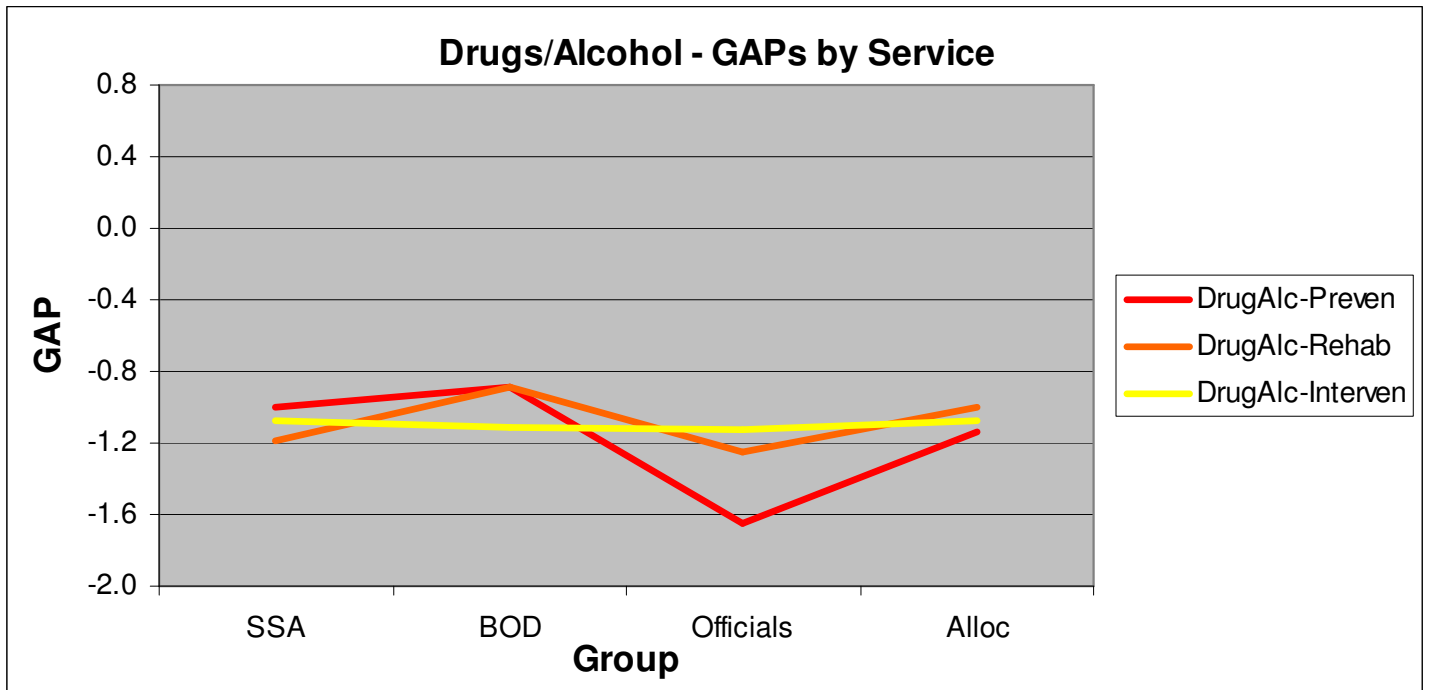
Figure 3.83



Notable Observations (Figure 3.83):

- Officials' ratings tend to produce largest, negative GAP, suggesting that they consider Drugs/Alcohol services to be relatively underserved
- Most GAPs are large, negative, suggesting that Drugs/Alcohol services are underserved

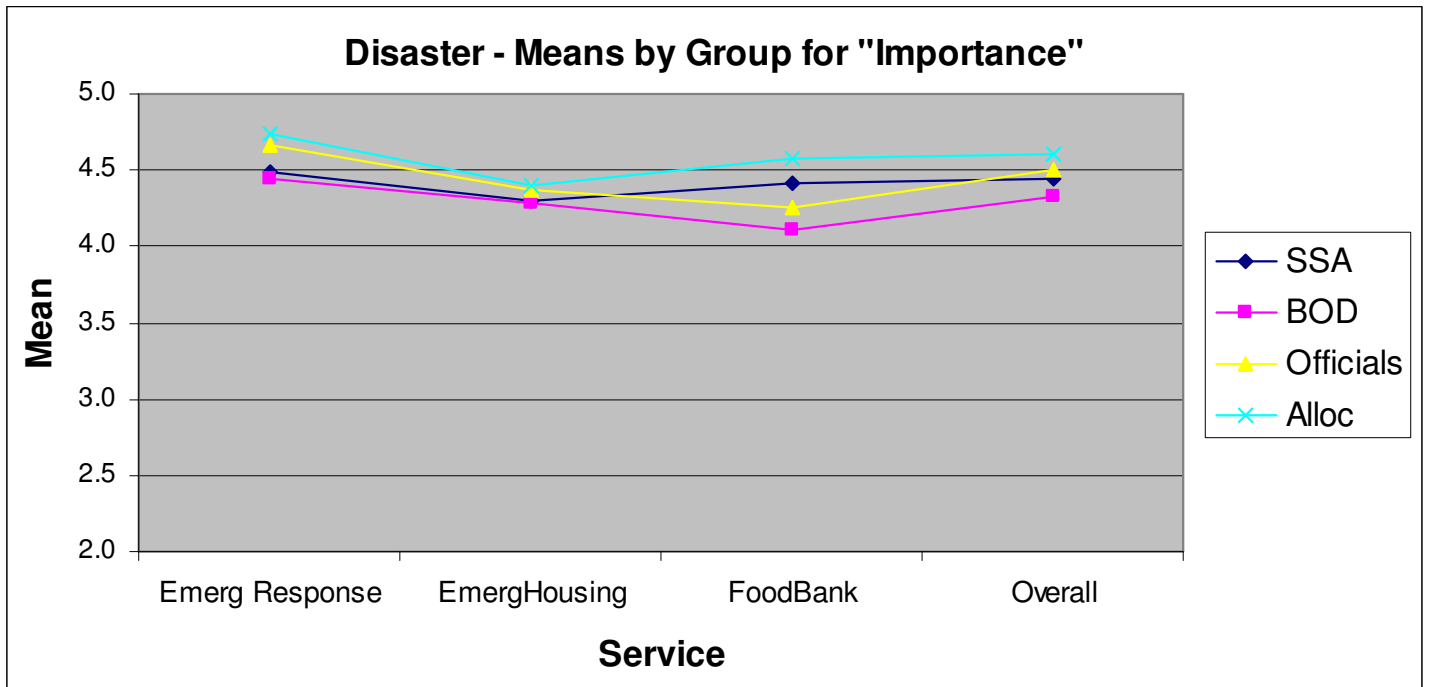
Figure 3.84



Notable Observation (Figure 3.84):

- GAPs tend to be large and negative, suggesting each is considered underserved by all the groups

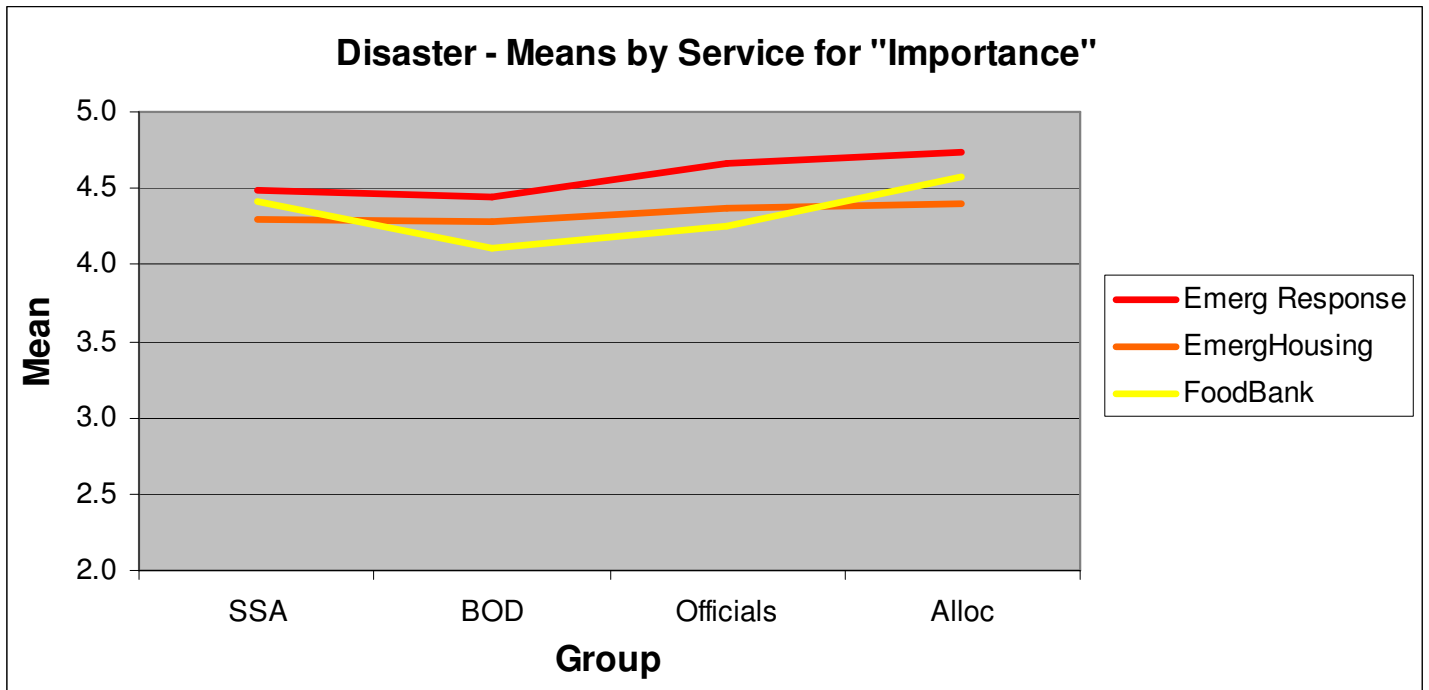
Figure 3.85



Notable Observations (Figure 3.85):

- Very little disagreement among groups
- Ratings of importance tend to be very high

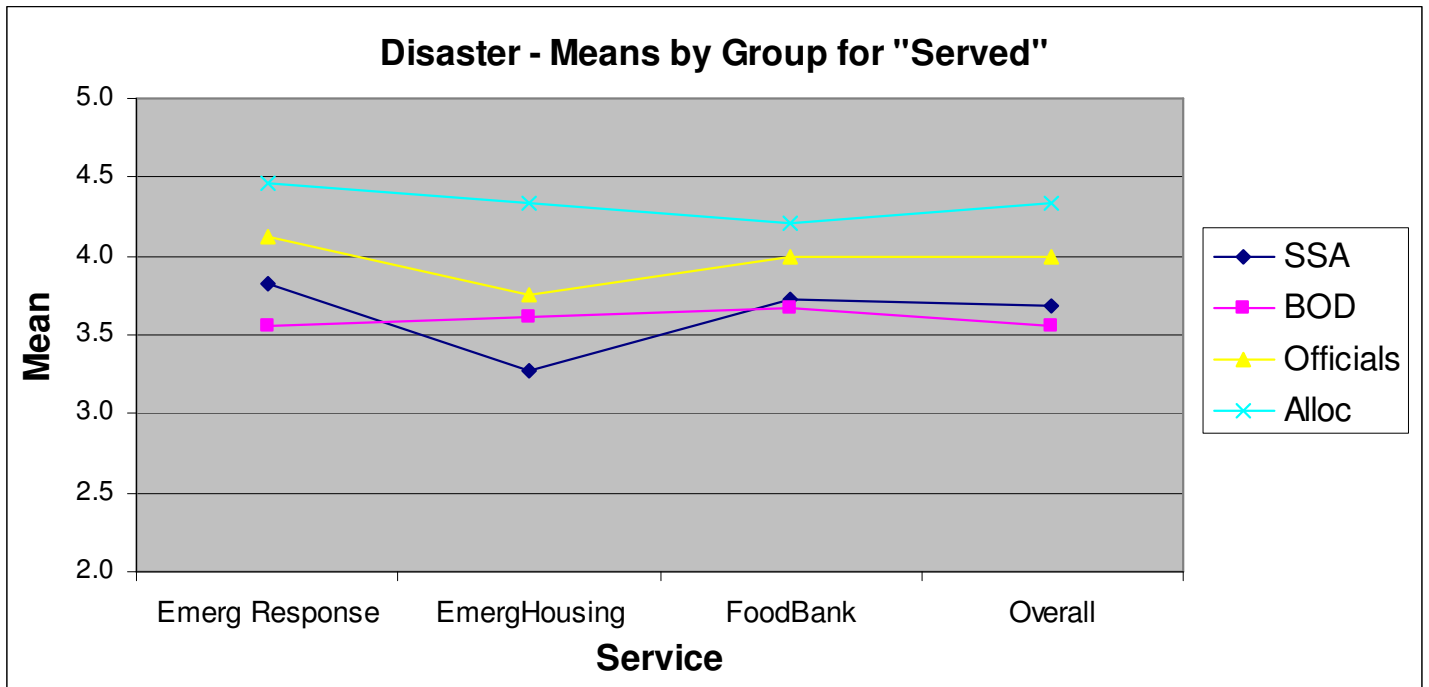
Figure 3.86



Notable Observations (Figure 3.86):

- Emergency Response is considered most important Disaster service by each group
- All ratings tend to be very high

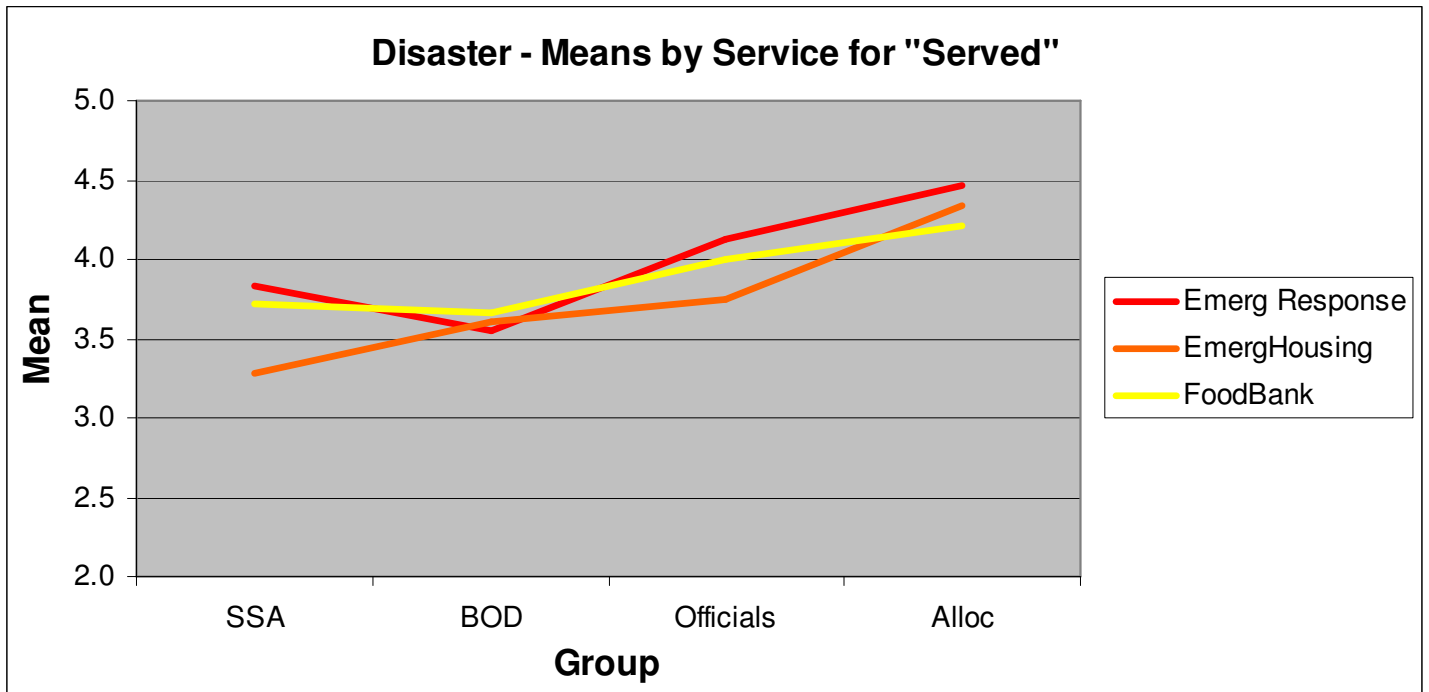
Figure 3.87



Notable Observations (Figure 3.87):

- Alloc considers every service more well served than all other groups
- BOD and SSA consider every service less well served than other groups
- All groups but rate each service at approximately the same level of importance

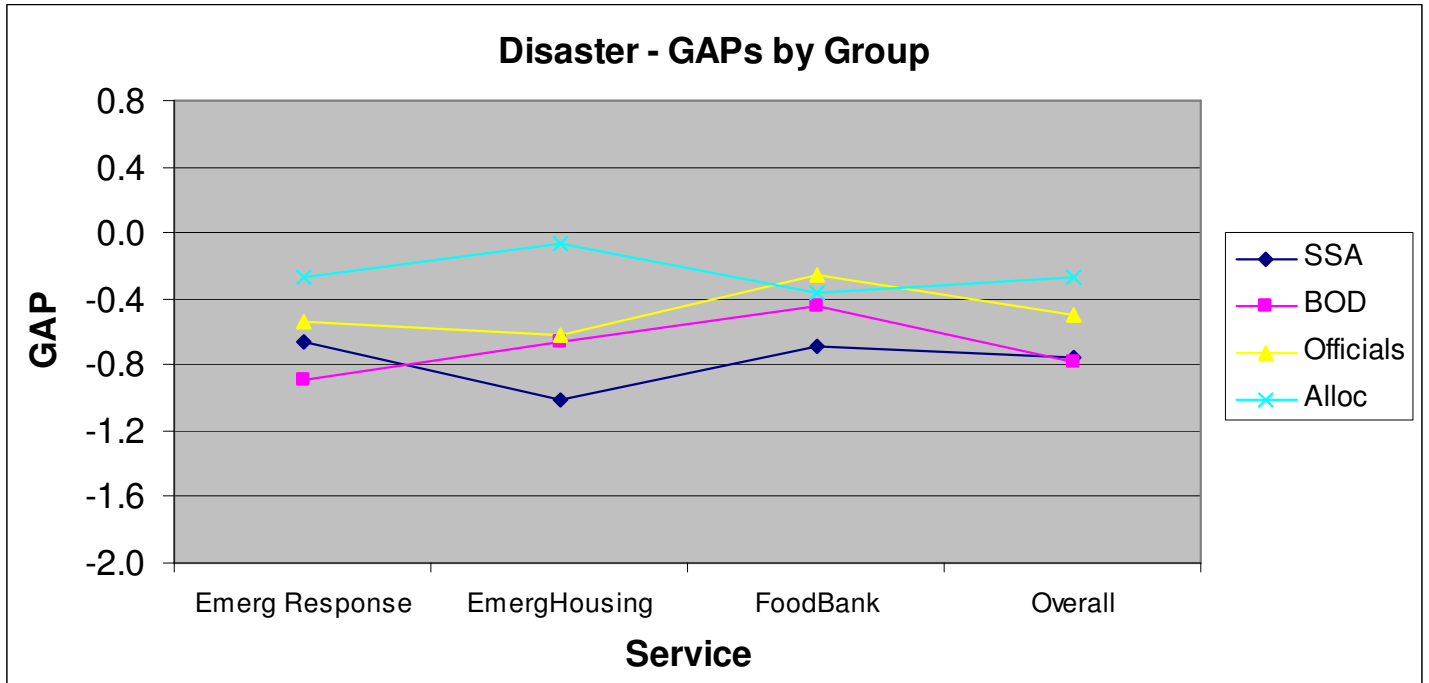
Figure 3.88



Notable Observation (Figure 3.88):

- Not much disagreement between groups

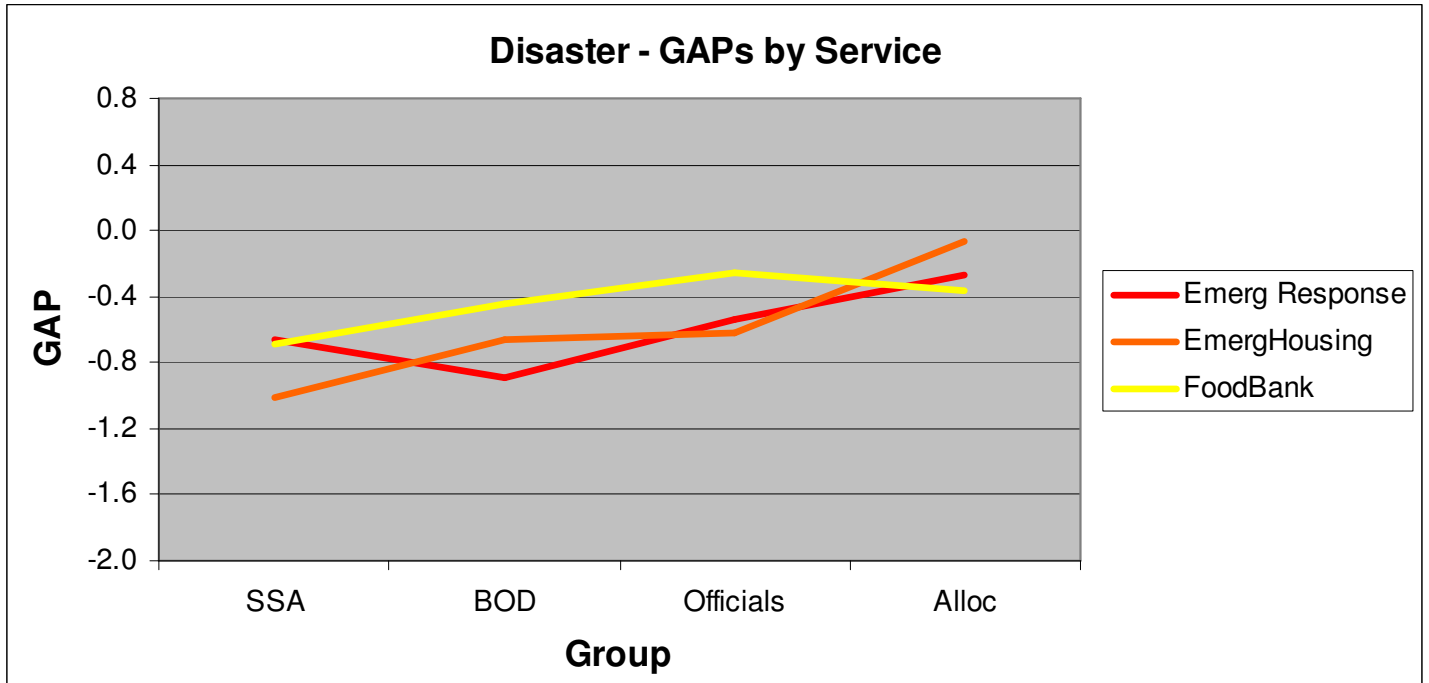
Figure 3.89



Notable Observations (Figure 3.89):

- Alloc ratings tend to produce smallest, negative GAPS, suggesting they consider Disaster services relatively appropriately served
- SSA ratings tend to product larger, negative GAPS, suggesting they consider disaster services relatively underserved
- Overall, most GAPS are smaller and negative, suggesting that Disaster services are generally considered relatively appropriately served

Figure 3.90



Notable Observation (Figure 3.90):

- Food Bank ratings produced highest GAPs for all groups except Alloc

5. Mean Comparison Tests

As mentioned in the methodology section, mean comparison tests were also conducted to determine which differences in opinion of overall services between groups were statistically significant. Table 3.14 summarizes the results of these tests. Cells that contain identical results are highlighted with the same color. The “BOD/Alloc (combined)” group was meant to represent the general opinion of the United Way of Indiana County.

Table 3.22

Service Categories - Where do the groups not agree?

Overall Category	*Between Group Differences	
	<u>Importance of Service</u>	<u>How Well Served</u>
Children and Family	-	-
Elderly Support	BOD less than SSA	-
Health Issues	-	BOD less than SSA
Mental Health	-	-
Physical Disability	-	SSA less than Alloc, BOD
Recreation	BOD/Alloc (combined) less than SSA	-
	BOD/Alloc (combined) less than Officials	
Advocacy	BOD/Alloc (combined) less than SSA	BOD, SSA less than Officials; BOD less than Alloc
Drugs/Alcohol	-	-
Disaster Services	-	BOD, SSA less than Alloc

*GROUPS

Social Service Agencies	SSA
United Way Board of Directors	BOD
Public Service Officials	Officials
United Way Allocation Committee	Alloc

Notable Observations:

- BOD tends to find overall services less important and less served than other groups; BOD also involved in every significant difference, which suggests its opinions tend to be very different than other groups, particularly SSA
- SSA tends to find overall services more important than United Way representatives; SSA also tends to find overall services less served than other groups

- United Way seems to consider recreation and advocacy services less important than SSA
- Child/family, mental health, and drugs/alcohol overall services had no statistically significant differences between any groups
- Most disagreement related to advocacy

In addition to this summary table, all the significant differences from the mean comparison tests are listed in the following tables, 3.15 – 3.21. The tables list significant differences for importance and served means for specific group comparisons. The services are color-coded based on what service category they are in. The color coding is done as follows:

- **Child/Family** services are red
- **Elderly** services are orange
- **Health** services are yellow
- **Mental** services are green
- **Physical disability** services are blue
- **Recreation** services are purple
- **Advocacy** services are brown
- **Drugs/alcohol** prevention services are black
- **Disaster** services are grey

Also, the means for each group involved in the mean comparison tests are listed. The larger mean in each row is in bold to illustrate which group finds the particular service either more important or better served.

Table 3.23

SSA vs. All Others Combined

	SSA	Others
I-K12-Tutor	4.2	3.8
I-Child Mentor	4.2	3.8
I-Preg Serv	4.3	3.9
I-Adult D/Care	4.2	3.8
I-Elder Immun	4.4	4.0
I-Elder Trans	4.4	4.2
I-O/All-Elderly	4.5	4.2
I-Advoc-Mental	4.3	3.8
S-Financial Counsel	3.0	2.6
S-Med Assist	3.2	3.5
S-Dental Assist	2.7	3.3
S-Mental Rec	3.1	3.5
S-PhyDis Rec	3.0	3.4
S-O/All-PhyDis	3.2	3.5
S-EmergHousing	3.3	3.9

Notable Observations (Table 3.23):

- In terms of importance, SSA only significantly disagrees with all the other groups combined about services in the Child/Family, Elderly, and Mental service categories; Also, SSA thinks these services are more important than all the other groups combined
- SSA considers 3 out of 5 Elderly services and Overall Elderly as more significantly more important than all other groups combined
- In terms of how well served, when SSA disagrees with all other groups combined it is because SSA considers services to be less well served

Table 3.24

SSA vs. Alloc Comm		
	SSA	Alloc
I-Elder Immun	4.4	4.1
I-Elder Trans	4.4	4.1
S-Child D/Care	3.4	3.9
S-Child Mentor	3.1	3.5
S-Dental Assist	2.7	3.3
S-PhyDis Trans	3.2	3.7
S-O/All-PhyDis	3.2	3.6
S-Swim	3.3	3.9
S-Emerg Response	3.8	4.5
S-EmergHousing	3.3	4.3
S-FoodBank	3.7	4.2
S-O/All-Disaster	3.7	4.3

Notable Observations (Table 3.24):

- In terms of importance, SSA and Alloc do not significantly disagree, except for two Elderly services, which SSA considers more important
- In terms of how well served, SSA considers all three individual disaster services and Overall Disaster to be significantly less well served than Alloc

Table 3.25

SSA vs. BOD

	SSA	BOD
I-K12-Tutor	4.2	3.6
I-Child Mentor	4.2	3.4
I-HomeHealth	4.4	3.8
I-Elder Immun	4.4	3.9
I-O/All-Elderly	4.5	4.1
I-Advoc-Mental	4.3	3.7
S-Fam Counsel	3.3	2.9
S-Financial Counsel	3.0	2.4
S-Blood Collect	4.0	3.6
S-Child Immun	3.8	3.4
S-Dental Assist	2.7	3.2
S-O/All-Health	3.4	3.1
S-Mental Rec	3.1	3.6
S-O/All-PhyDis	3.2	3.6

Notable Observations (Table 3.25):

- In terms of importance, when SSA significantly disagrees with BOD, it is because SSA considers services more important, especially Elderly services
- In terms of how well served, the most significant disagreement between SSA and BOD is regarding Health services

Table 3.26

SSA vs. BOD & Alloc Comm

	SSA	BOD/Alloc
I-K12-Tutor	4.2	3.8
I-Child Mentor	4.2	3.8
I-Preg Serv	4.3	3.9
I-HomeHealth	4.4	4.1
I-Adult D/Care	4.2	3.8
I-Elder Immun	4.4	4.0
I-Elder Trans	4.4	4.1
I-O/All-Elderly	4.5	4.2
I-O/All-Rec	3.9	3.5
I-Advoc-Mental	4.3	3.7
I-O/All-Advoc	4.3	4.0
S-Financial Counsel	3.0	2.7
S-Child Immun	3.8	3.5
S-Dental Assist	2.7	3.3
S-Mental Rec	3.1	3.5
S-PhyDis Rec	3.0	3.3
S-O/All-PhyDis	3.2	3.6
S-Swim	3.3	3.7
S-EmergHousing	3.3	3.9

Notable Observations (Table 3.26):

- In terms of importance, SSA has a great deal of significant disagreements with BOD and Alloc combined; when SSA disagrees with BOD and Alloc combined it is because SSA considers services more important, including 4 of 5 Elderly services and Overall Elderly
- In terms of how well served, BOD and Alloc combined tend to think services are significantly more well served than SSA; these differences are spread across most service categories

Table 3.27

SSA vs. Officials		
	SSA	Officials
I-Fam Counsel	4.2	3.6
I-Adult D/Care	4.2	3.6
I-Med Assist	4.3	3.8
I-Fitness	3.8	4.6
I-DrugAlc-Preven	4.4	4.8
S-Early Child Ed	3.7	3.1
S-Financial Counsel	3.0	2.3
S-Med Assist	3.2	4.0
S-Dental Assist	2.7	3.4
S-Mental Counsel	3.4	2.9
S-Trails	3.9	4.5
S-Advoc-Child	3.5	4.1
S-O/All-Advoc	3.4	3.9

Notable Observations (Table 3.27):

- In terms of importance, SSA and Officials do not have many significant disagreements
- In terms of service, there are no overwhelming patterns in how SSA and Officials disagree

Table 3.28

Alloc Comm vs. All Others Combined		
	Alloc	Others
I-Elder Trans	4.1	4.3
S-Child D/Care	3.9	3.4
S-Fam Counsel	3.5	3.2
S-Child Mentor	3.5	3.0
S-Elder Immun	3.5	3.9
S-O/All-Health	3.7	3.3
S-PhyDis Trans	3.7	3.1
S-Swim	3.9	3.3
S-Emerg Response	4.5	3.8
S-EmergHousing	4.3	3.4
S-FoodBank	4.2	3.7
S-O/All-Disaster	4.3	3.7

Notable Observations (Table 3.28):

- In terms of importance, essentially no significant disagreements between Alloc and all other groups combined
- In terms of service, Alloc considers all disaster services and Overall Disaster to be significantly better served than all other groups combined

Table 3.29

BOD vs. Alloc Comm		
	BOD	Alloc
I-Child Mentor	3.4	4.2
I-HomeHealth	3.8	4.4
I-Adult D/Care	3.6	4.1
I-DrugAlc-Preven	4.1	4.6
S-Fam Counsel	2.9	3.5
S-Financial Counsel	2.4	2.9
S-Blood Collect	3.6	4.0
S-O/All-Health	3.1	3.7
S-Advoc-PhyDis	3.1	3.6
S-O/All-Advoc	3.1	3.7
S-Emerg Response	3.6	4.5
S-EmergHousing	3.6	4.3
S-FoodBank	3.7	4.2
S-O/All-Disaster	3.6	4.3

Notable Observations (Table 3.29):

- In terms of importance, not many significant differences between BOD and Alloc
- In terms of how well served, Alloc considers all disaster services and Overall Disaster to be significantly better served than BOD

CHAPTER 4: Focus Group Results

I- What are the most critical social service needs in Indiana County?

In considering the most critical social service needs in Indiana County, the fifteen focus group participants centered their discussion on the issue of transportation. One participant said that because of the “ruralness” of the county, the lack of a comprehensive transportation system restricts the reach of the service agencies. With the preponderance of these agencies centered in Indiana Borough, Indiana County residents who live outside of the Borough may have difficulty getting to the service providers. One participant said that there is little affordable housing within the current bus system. In addition, the rising cost of gasoline creates another impediment for people located outside of the Borough.

While most of the focus group participants were in agreement that transportation is the most pressing need, transportation is more of an auxiliary service than a service itself. Specifically, improved transportation would enable more people to reach the social service providers, but it is not actually a social service. With regard to the services themselves, participants raised concern over supervision for older children and adults with disabilities. One participant suggested twenty-four hour child care as a critical social service need, but this concern was dismissed by most of the other participants as a service that is not in high demand.

II- Which of the following categories of service are most important to the Indiana community?

In order to establish a ranking of social service categories, each participant was asked to select the three most important categories of service. The fifteen participants

expressed their difficulty in selecting a top three as most important. Each vote was counted equally irrespective of whether it was a first, second, or third place vote. The results of the poll as seen in Table 4.1 show a clear separation of two issues as most important: children and family and health issues.

Table 4.1

Table 4.1	Vote	
	Number*	Rank
Children and Family	14	1
Health Issues	9	2
Drugs/Alcohol	5	3
Mental Health	4	4
Recreation	4	5
Elderly Support	3	6
Physical Disabilities	3	7
Advocacy	2	8
Disaster Services	2	9

*Though there were 15 participants, votes total 46, not 45

Child and family services topped the list as most important appearing on all but one of the fifteen top three lists. According to one participant, children are “the seeds that are planted. If you don’t have something strong there...then you have no results. It’s critical that it is where it is.” Other participants concurred with the criticality of building a strong foundation for the community through the youth. Another participant observed that children and family is the broadest category because it represents people of every age. One participant suggested that the duo of child and family and health issues encompass most of the other categories.

The focus group participants emphasized the foundational nature of child and family services for the overall well-being of the community. One participant said that the

formation of strong families can help to prevent and solve many of the problems that the other social service categories are in place to address. The group trended to an agreement that helping child and family services would have the greatest impact on the other categories.

With health issues finishing second in votes, one participant described a “huge health care crisis...that is going to impact every single person.” The group described several key factors contributing to the crisis:

- Pennsylvania’s aging population
- Unemployment
- Lack of health insurance
- Cost of health insurance
- Cost of health care
- Unavailability of health care

Contributing to the health crisis, participants expressed concern at the number of young people and adults dealing with weight issues. One participant questioned, “What is going to happen down the road if there’s not some change in those eating habits and change in those patterns? There’s going to be a lot more demand for those health services, and without insurance, where are people going to be?”

The impact of weight issues on health services brought the category of recreation into consideration. One participant said:

“We talk about problems that we can treat and problems that we can solve...We can treat things with money and resources, but solving is a long-term process and it’s cheaper in the long-run. If you look at all these issues, particularly health and recreation and children and family, if we have a stronger community, we’re going to have people in the future who are working to solve these problems. That’s why I think recreation is an asset to the community not only for current health, but to keep people healthy into the future.”

This idea explains a categorical dualism of social services: those that are preventative in solving problems before they arise and those that are retroactive in treating the problems that have arisen. Recreation is a preventative service for weight issues.

With regard to recreation, one participant suggested that perhaps the United Way's funding is misappropriated based on historic results. In light of the voting, this participant said that many child and family and health programs receive United Way funding, but these programs are not solving problems on a large scale. The participant suggested allocating funding elsewhere and assessing the results of the different programs. This participant reasoned that if the currently funded programs are not producing results, perhaps shifting funding to other programs would provide large scale solutions.

Table 4.1 shows that the disaster services category is tied with advocacy for the lowest number of votes (with two). The discussion regarding disaster services is summed up by two participants. The first said that disaster services is a very critical need that is well-served in Indiana County. The second said that disaster services has "always been taken care of, it's always been fulfilled so you wouldn't identify it as a need."

The results of the voting that show disaster services at the bottom provide evidence that the question was interpreted differently from how the SBI team intended. The question asked, "Which of the following categories of service are most important to the Indiana community?" During the discussion regarding disaster services, one participant noted that this category has "always been fulfilled so you wouldn't identify it as a need." Through the discussion, most participants agreed that disaster services is

an important need, but it did not receive votes because it is so well served. With this, the question was generally interpreted as, “Considering how well these categories are presently served, which categories are most important to the Indiana community?”

III- How well served are these different categories?

Throughout the discussion, the participants were resistant to suggesting that a particular service was underserved. The consensus was that “it’s hard to say that something is not well served. The agencies that are serving are doing a good job with what they have.” As a particular example, one participant explained that the Head Start program is fully enrolled. The participant explained that Head Start, like the other services, is well served considering its funding.

The degree of service of the various categories led to discussion over the difficulty of serving Indiana residents who live outside of the Borough. One participant said, “The farther you get from Indiana Borough, the harder it is to serve people. The rural area is generally not as well served [because of the] distance, availability of volunteers, and transportation.”

IV- How well funded are these categories of service?

While the participants did not name specific services that are underserved, they were also reluctant to suggest that a service is receiving too much funding. Throughout the discussion, only one participant suggested that any service category was over-funded. This participant said that too much money was allocated to drug and alcohol services. The participant explained that particularly among adolescents, drug and

alcohol problems may be better remedied by providing viable alternative activities through increasing funding to recreational services.

The participants agreed that the services are generally efficient with their funding, but limited resources often lead to lesser service than what is possible. For example, as one participant explained, “Head Start is fully enrolled with the money that it has...there are Head Start-eligible families that are not enrolled because there is not money for the program.” Like Head Start, one participant added that the local homeless shelter is almost always full and could serve more people with more funding. In addition, food bank and food pantry services were described as under-funded in part because many such programs are currently excluded from the United States’ Federal Budget.

One participant responded that group early childhood education and daycare are under-funded. The participant explained that appropriate daycare should be categorized as early childhood education, but care for preschool-age children should receive more funding. Though one participant said that mental health services are under-funded, and the need for such services is growing. Advocacy was also cited as under-funded; “It doesn’t have too many funding streams, and things that aren’t direct service are usually cut first within the organizations when funding needs aren’t met.” According to one participant, since social service agencies are focused primarily on providing their service to clients, advocacy is often overlooked.

The participants explained their increased demand for funding with the rising costs associated with providing their services. Many participants cited health care as a major expense that is growing at a rate that exceeds increases in funding. Additionally, the minimum wage increase provided a significant problem for some agencies because

“you can’t just raise people who were below minimum wage.” This effected organization-wide wage increases, not only for employees below the new minimum wage, but for those above the new minimum as well.

One participant summarized the increasing expense problem: “The cost of doing business is increasing, and the income stream isn’t keeping pace. Even if programs are not being cut, the increases in funding are not keeping up with the increases in expenses.” Other participants expressed concern regarding minimizing expenses while still efficiently delivering services. The overall sentiment is that all of the organizations could use more funding. While some of the participants expressed their belief that some programs are under-funded, they all expressed gratitude for the funding they receive.

V- Explain the difference between the current rankings and the 2006 rankings (Table 4.2)

Table 4.2

Table 4.2	Vote		Fall 2006 Rank
	Number	Rank	
Children and Family	14	1	4
Health Issues	9	2	6
Drugs/Alcohol	5	3	1
Mental Health	4	4	7
Recreation	4	5	9
Elderly Support	3	6	2
Physical Disabilities	3	7	8
Advocacy	2	8	5
Disaster Services	2	9	3

During the Fall of 2006, Table 4.2 depicts the differences in the rankings from the Fall 2006 surveys and the focus group. On average, there is a 3.33 difference per

category in rank order position between the Fall 2006 surveys and the focus group. The magnitude of this difference is notable, particularly when considering that some members of the focus group participated in the 2006 survey as well.

One participant responded to the difference between the two sets of rankings: “This [focus] group ranked preventative things high, the other group ranked the treatments high...[It is] a difference in perspective. We’re addressing the causes, they are addressing the results. We’re trying to keep people from needing the treatments.” This ideal is verified by considering the categories of service that are at their core, retroactive in treating problems and not preventative solutions. Of the nine categories, elderly support, physical disabilities, and disaster services are categories that naturally require reactive treatments rather than proactive solutions to problems. The focus group ranked these categories at 6, 8, and 9 while the survey participants ranked them at 2, 8, and 3, respectively. Table 4.3 displays the differences between the two groups in these categories.

Table 4.3

Table 4.3	Focus Group Ranking	Fall 2006 Ranking
Elderly Support	6	2
Physical Disabilities	8	5
Disaster Services	9	3
Average Ranking	7.33	4.33

VI- Are there any duplicated services? / Where is there room for collaboration?

The members of the focus group agree strongly that they work together to provide services to the community. The representatives from the agencies clearly share

a mutual respect for the other agencies and the services that they provide. One participant said, “we don’t duplicate, we collaborate.” The participants individually agreed that they have a vast understanding of the services offered by other agencies, which allows for collaboration and the limiting duplication.

The collaborative efforts among the United Way-funded agencies effectively reduce the duplication of services. One participant noted that agencies are not trying to do the work of the other agencies. Instead, each agency refers clients to appropriate location to address clients’ particular social service needs.

As an exemplary case of the collaborative efforts of the social service agencies in Indiana County, one participant described the collective effort to provide disaster relief services: “I am stunned, overwhelmed, and proud at disaster services in our county.” The participant further described the work of the Red Cross in “starting a group of different agencies to make sure they were not doing the same thing.” This county-wide disaster team meets four times annually with committee meetings each month. The participant further described the disaster team saying, “It’s quite a phenomenal thing that’s there and everyone is at the table, and everyone knows everyone... communication among organizations is key.”

The coordination among the agencies is achieved through a series of collaborative organizations and information. One participant cited the Interagency Coordinating Council, Child Advisory Commission, Indiana Healthcare Coalition, and Disaster Coalition as examples of such collaborative efforts. The participant added that the interagency “involvement and communication makes Indiana County progressive in working with each other.”

In addition to the collaborative organizations, the Department of Human Services distributes the Human Services Directory. The participants said that directory is valuable for collaborative purposes. This directory publicizes contact information, historical information, and descriptive information about the services provided by each social service agency in Indiana County. The directory is accessible online at <http://www.humanservices-countyofindiana.org/directory.cfm>.

With the apparent success of collaborative efforts to improve the social service landscape through referrals and reducing duplication, talk arose of a central organization to direct clients to the appropriate agencies for wide varieties of social service needs. This central organization could operate as a conduit by referring clients to the appropriate agencies, or it could unify the agencies to allow for a sort of one-stop-shopping. One participant described the one-stop-shopping concept as a single place for individuals to receive all the social services they need. For example, a pregnant, abused woman who is in debt and addicted to cocaine could go to a single place to receive the appropriate assortment of services.

One participant described Allegheny County's adoption of one-stop-shopping as "the poster child of what could be done in collaboration." When asked if the centralized organization/one-stop-shopping concept could work for the social services in Indiana County, the participants dismissed the idea. The participants cited three reasons why they believe that a centralized organization would not work:

1. It would be difficult to coordinate
2. There are too many agencies involved
3. With the involvement of government service programs, it would be virtually impossible to assemble

With these considerations, one participant described the Human Service Council, which refers, but does not provide particular services.

One participant suggested that it is important for agency representatives to meet regularly to acquire better knowledge of services provided by other agencies, identify opportunities for collaboration, and prevent duplicative services. Another participant described the Department of Human Services Spotlight program, which allows agencies to present the services they offer. The participants agreed that in order to best provide services to community, it is critical to form interagency relationships to understand what the other agencies are doing.

VII- New Social Service Programs

The participants described opportunities for new social service programs. Again, the issue of transportation was discussed as a critical need for enabling Indiana County's social services. One participant said that improved transportation is "the one thing that would touch everyone." The participants agreed that improvements to transportation would enable every organization to better serve the whole county. Additionally, participants described youth recreation, parental guidance, mental health, and childhood obesity as needs that could be served by new programs. They agree that with the funding to do so, the currently existing agencies have the capacity to run the new programs.

VIII- United Way's Performance

The participants individually praised the United Way for being "gracious" in its operations. Specifically, one participant described the United Way's representatives as

“sincerely interested.” Additional strengths were discussed such as the United Way’s year-round visibility in the community. Though the United Way is visible throughout the year, one participant emphasized its relationship with the community particularly during campaign time.

According to the participants, the United Way’s most important room for improvement deals primarily with public relations. One participant said that it is difficult for the individual agencies to raise money because people and businesses in the community say they have already given to the United Way. Since many agencies receive only a portion of their funding from the United Way, they often find it difficult to raise additional money. In order to remedy this, one participant suggested that the United Way do more to “get word out about the programs it funds.” Finally, while the United Way was described as being a year-round presence in the community, one participant said that it could do more to help the individual agencies achieve more visibility.

IX- United Way’s Allocation

After expressing their gratitude for the United Way funding, the participants described areas in which the United Way could improve.

Problem	Recommended Solution
Years ago, several board members sat down with agency representatives and had no idea what the agency did.	Require board members and Allocation Committee members to read about each agency before meeting with its representatives
Not enough advance notice for the United Way agency hearings, sometimes as little as 2-3 days	Set dates far in advance, perhaps selecting one evening for all allocation panels to meet with the agencies
Allocations that were once sent monthly are now sent quarterly. Because of the timing of designations,	Revert to monthly allocation payments.

the agencies do not know in advance how much they will receive each quarter.	
Some agencies that operate on fiscal years have difficulty with budgeting because they cannot anticipate how much they will receive the following year.	Let the agencies know as soon as possible how much funding they will receive. Elicit voluntary services of CPAs to deal with accounting and budgeting issues.

X- Differences Year-to-Year

In a situation in which current year allocations are based - at least in part - on prior year allocations, understanding the year-to-year social service differences in the county is critical. It is also critical to be able to react to these changes with funding that reflects the social service needs in the county. One participant said that normal circumstances do not exist. For example, there have been more house fires this year than historical figures would predict. Currently, the United Way does not have the flexibility to react to this situation with funding changes. Resultantly, it is important for the United Way to both recognize the current situation in the county and to reflect this recognition in its allocations.

CHAPTER 5: Benchmarking Research Results

I- Results of United Way Benchmarking

1. Annual Budget

The following matrix presents information regarding annual budgets from the thirteen United Ways interviewed. The Matrix is broken down into total annual budget, total allocation dollars, total designated dollars, total programming dollars, and operating expenses. On average, the allocated funds tend to be around 75% of the total funds.

Table 5.1

	Annual Budget				
United Way	Total	allocated	designated	Programming	operating expenses
Greater Susquehanna Valley	822,000	576,400		50% operating expenses	250,200
Capital Region	9,532,000	4,522,000	3,200,000		1,859,000
Centre County	2,000,000	1,485,000			300,000
Erie County					
Titusville Area UW	180,000	117,000, 10,000 in emergency finding		33,000 in UW programming	10,500 fundraising expenses
Washington County UW					
UW of Western Crawford County	500,000	400,000	6,000		
UW of Lawrence County		332,157			
Laurel Highlands	963,000	723,000	723,000 includes designation	240,000 includes shrinkage, 43,000 @4.5% and campaign and administrative expense	
Carlisle & Cumberland County	1,774,875	868,803 allocated	360,000	33,000 in UW programming	450,000 in operating expenses
Westmoreland	3,400,000	1,500,000			700,000
Butler	1,069,048	185,000			105,000
Venango	430,000	286,000			144,000

The SBI team understood by looking at this section of the matrix that each United Way is different depending on the fundraising the county is able to produce.

2. Board of Directors

The following section presents information regarding the Board of Directors of the thirteen United Ways interviewed. This Matrix is broken down into number of board members, how the member list is available to review, the general structure and committees of the Board of Directors.

Table 5.2

	BOD		
United Way	BOD members	member list	structure
Greater Susquehanna Valley	26	mail	mail
Capital Region	33	website	HR, finance, Comm & mktg, community impact, fund raising, labor participation, strategic planning
Centre County	35	website	finance, HR, nominating board, fund distribution and campaign, community impact
Erie County	26		Governance, Performance, Investment, Audit, Executive
Titusville Area UW	21 voting members and 1 at large member	Online	Executive committee, 5 members part of the full board. BOD meets 4 times a year. Committees: Campaign, Allocation, Finance, Special Events, Leadership
Washington County UW			Administrative committee, Resource, Com Service, Finance, policy
UW of Western Crawford County	61-48 on board plus all living past presidents		18 member is the executive committee (Officers + at large members, President, VP of campaign, Planning Committee, Funding Distribution, Employee Participation, Secretary, treasurer
UW of Lawrence County	25		Personnel, PR, Allocations, Campaign Cabinet
Laurel Highlands	33		Budget and Allocations, Finance, Executive Committee, Nominating Committee, Emergency Food and Shelter
Carlisle & Cumberland County	28		Plan giving, Planning, Marketing, Finance, Endowment, Community Investment, Community Relations
Westmoreland	28	Online	Offices, Chairs, Treasurers Secretary Committee Govern executive campaign impact finance meet every other month
Butler	27	Online	Executive community Chair, Vice Chair, treasure, past chair 2 members at large
Venango	24	sent	Exec Board, Audit, personnel, Gulf, Allocation

These results show that the sampled United Way Board of Directors consists of 25 to 35 members. The SBI team found that speaking with the United Way of Crawford County that they have a general board of directors as well as an Executive Committee. The Executive committee meets once a month to discuss their United Way organization. Also, all of the sampled United Ways' Boards of Directors seem to have the same general structure. As a common theme seen on the board of directors are Finance, Human Resource, Allocation, President, Vice President, Treasure and Secretary. Other non-common representatives on the boards are things such as Community impact, Emergency Food and shelter and Community Relations.

3. Staff and Size

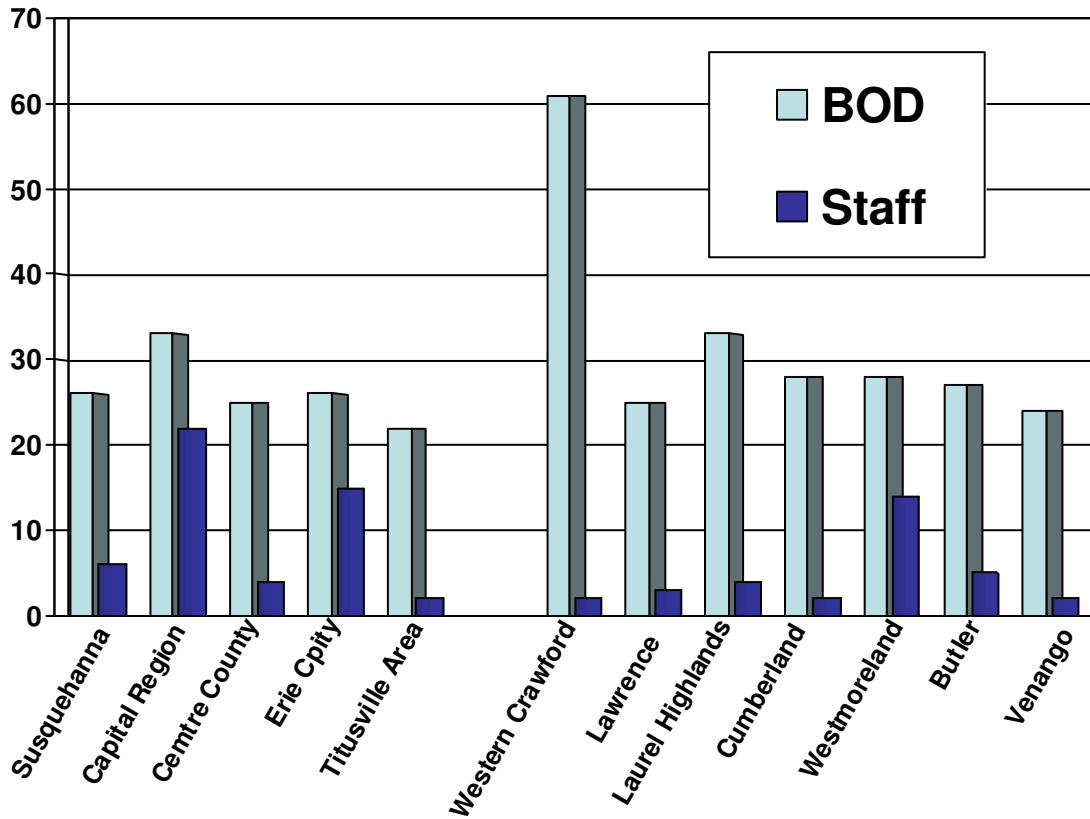
The following matrix presents the number of staff and sizes of the thirteen interviewed United Ways. The Matrix is broken down into the number of working staff at each United Way, the hierarchical levels represented, and the metro size of the organization.

Table 5.3

Staff and Size			
United Way	# staff	levels	metro size
Greater Susquehanna Valley	4 full, 2 part		6--5
Capital Region	22	Pres/CEO, VP's, directors, managers	1
Centre County	4	directors, assistant	3
Erie County	15		
Titusville Area UW	1.5		8
Washington County UW			
UW of Western Crawford County	2	Marketing Director and Administrative assistant	7
UW of Lawrence County	3	Executive Director. Financial Coordinator, Administrative Assistant	6
Laurel Highlands	4	president, administrative assistant, accountant, labor staff representative	3
Carlisle & Cumberland County	1.5		4
Westmoreland	14	executive staff, managers, support staff	3
Butler	4 full time, 1 part time,	labor lesson, office manager, administrative assistant	4
Venango	2		7

The sampled United Ways had metro sizes between 1 and 8, providing a diverse range of sizes in the sample. Depending on the metro size, United Ways differed in terms of number of staff and hierarchical levels. All United Ways have a director in their county.

Figure 5.1



The Chart above allows for comparison of the United Way's based on the size of their staff and additionally the board of directors.

4. Allocation Process and Structure

The following matrix presents the interview results regarding the allocation process and structure. The matrix is broken down into three sections:

Structure/Process/guideline of the United Way, types of service categories represented in each agency, and whether zero-based funding is utilized.

Table 5.4

United Way	structure of allocation committee + allocation process + guidelines/criteria	Categories of Service	zero-based
Greater Susquehanna Valley	every BOD member on alloc committee, 35 total, divide into 5 panels with chairperson, each reviews 5-7 agencies, each individual interviews an agency, results discussed within panels and then presented to Board, decisions made through meeting with panels/BOD, BOD vote on final allocation. Each agency financially reviewed and provides 9 documents	Board ranks categories 1-10 and add how many times appear in top 4 = priority list	all members will be dropped and asked to reapply
Capital Region	Allocation Panel for each category, focus care councils identify and discuss needs and effectiveness for each category, committee of leadership (from panels) makes final recommendations to Board, BOD makes final decision	child & youth, disease & disability, family & seniors, emergency, strong and safe community	No
Centre County	divide into panels (12) balanced with experience and non-experienced, each panel visits 3-4 funded agencies for 2 hours, fund distribution committee (panel chairs) make recommendations for Board, BOD makes final decision. Agencies seeking funds fill out same packet as member agencies, most experienced panel chairs and director of similar agency visit site, identify whether duplicative, admitted agency must be part of campaign before funded	Does not currently use categories b/c agencies used to find ways to fit selves into all of them	No, unless agency didn't follow through or was untruthful
Erie County	standard application, Each program seeking funding must answer ten "value" questions with different weights to show the importance of their program and year-to-year improvements Six allocation panels include 12 volunteers, a three day training program, United Way rewards high performing programs that are meeting important needs. After each panel analyzes its respective programs, the six panel chairs form the allocation oversight committee with the treasurer and one other board member to make the allocation recommendations to the whole board.	Nurturing Children and Developing Youth (31.7% of allocations), Providing Community Basics (48.9%), Empowering Neighborhoods (19.4%)	No
Titusville Area UW	Through community service, identify impact areas, receive proposals for programs through outcome based funding.		No
Washington County UW	5 or 6 panels, panel head for each, 5 or 6 people on each panel.	Increasing self sufficiency, Family, supporting older people, Promoting health and healing, Nurturing children and youth.	No
UW of Western Crawford County	VP of allocation and committee- 12 members to allocation committee. Committee meets and makes recommendation. The allocation committee takes one week in December to meet with the agencies here they discuss what has gone in the past year and what they see in the future. They fund 22 agencies.	nurturing children and youth, strengthening families, basic human needs, promoting health and healing.	No

UW of Lawrence County	The allocation committee is made up of volunteers, referrals but they have to be donors of the UW. They fund 19 agencies through	Children and Youth , Health Services, Elderly Services	No
Laurel Highlands	The 42 volunteers on the Budget and Allocations Committee break into 5 panels and interview each agency (not at the agency's site). The full committee meets as one to discuss panels' recommendations for agencies that they interviewed. The recommendations are presented and compared to funds available. Adjustments are made in full committee, and final recommendations go to the full board for approval	No Program CATEGORIES	Yes
Carlisle & Cumberland County	40 volunteers are divided into eight panels, chaired by a board member. The panels make on-site visits to each agency to evaluate the programs and operations of the agency first-hand. Each agency must fill out a Budget Review providing financial information. Later, the panel meets with at least one paid and one volunteer from each agency to find out how the agency or the program proposes to use the funds requested, as well as clarify any questions from the panel. The panel then makes recommendations for funding which are brought to the board for approval. The UWCCC does not utilize zero-based budgeting officially, however that agencies must justify how they spend their money. - Decision Criteria: 1. Program Priority – is there a visible need? 2. Financial Need 3. Program effectiveness and efficiency 4. Program Partnership	Supportive Services for Adults & Families, Early Care and Education, Youth Intervention, Shelter & Supportive Services, Prevention & Protection from Abuse, Youth Character Development, Services for Disabled & Family Support, Adult Education & Self-Sufficiency	No
Westmoreland	Impact Cabinet 4 bored members chair a council and then each council breaks down into 3 allocation panels occurs every 3 years needs a measurable outcome		yes for the most part
Butler	Core Grants looked at every 2 years Venture grants occur every year for new needs Grant application, Logic model Outcome must be measurable Agencies are revisited Process is in Jan-Feb but it may be moved to April-May		Yes
Venango	o 2 people co-chair allocations committee, select 5 people to serve as finance chairs, select 5 to serve as panel chairs, 5 panels, each finance chair works with a panel chair, each panel chair has 3 or 4 people underneath so 5-6 people on each panel, committee of 30/32 people o Each panel reviews 3-4 of member agencies, do a site visit, finance chair person does initial review, 990, audits, passes report to panel chair (stable, losing money, etc.), panel chair relays info to panel members, then site visit o Panels chairs return with recommendations to allocations committee (12 people) o Go over reports, always ask for more than they can allocate o UW feeds funding info, allocation committee gives report to exec committee for prelim approval, then it goes to the full board o Appeals process for agencies	Generally young/family services	no

Based on these results, the SBI group found that most United Ways have the same general process and structure for determining allocations. All social service agencies must go through a general application process to apply for funds for specific programs. First, programs must be accepted into the allocation process. Then, the Allocation Committee is divided into panels. Each panel is assigned several agencies to review through interviews. The allocation panels discuss the results and provide recommendations to the Board of Directors. The Board has the final say in the allocation process.

A. Unique Allocation Processes

i. Erie County

The United Way of Erie County has an outstanding allocation process, which is explained as follows. Social service agencies seeking funding for a program in Erie County must complete a standard application, which involves answering questions about their agency and documenting results of their work. Each program seeking funding must answer ten “value” questions, which are weighted differently. The answers to these questions are used to evaluate the importance of the program and year-to-year improvements. Additionally, a logic model is included in the application to detail the expected short-, mid-, and long-term outcomes of the program.

After the application process is completed, six allocation panels including 12 volunteers each are formed. Each member must attend a three day training program. The panels use a standard scoring sheet to evaluate the expected results and community impact of the program. In order to evaluate the programs/agencies from a financial perspective, the UW of Erie County enlists the voluntary services of teams of

CPAs to assess the audit, 990 forms, due diligence, and other financial aspects of the program. Because of this, the allocation panel can focus exclusively on the benefits of the program. After each panel analyzes its respective programs, the six panel chairs form the allocation oversight committee and make allocation recommendations to the Board. Generally, the Board will approve the allocations suggested by the oversight committee.

ii. Laurel Highlands

The SBI team also found a unique aspect of the allocation process of the United Way of Laurel Highlands—the utilization of zero-based budgeting. The United Way of Laurel Highlands uses zero-based budgeting on a 3-year time span. Instead of always receiving at least as much funding as the previous year, funding is reset to zero every three years and agencies must completely reapply. This allows the United Way of Laurel Highlands to respond to needs that are emerging in the community by cycling some old and new agencies. Also, three years allows ample time to assess the effectiveness of a program and whether it is providing a necessary service. If it is not effective or does not address a critical need, this information will be apparent during the reapplication process and the United Way can easily reduce or cut funding without having to deal with agencies feeling entitlement to funding. The United Way of Laurel Highlands bases its allocation decision making on four basic criteria.

- Agency effectiveness and efficiency – current human needs
 - Coordination with other providers, Leveraging other funds, Clear objectives for defined service, Effective in responding,
- Agency Self Support
- Agency Need
- Agency Partnership – UW is more than just a check in the mail

iii. Carlisle and Cumberland County

The United Way of Carlisle and Cumberland County uses a Community Investment Process Overview during its allocation process. The Community Investment Process Overview “is a volunteer-driven activity utilizing information submitted by the agencies and tours of agency facilities, along with knowledge of volunteer panel members to determine the best way to allocate United Way donations to maximize the benefit of the community.”

Of particular interest is the procedure of touring agencies as part of the application process. The United Way of Carlisle and Cumberland County utilizes agency tours because they allow the panels to observe first-hand how each agency operates and provides the opportunity to ask general questions about the agency. Panel members are instructed to learn as much as they can regarding each agency’s programming, staff, and management while touring.

5. Research and Needs Assessment

The last section of information collected from the benchmarking study involves research and needs assessment. The following matrix is divided into two sections: how each United Way determines its county’s critical needs and research tools utilized.

Table 5.5

	Research and Needs Assessment	
United Way	determination of needs	research
Greater Susquehanna Valley	focus groups conducted by professor from Susquehanna University	focus groups
Capital Region	Focus Care Council Annual Report, specific research such as Latino Community needs	website
Centre County	not done every year (doesn't change much), use criteria developed 6 years ago	
Erie County	Completed a major assessment 6 years ago Recently completed a self-reflection, UW America Online Assessment to consider financial stability	
Titusville Area UW	Surveys with donors, non-donors, and community members. Full community wide health and human needs assessment.	Survey, needs assessment
Washington County UW		
UW of Western Crawford County	in late 90's the hospital in the area did a needs assessment for the free clinic which they provide funding for.	Surveys and interviews conducted in the summer
UW of Lawrence County	3-4 year old assessment, general needs for community.	Surveys work done with FEMA board
Laurel Highlands	Cambria County did a needs assessment 2 years ago	Have agencies reapply every 3 years
Carlisle & Cumberland County	No needs research	
Westmoreland	every 10 years	
Butler		just completed an assessment of needs with hospital
Venango	"Focus on our Future"	

The SBI team found that most United Ways perform full needs assessments approximately ever 3-4 years. Most United Ways also conduct other forms of research, such as focus groups and surveys.

A. Unique Research

i. Greater Susquehanna Valley

The United Way of Greater Susquehanna Valley completed ten focus groups with the help of Dr. David Ramsaran and Rachel Beatty. The focus groups were conducted throughout the service area of the Greater Susquehanna Valley United Way, which includes both Snyder and Northumberland Counties. The goal was to identify specific human service issues concerning the communities within those counties. Results of the focus groups were analyzed to determine commonalities among and prominence of needs.

The United Way of Greater Susquehanna Valley also understands the need for long-term planning related to needs assessment and continued research. Within their strategic plan for 2007-2012, the United Way of Greater Susquehanna Valley has outlined research that must be conducted and procedures that must be followed in order to understand needs within its counties:

1. Allocating funds to organizations and/or agencies providing projects or programs identified as priorities and designed to bring about improvement in the quality of life for residents in the service area. The following steps will be taken recognizing the Board of Directors has the ultimate responsibility for setting priorities for funding, using the data obtained from a variety of sources:
 - a. Every December, before allocation process begins, solicit opinion from Board members regarding identification of community needs. (Executive Committee)
 - b. Complete a community based research project every three to five years in order to monitor progress and identify what the current issues are for the area. (Strategic Planning Committee)
 - c. Employing the data from 2006 focus group research for the next three years, special emphasis should be placed on programs providing services to 13-16 year olds after school (regardless of need); programs providing parenting education to persons least likely to seek such assistance; and quality early childcare and education issues. See B.6.below (Allocations)

2. Determining ways to positively influence the development of “community” given the increasing diversity of the population of the area. (Select Committee appointed by the Board Chair in 2007, with Dr. Dave Ramsaran serving as a consultant to the committee)
3. Reviewing agency relationships, using outside expertise as needed, and including plans for agencies to provide outcomes assessment of projects funded by the United Way.
 - a. By March 2007 the Board Chair should appoint an ad hoc Agency Recognition Committee and assign it the task of reviewing the standards (for example, tax exempt, filing all appropriate tax forms, etc.) from which the GSVUW will not deviate in determining agency affiliation.
 - b. By May 2007, the Agency Recognition Committee should also develop and propose a process to be followed for the application of both current and new agencies, including outcomes assessment of projects funded by the United Way.
 - c. By May 2007, the Agency Recognition Committee should identify the expertise needed to assist agencies in designing outcomes assessment methods and procedures, making same available to agencies.
 - d. By August 2007, all agencies interested in continuing or in becoming affiliated with the GSVUW must apply following the process identified by the Agency Recognition Committee. In setting deadlines, attention will be paid to how long it takes agencies to compile all that is requested.
 - e. By the end of December 2007, the Agency Recognition Committee is to complete the process of review and report the results to the Board of Directors for its action.
4. Setting an amount or percentage of raised funds to be used to provide up to three years of funding for an agency/program/or project designed to address an identified community need. During 2007, develop a procedure for “awarding” such funds beginning as early as 2008-2009. (Executive Committee)
5. Annually reviewing agencies/programs/projects and measuring their success in reaching identified outcomes as result of UW funding. Discontinue support to agencies/programs/projects failing to successfully reach identified outcomes despite UW efforts to assist them in being successful. (Allocations Committee)
6. Widely sharing the results of any community based research, sending a copy of the results of the research to all current agencies, seeking feedback from

the groups where it is sent or presented, in order to stimulate the development of solutions by all appropriate entities (government, Chamber, agencies, etc.). (Strategic Planning Committee)

ii. Center County

The SBI team also gained useful information regarding needs assessment research from a document forwarded to the SBI team by the United Way of Center County: *Voices, Values and Vision Recommendations for Action from the Special Task Force 2001*. In 1999, the Needs Assessment Task Force for Center County concluded two years of research. The task force came to the following conclusions based on their research:

1. Needs can be met more effectively if there is greater coordination among public and private agencies offering similar or allied services;
2. Low income residents in rural areas of the county are especially challenged in accessing human services;
3. Low-cost, early intervention or preventative services are needed to prevent problems from escalating to the point of requiring high-cost services;
4. Continuously educating and informing key leaders on the most severe needs, and services to meet them, is essential to achieve Task Force Goals;
5. Offering human services during non-traditional hours is key to success in meeting many of the severe needs;
6. Resources need to be devoted to attracting, training, and retaining qualified staff;
7. There is an overwhelming need for affordable housing, as well as transportation, for low-income working families

CHAPTER 6: Recommendations

Part of the responsibility of the SBI team was to deliver useful recommendations for the United Way of Indiana County. Based on the research that was conducted and results from the survey and analysis, the SBI team makes the following recommendations for the United Way Board of Directors and the Executive Director of the United Way of Indiana County, Ms. Simmons:

- Which Service Categories Need Funding
- Which Individual Services to Fund
- Improving the Allocation Process
- Improving Efficiency and Effectiveness Among Social Service Agencies
- Future Research

I- Which Service Categories Need Funding

Based on the analyses conducted using the 2006 and 2007 survey data, there were several distinct patterns in how certain service categories were consistently rated by the four respondent groups:

1. Drugs/Alcohol services

The overall drugs/alcohol service and all individual services in this category were consistently rated as high importance, not well served, and having a large negative GAP. These three observations combined suggest that this category is currently being underserved. It is recommended that the United Way of Indiana County increase funding to programs within this category or seek new programs to better serve this category. New programs sought could fall into other service categories; they simply

need to address drugs/alcohol problems, whether from a preventative or reactive standpoint.

The SBI team specifically recommends the preventative approach—seeking programs that prevent drugs/alcohol problems from developing instead of trying to treat the problems after they have developed. This strategy is recommended for two main reasons. First, it is both costly and difficult to treat drugs/alcohol problems once developed. Second, preventing drugs/alcohol problems from occurring is a much more sustainable and effective long-term strategy than simply treating problems once developed.

The idea of favoring preventative services to reactive services—those that treat problems rather than prevent them—was first introduced to the SBI team by focus group participants. During the focus group, several participants noted that preventative services are cheaper and more effective in the long-run. Therefore, in addition to recommending a preventative strategy for drugs/alcohol services, the SBI team also recommends that the United Way of Indiana County favors preventative services to reactive services in general. However, there are several service categories for which this preference should not be extended, those that are reactive in nature: elderly, physical disability, and disaster services. Since preventative strategies to needs within these categories are not possible, they should not be less preferred than preventative services.

2. Disaster services

The overall disaster service and all individual services in this category were consistently rated as high importance, well served, and having small GAPs. These

three observations combined suggest that disaster services as a whole are currently being appropriately served given their level of importance. This indicates that current programs are sufficient to serve these needs, and it is recommended that the United Way of Indiana County should not increase or decrease funding to programs or the number of programs serving disaster needs. However, as indicated by focus group participants, the level of need within this category is variable from year to year.

Therefore, how well served programs in this category are is dependent on the number and severity of disasters occurring during a given year. Because of this, the United Way of Indiana County should consider making a portion of its allocations to services in this category on an as needed basis. Based on historical data of demand for and costs of disaster services, the United Way of Indiana County could determine a base level of funding to provide every year, which could increase annually with inflation if desired. A separate emergency/disaster fund could be created to then fund needs for disaster relief if they arise. This strategy is recommended particularly because it would allow the United Way of Indiana County to directly base allocations to disaster service programs on current, actual needs, which would prevent any unintentional under- or over-funding due to variation in disaster occurrence year to year.

3. Recreation services

The overall recreation service and all individual services in this category were consistently rated as lowest importance, well served, and having both positive and small negative GAPs. These three observations combined suggest that Recreation services are currently being over-served. Since the United Way of Indiana County does not currently fund recreation programs, it is recommended that the United Way of Indiana

County not begin funding recreation programs. It is important to note that according to the 2006 SBI survey, recreation services include services involving parks, trails, swimming, and fitness. During the focus group, however, participants identified recreation services, particularly for children, were necessary to combat such problems as childhood obesity. Services such as youth recreation are significantly different than recreation services included in the 2006 survey. To be clear, the SBI team only recommends not funding the types of programs included in the 2006 survey's recreation services category.

II- Which Individual Services to Fund

Primarily based on results of the survey data analysis and focus group results, there are a number of particular services that the SBI team recommends the United Way of Indiana County consider either providing additional funding to or maintaining its current level of funding in the near future:

1. Needs Being Appropriately Served Given Their Importance

Based on the mean response table sorted by GAPs based on all respondent groups combined (Table 3.12), there are a number of services with small, negative GAPs. These are services that are being served at levels appropriate for their level of importance. Therefore, it is recommended that funding for these programs not be increased or decreased. Some examples of individual services with small, negative GAPs based on ratings from all respondent groups combined include: hospice, blood collection, elderly immunization, domestic violence, and advocacy for domestic violence.

2. Needs Relatively Underserved Given Their Importance

Based on the mean response table sorted by GAPs based on all respondent groups combined (Table 3.12), there are a number of services with large, negative GAPs. These are services that are being served at levels much lower than their level of importance. Therefore, it is recommended that the United Way of Indiana County increase its funding to current programs serving these needs, increase the number of funded programs serving these needs, or help to improve the effectiveness and/or quality of currently funded programs serving these needs. Some examples of individual services with large, negative GAPs based on ratings from all respondent groups combined include: financial counseling, employee training, advocacy for elderly, dental assistance, and elderly transportation.

In addition to services with large, negative GAPs identified by the survey data analysis, a number of services were identified specifically by focus group participants as being either relatively under-funded or deserving of additional funding. These services include:

- Transportation
- Weight issues, particularly related to children
- Head Start
- Early childhood education/daycare
- Advocacy
- Youth recreation
- Parental guidance
- Mental health

The SBI team recommends that the United Way of Indiana County identifies programs that provide these services and considers increasing funding as recommended by the focus group participants.

III- Improving the Allocation Process

The focus group and benchmarking study were both particularly useful in identifying ways the United Way of Indiana County can improve its allocation process. Recommendations regarding these findings are as follows:

1. Make the Allocation Process Easier for Social Service Agencies

During the focus group, several participants explained the issues they have dealt with during the allocation process in the past. In the table below, the left-hand column lists the problems that the agency representatives described. The right-hand column contains the SBI team’s recommended solutions based on results of the focus group and benchmarking study.

Problem	Recommended Solution
Years ago, several board members sat down with agency representatives and “had no idea” what the agency did.	Require board members and Allocation Committee members to read about each agency before meeting with its representatives Require Allocation Committee members to take agency tours prior to making any funding decisions
Not enough advance notice for the United Way agency hearings, sometimes as little as 2-3 days – “last minute calls for presentations to the allocation committee is a poor management strategy” (focus group participant)	Set dates far in advance, perhaps selecting one evening for all allocation panels to meet with the agencies
Allocations that were once sent monthly are now sent quarterly.	Revert to monthly allocation payments.

Because of the timing of designations, the agencies do not know in advance how much they will receive each quarter.	
Some agencies that operate on fiscal years have difficulty with budgeting because they cannot anticipate how much they will receive the following year.	Let the agencies know as soon as possible how much funding they will receive. Elicit voluntary services of CPAs to deal with accounting and budgeting issues.

2. Make the Allocation Process More Objective

The SBI team also recommends making the allocation process more objective. While other United Way agencies recognize that allocating funds is necessarily a somewhat subjective process, they have taken measures to objectify the allocations. In order to make the process more objective, some United Way agencies have instituted intensive training programs. The United Way of Erie County, for example, mandates a three day training period for allocation committee members. Additionally, the United Way of Erie County utilizes score cards to rate each agency in order to objectify its funding decisions.

3. Allow Flexibility in the Allocation Process

Based on the benchmarking study, the SBI team learned that United Ways with the most effective allocation processes allow flexibility in responding to changing community needs. In particular, the benchmarking study showed that some United Ways utilized zero-based budgeting with the purpose of making funding decisions based on needs alone instead of basing them on previous years' allocations. Based on the reported success other United Ways have had using zero-based budgeting, the SBI team recommends that the United Way of Indiana County the strongly consider

implementing zero-based budgeting with the purpose of allowing flexibility to react to changing community needs on an annual basis. The importance of this flexibility was well supported by focus group participants who emphasized that social service needs change every year. Although it is expected that zero-based budgeting would enable the United Way of Indiana County to respond more quickly to changing community needs, the SBI team also recognizes that converting to zero-based budgeting may not be simple or popular with local social service agencies. Therefore, it should be noted that implementing zero-based budgeting could be treated as a long-term objective or implemented in stages—possibly moving to “90%-based budgeting,” then “80%-based budgeting,” and so on.

In addition, focus group participants suggested that the creation of a discretionary fund would improve the United Way of Indiana County’s ability to respond to changing needs. The discretionary fund would be a fund that is allocated at the midterm between the large annual allocations. Although annual allocations require a forecast of the social service needs for the coming year, smaller midterm allocations would allow some allocations to be based on immediate community needs. The SBI team recommends that the United Way of Indiana County creates such as discretionary fund because it is expected to enable them to respond with funding to the changing social service landscape in a timely and meaningful way.

Lastly, the United Way of Indiana County may be able to improve its allocation process by improving its fundraising. For 2007, funded agencies requested \$600,610 and received \$565,009. If the United Way could increase its allocation budget by only 6.3%, it could meet the request of every funded agency. Although increasing the

allocation budget could lead to larger requests by agencies, it is more likely to make the allocation process easier simply by reducing the need to discriminate between services. If the allocation budget was larger than requested funds by agencies, the United Way of Indiana County could simply award each agency full funding without having to go through the allocation process as usual. However, it should be noted that even if this were the case, full funding to each agency might not be the optimal allocation of funds and there would likely still be benefits to researching alternative uses of the funds. As a result, the SBI team recommends that the United Way of Indiana County investigate possible means of improving its fundraising to alleviate some of the difficulty of the allocation process but not fully replace it.

IV- Improving Efficiency and Effectiveness Among Social Service Agencies

The SBI team recommends that the United Way of Indiana County encourage, and consider mandating, interaction among funded agencies for the purpose of eliminating duplication and maximizing collaboration. This recommendation is based on discussion during the focus group related to duplication of services and collaboration among social service agencies. During the focus group, participants listed various local organizations through which they come together to collaborate for a particular service purpose, for example, the Child Advisory Commission. They explained that involvement in such organizations is critical for two reasons: (1) it allows for collaboration to improve a particular service and (2) it allows for interaction among various agency representatives. The interaction among agency representatives is valuable because it leads to collaboration and the avoidance of duplication in services.

In addition, a focus group participant mentioned the Human Services Spotlight Program through which social service agencies have the opportunity to make presentations regarding the services they offer. The SBI team further recommends that the United Way of Indiana County strongly encourages funded agencies to both present at the Spotlight Program and attend other agencies' presentations as well. The focus group participants emphasized the criticality of understanding the services offered by other agencies. Several focus group participants recalled referring clients to other agencies because they did not offer the service for which the clients were looking. This referral process is only possible and effective if social service representatives have an intimate knowledge of the services offered by other agencies.

To additionally encourage collaboration, the United Way of Erie County honors a local agency or business each year with an award for exceptional collaboration work. Besides encouraging collaboration, this award shows the United Way of Erie County's commitment to establishing a social service network of services rather than a group of unconnected agencies. Based on the apparent success and positive effect of an exceptional collaboration award, it is recommended that the United Way of Indiana County considers providing such an award as well as other similar awards to both recognize and honor agencies in the county whose performance stands out in areas such as collaboration efforts, innovation in providing services, quality of services provided, cost-effectiveness, or overall community impact and leadership. In addition, the SBI team recommends that these awards be presented in a major public venue in order to increase community visibility and awareness of both the social service agencies and the United Way of Indiana County.

Another aspect of helping agencies become more efficient and effective is improving their abilities to raise their own funds. During the focus group, several participants expressed difficulty in raising funds aside from the United Way allocations. These participants explained that many potential donors would not donate to their specific agency because they had already given to the United Way. The participants suggested that the United Way could help by:

- emphasizing that allocations only partially fund agencies and their programs
- helping funded organizations become more visible to the public

Based on these observations and the potential of producing “repeat donors,” the SBI team recommends that the United Way of Indiana County follow the above recommendations as described by the focus group participants.

V- Future Research

To make certain that the United Way of Indiana County continues to effectively address community needs, it is recommended that a periodic review of needs and service levels be completed every two to three years. This could be done by conducting further surveys or focus groups that include knowledgeable individuals in the community. To aid in future research, the United Way of Indiana County can continue to solicit help from the Small Business Institute of Indiana University of Pennsylvania, or conduct an independent study. Maintaining a regular schedule of needs assessments would ensure that the United Way of Indiana County always has current information regarding community needs and how well they are being served. Having this information will enable the United Way of Indiana County to make allocation decisions that maximize social benefit.

Appendix A

Letter of Engagement

Indiana University of Pennsylvania

Small Business Institute
The Eberly College of Business and Information Technology
664 Pratt Drive
Indiana, Pennsylvania 15705-1071

724-357-2535
Fax: 724-357-5743
Internet: <http://www.iup.edu>

February 21, 2007

Patricia Simmons
Executive Director
United Way of Indiana County
982 Philadelphia Street
Indiana, PA 15701

Re: Letter of Engagement

Dear Ms. Simmons,

It has been a pleasure to meet you and learn more about the objectives and needs of the United Way of Indiana County. The Small Business Institute of Indiana University of Pennsylvania would like to assist the United Way in the achievement of your organizational goals by providing an assessment of other United Way agencies and the needs of the Indiana County community.

Based on our discussion with you, we have identified the following objectives for this project:

1. Primary Research
 - Perform additional analysis of the data from Fall 2006 SBI Project
 - Between group analysis
 - Other relevant analysis
 - Administer fall 2006 survey to the United Way Allocation Committee
 - Conduct focus group(s) of various stakeholders, possibly including: general public, clients, contributors, and social service agencies
2. Other Research
 - Research other United Way agencies to examine best practices and allocation processes
 - Examine the historical patterns of need within Indiana County based on existing data.
 - Demographics of Indiana County
 - Demographics of counties similar to Indiana County
 - Board of Directors research – general (role and duties of BOD for NFP's, etc.)

We expect to generate useful recommendations as a result of our completing the above tasks. We hope that our recommendations will assist you in achieving the long-term effectiveness of your organization. Whereas additional tasks may be undertaken (time allowing), our emphasis will be on completing the tasks listed above. Our goal is to provide a final written report and oral briefing for you by May 12, 2007.

Indiana University of Pennsylvania

Small Business Institute

The Eberly College of Business and Information Technology
664 Pratt Drive
Indiana, Pennsylvania 15705-1071

724-357-2535

Fax: 724-357-5743

Internet: <http://www.iup.edu>

In order to accomplish the tasks outlined above, we will need the following material, assistance and/or information:


1. Up to date United Way information (similar to annual report)
2. Allocation Committee
 - o List of members on the committee
 - o Allocation process including the application
3. United Way of Indiana County guidelines
4. Application process for a new program to join the United Way
5. Mini Grant Program guidelines and status
6. IUP intern focus group report
7. Database of contributors (parameters to be determined)
8. Children's Advisory Commission survey and information
9. Total allocation of funds – both to service organizations and other areas such as administrative expenses
10. Assist in establishing contact with other United Way agencies

Your assistance in expediting the delivery of the above material and information is appreciated. Please inform us if you have any questions concerning our interpretation of the work to be accomplished.

We hope that our efforts will result in improvements to your organization, and we look forward to working with you. If you have any questions or concerns during the course of the engagement, please do not hesitate to call.

Sincerely,


Christina Shoemaker (Student Consultant)


Joseph Lipsitz (Student Consultant)

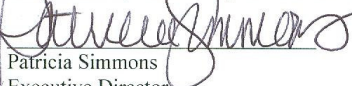

James Endlich (Student Consultant)

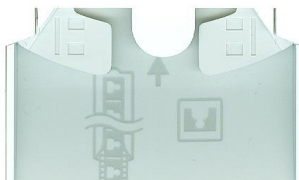

Chris Krahe (Student Consultant)


Dr. Thomas Falcohe (SBI Advisor)


Dr. Stephen Osborne (SBI Advisor)

Acceptance by client - I agree with the scope of activity set forth above


Patricia Simmons
Executive Director
United Way of Indiana County



Appendix B

Confidentiality Agreement

Indiana University of Pennsylvania

Small Business Institute
The Eberly College of Business and Information Technology
664 Pratt Drive
Indiana, Pennsylvania 15705-1071

724-357-2535
Fax: 724-357-5743
Internet: <http://www.iup.edu>

CONFIDENTIALITY AGREEMENT

IN CONSIDERATION of my being selected for and being permitted to participate in a project for the providing of advice and assistance to small businesses, and thus receiving the increased educational experience that will result from my said participation, I agree as follows:

1. I agree that I will treat in strict and absolute confidence all information received by me from any business firm or person requesting assistance of the kind to be provided under this project. The only exception of this commitment will be another member of the SBI™ Project Team and the faculty Case Supervisor and/or other participating faculty or staff members of the Eberly College of Business who will supervise the project.
2. I agree that I will not recommend to any business firm or individual requesting assistance for purchase of goods or services from sources in which I or other members of the Project Team or the sponsors may be interested, nor will I accept fees, commissions, gratuities or other benefits from any firm or individual I or another member of the Project Team may recommend to the business firm or individual so requesting assistance.

Assigned Client: United Way of Indiana

Student Signature Christina M Shoemaker Date 2-21-07
Christina Shoemaker

Student Signature James Endlich Date 2-21-07
James Endlich

Student Signature Chris Krahe Date 2-21-07
Chris Krahe

Student Signature Joe Lipsitz Date 2-21-07
Joe Lipsitz

Faculty Signature Steve Osborne Date 2/21/07
Steve Osborne

Faculty Signature Tom Falcone Date 2/21/07
Tom Falcone

Appendix C

2006 Survey

United Way



Indiana County Needs Assessment

For each item identified below, please circle the *level of importance* AND *how well you feel this need is being served* in Indiana County. General topics are in bold, followed by subtopics, which are italicized.

Level of Importance?					Potential or existing need within Indiana County	How Well Served?				
N o t	Moderate			V e r y		N o t	Moderate			V e r y
	1	2	3		4		5	1	2	
					Children and Family					
1	2	3	4	5	<i>Early Childhood Education</i>	1	2	3	4	5
1	2	3	4	5	<i>K-12 Tutoring</i>	1	2	3	4	5
1	2	3	4	5	<i>Daycare</i>	1	2	3	4	5
1	2	3	4	5	<i>Nutrition/Food Programs</i>	1	2	3	4	5
1	2	3	4	5	<i>Family Counseling</i>	1	2	3	4	5
1	2	3	4	5	<i>Childhood/Adolescent Mentoring</i>	1	2	3	4	5
1	2	3	4	5	<i>Pregnancy/Prenatal Services</i>	1	2	3	4	5
1	2	3	4	5	<i>Employment Training</i>	1	2	3	4	5
1	2	3	4	5	<i>Domestic Violence Services</i>	1	2	3	4	5
1	2	3	4	5	<i>Financial/Credit Counseling</i>	1	2	3	4	5
1	2	3	4	5	<i>Children and Family Overall</i>	1	2	3	4	5
					Elderly Support					
1	2	3	4	5	<i>Nutrition/Food Programs</i>	1	2	3	4	5
1	2	3	4	5	<i>Home Health Care</i>	1	2	3	4	5
1	2	3	4	5	<i>Adult Day Care</i>	1	2	3	4	5
1	2	3	4	5	<i>Immunizations (e.g. Flu, Pneumonia)</i>	1	2	3	4	5
1	2	3	4	5	<i>Transportation</i>	1	2	3	4	5
1	2	3	4	5	<i>Elderly Support Overall</i>	1	2	3	4	5

Level of Importance?					Potential or existing need within Indiana County	How Well Served?				
N o t	Moderate			V e r y		Health Issues	N o t	Moderate		
	1	2	3		4			5	<i>Wellness Education/Counseling</i>	1
1	2	3	4	5	<i>Blood Collection/Distribution Services</i>	1	2	3	4	5
1	2	3	4	5	<i>Childhood Immunizations</i>	1	2	3	4	5
1	2	3	4	5	<i>Hospice Services</i>	1	2	3	4	5
1	2	3	4	5	<i>Low Income Medical Assistance</i>	1	2	3	4	5
1	2	3	4	5	<i>Low Income Dental Assistance</i>	1	2	3	4	5
1	2	3	4	5	<i>Health Issues Overall</i>	1	2	3	4	5
					Mental Health					
1	2	3	4	5	<i>Counseling</i>	1	2	3	4	5
1	2	3	4	5	<i>Special Needs Programs</i>	1	2	3	4	5
1	2	3	4	5	<i>Recreation Programs</i>	1	2	3	4	5
1	2	3	4	5	<i>Mental Health Overall</i>	1	2	3	4	5
					Physical Disabilities					
1	2	3	4	5	<i>Rehabilitation</i>	1	2	3	4	5
1	2	3	4	5	<i>Transportation</i>	1	2	3	4	5
1	2	3	4	5	<i>Vision Services</i>	1	2	3	4	5
1	2	3	4	5	<i>Hearing Impaired Services</i>	1	2	3	4	5
1	2	3	4	5	<i>Recreation Programs</i>	1	2	3	4	5
1	2	3	4	5	<i>Physical Disabilities Overall</i>	1	2	3	4	5
					Recreation					
1	2	3	4	5	<i>Parks</i>	1	2	3	4	5
1	2	3	4	5	<i>Trails/Paths</i>	1	2	3	4	5
1	2	3	4	5	<i>Swimming</i>	1	2	3	4	5
1	2	3	4	5	<i>Fitness Centers</i>	1	2	3	4	5
1	2	3	4	5	<i>Recreation Overall</i>	1	2	3	4	5

Level of Importance?					Potential or existing need within Indiana County	How Well Served?				
N	o			5		N	o			5
	1	2	3		4		1	2	3	
					Advocacy					
1	2	3	4	5	<i>Mental Health</i>	1	2	3	4	5
1	2	3	4	5	<i>Domestic Violence Victims</i>	1	2	3	4	5
1	2	3	4	5	<i>Physically Disabled</i>	1	2	3	4	5
1	2	3	4	5	<i>Children</i>	1	2	3	4	5
1	2	3	4	5	<i>Elderly</i>	1	2	3	4	5
1	2	3	4	5	Advocacy Overall	1	2	3	4	5
					Drugs/Alcohol					
1	2	3	4	5	<i>Prevention</i>	1	2	3	4	5
1	2	3	4	5	<i>Rehabilitation</i>	1	2	3	4	5
1	2	3	4	5	<i>Crisis Intervention</i>	1	2	3	4	5
1	2	3	4	5	Drugs/Alcohol Overall	1	2	3	4	5
					Disaster Services					
1	2	3	4	5	<i>Emergency Response Services</i>	1	2	3	4	5
1	2	3	4	5	<i>Temporary/Emergency Housing</i>	1	2	3	4	5
1	2	3	4	5	<i>Food Bank/Food Pantry Services</i>	1	2	3	4	5
1	2	3	4	5	Overall Disaster Services	1	2	3	4	5
<p><i>If you have any additional comments, information or ideas please add them here</i></p> <hr/> <hr/> <hr/> <hr/>										

Have you ever been employed or served as a board member for any of the following categories? (If more than one, please check all that apply)

Your Organization?		Board Member?
<input type="checkbox"/> <u>q</u>	Children/Family	<input type="checkbox"/> <u>q</u>
<input type="checkbox"/> <u>q</u>	Elderly Support	<input type="checkbox"/> <u>q</u>
<input type="checkbox"/> <u>q</u>	Health Services	<input type="checkbox"/> <u>q</u>
<input type="checkbox"/> <u>q</u>	Mental Health	<input type="checkbox"/> <u>q</u>
<input type="checkbox"/> <u>q</u>	Physical Disabilities	<input type="checkbox"/> <u>q</u>
<input type="checkbox"/> <u>q</u>	Recreation	<input type="checkbox"/> <u>q</u>
<input type="checkbox"/> <u>q</u>	Advocacy	<input type="checkbox"/> <u>q</u>
<input type="checkbox"/> <u>q</u>	Drugs/Alcohol	<input type="checkbox"/> <u>q</u>
<input type="checkbox"/> <u>q</u>	Disaster Services	<input type="checkbox"/> <u>q</u>
<input type="checkbox"/> <u>q</u>	Other (Please Specify)	<input type="checkbox"/> <u>q</u>

Age? 20-39 40-59 60+

Gender? Male Female

Marital Status? Single Married Divorced

Children? Yes No

Thank you for your participation in this endeavor! Please return the survey in the enclosed post-paid envelope no later than November 15th 2006.

Appendix D

Coding Sheet

Res. #	VARIABLE	VALUES
1	Respondent Type	1-Agency 2-BOD 3-Officials 4-UW Allocation Committee members
2	IMP - Early Childhood Education	1 - 5
3	K-12 Tutoring	1 - 5
4	Daycare	1 - 5
5	Nutrition/Food Programs	1 - 5
6	Family Counseling	1 - 5
7	Childhood/Adolescent Mentoring Programs	1 - 5
8	Pregnancy/Prenatal Services	1 - 5
9	Employment Training	1 - 5
10	Domestic Violence Services (Counsel/Shelter)	1 - 5
11	Financial/Credit Counseling	1 - 5
12	Children and Family Overall	1 - 5
13	Nutrition/Food Programs	1 - 5
14	Home Health Care	1 - 5
15	Adult Day Care	1 - 5
16	Immunizations (e.g. Flu, Pneumonia)	1 - 5
17	Transportation	1 - 5
18	Elderly Support Overall	1 - 5
19	Wellness Education/Counseling	1 - 5
20	Blood Collection/Distribution Services	1 - 5
21	Childhood Immunizations	1 - 5
22	Hospice Services	1 - 5
23	Low Income Medical Assistance	1 - 5
24	Low Income Dental Assistance	1 - 5
25	Health Issues Overall	1 - 5
26	Counseling	1 - 5
27	Special Needs Programs (Education/Training)	1 - 5
28	Recreation Programs	1 - 5
29	Mental Health Overall	1 - 5
30	Rehabilitation	1 - 5
31	Transportation	1 - 5
32	Vision Services	1 - 5
33	Hearing Impaired Services	1 - 5
34	Recreation Programs	1 - 5
35	Physical Disabilities Overall	1 - 5
36	Parks	1 - 5
37	Trails/Paths	1 - 5
38	Swimming	1 - 5

39	<i>Fitness Centers</i>	1 - 5
40	Recreation Overall	1 - 5
41	<i>Mental Health</i>	1 - 5
42	<i>Domestic Violence Victims</i>	1 - 5
43	<i>Physically Disabled</i>	1 - 5
44	<i>Children</i>	1 - 5
45	<i>Elderly</i>	1 - 5
46	Advocacy Overall	1 - 5
47	<i>Prevention</i>	1 - 5
48	<i>Rehabilitation</i>	1 - 5
49	<i>Crisis Intervention</i>	1 - 5
50	Drugs/Alcohol Overall	1 - 5
51	<i>Emergency Response Services</i>	1 - 5
52	<i>Temporary/Emergency Housing</i>	1 - 5
53	<i>Food Bank/Food Pantry Services</i>	1 - 5
54	Overall Disaster Services	1 - 5
55	SERVED - <i>Early Childhood Education</i>	1 - 5
56	<i>K-12 Tutoring</i>	1 - 5
57	<i>Daycare</i>	1 - 5
58	<i>Nutrition/Food Programs</i>	1 - 5
59	<i>Family Counseling</i>	1 - 5
60	<i>Childhood/Adolescent Mentoring Programs</i>	1 - 5
61	<i>Pregnancy/Prenatal Services</i>	1 - 5
62	<i>Employment Training</i>	1 - 5
63	<i>Domestic Violence Services (Counsel/Shelter)</i>	1 - 5
64	<i>Financial/Credit Counseling</i>	1 - 5
65	Children and Family Overall	1 - 5
66	<i>Nutrition/Food Programs</i>	1 - 5
67	<i>Home Health Care</i>	1 - 5
68	<i>Adult Day Care</i>	1 - 5
69	<i>Immunizations (e.g. Flu, Pneumonia)</i>	1 - 5
70	<i>Transportation</i>	1 - 5
71	Elderly Support Overall	1 - 5
72	<i>Wellness Education/Counseling</i>	1 - 5
73	<i>Blood Collection/Distribution Services</i>	1 - 5
74	<i>Childhood Immunizations</i>	1 - 5
75	<i>Hospice Services</i>	1 - 5
76	<i>Low Income Medical Assistance</i>	1 - 5
77	<i>Low Income Dental Assistance</i>	1 - 5
78	Health Issues Overall	1 - 5
79	<i>Counseling</i>	1 - 5
80	<i>Special Needs Programs (Education/Training)</i>	1 - 5
81	<i>Recreation Programs</i>	1 - 5
82	Mental Health Overall	1 - 5
83	<i>Rehabilitation</i>	1 - 5
84	<i>Transportation</i>	1 - 5

85	<i>Vision Services</i>	1 - 5
86	<i>Hearing Impaired Services</i>	1 - 5
87	<i>Recreation Programs</i>	1 - 5
88	Physical Disabilities Overall	1 - 5
89	<i>Parks</i>	1 - 5
90	<i>Trails/Paths</i>	1 - 5
91	<i>Swimming</i>	1 - 5
92	<i>Fitness Centers</i>	1 - 5
93	Recreation Overall	1 - 5
94	<i>Mental Health</i>	1 - 5
95	<i>Domestic Violence Victims</i>	1 - 5
96	<i>Physically Disabled</i>	1 - 5
97	<i>Children</i>	1 - 5
98	<i>Elderly</i>	1 - 5
99	Advocacy Overall	1 - 5
100	<i>Prevention</i>	1 - 5
101	<i>Rehabilitation</i>	1 - 5
102	<i>Crisis Intervention</i>	1 - 5
103	Drugs/Alcohol Overall	1 - 5
104	<i>Emergency Response Services</i>	1 - 5
105	<i>Temporary/Emergency Housing</i>	1 - 5
106	<i>Food Bank/Food Pantry Services</i>	1 - 5
107	Overall Disaster Services	1 - 5
108	YOUR ORG - Children/Family	1=Yes
109	Elderly Support	1=Yes
110	Health Services	1=Yes
111	Mental Health	1=Yes
112	Physical Disabilities	1=Yes
113	Recreation	1=Yes
114	Advocacy	1=Yes
115	Drugs/Alcohol	1=Yes
116	Disaster Services	1=Yes
117	Other (Please Specify)	1=Yes
118	BOD - Children/Family	1=Yes
119	Elderly Support	1=Yes
120	Health Services	1=Yes
121	Mental Health	1=Yes
122	Physical Disabilities	1=Yes
123	Recreation	1=Yes
124	Advocacy	1=Yes
125	Drugs/Alcohol	1=Yes
126	Disaster Services	1=Yes

127	Other (Please Specify)	1=Yes
128	Age?	1=20-39 2=40-59 3=60+
129	Gender?	1=Male 2=Female
130	Marital Status?	1=Single 2=Married 3=Divorced
131	Children?	1=Yes 2=No
132	Comments	1=Yes 2=No

Appendix E

Invitation to Focus Group

April 2, 2007

Name
Agency
Address
CSZ

Dear :

As part of our ongoing efforts to identify the critical needs in Indiana County, the United Way of Indiana County is continuing the process to assess community needs and the services provided or lacking in meeting those needs. This type of information will be critical to our organization and community partners in making funding decisions, evaluating existing programs, and seeking new opportunities to improve the quality of life for the residents of Indiana County.

Therefore, you, as director of your agency, are invited to attend a United Way agency focus group on Wednesday, April 18th – 201 Eberly, on the IUP campus. This will be facilitated by the faculty and students working on this project. The event will begin at 5:00 pm with refreshments and the discussion will be from 5:30-7:00 pm.

We realize that you may have extensive knowledge in only some of these areas, but your answers and views will be most appreciated.

On behalf of the all the residents in Indiana County we all serve, thank-you for your help in meeting our goals.

Very truly yours,

Patricia Simmons
Executive Director

Appendix F

Invited Organizations/Attendance/Representative

Invited Organizations	Attendance	Representative
accessAbilities	Yes	Jane Hurd
Alice Paul House	Yes	Beth Illig
American Red Cross	Yes	Kathleen Pino
Big Brothers Big Sisters	No	-
Blind Association	Yes	Mariann McGee
Boy Scouts	Yes	Kurt Roberts
Boy Scouts	Yes	Bernie Lockard
Camp Orenda	Yes	Christa Harper
CareNet	Yes	Marilyn Dilg
Catholic Charities	No	-
Child Day Care	Yes	Mari Higgins
Girl Scouts	Yes	Frankie Graham
Head Start	Yes	Dr. Rita Johnson
LifeSteps	No	-
Open Door	Yes	Maria Dietz
Salvation Army	Yes	Laura Terihay
VNA	Yes	Betsy DeGory
VNA	Yes	Linda Bettinazzi
YMCA	Yes	Michael McElhaney

Appendix G

Focus Group PowerPoint

Welcome!

Jim Endlich
Chris Krahe
Joe Lipsitz
Christina Shoemaker

Dr. Thomas Falcone
Dr. Stephen Osborne



Focus Groups – As Follow-up to the 2006 survey

Handouts – Name Card and Service Categories

Video Tape – We will be video taping. Only the SBI group will view tape to summarize results.

- **Surveys (Fall 2006)**
 - Board of Directors
 - Public officials
 - Agencies
- **Surveys (February 2007)**
 - Allocation committee
- **Focus Group (April 18, 2007)**
 - Funded United Way Agencies

What are the **most critical social service needs** in Indiana County?

Purposes of the Study

- To better **understand the social service needs** of Indiana County
- Identify the **specific services that might be expanded**
- Provide **recommendations** for the allocation process

Which of the following categories of service are **most important** to the Indiana Community?

- Children and Family
- Elderly Support
- Health Issues
- Mental Health
- Physical Disabilities
- Recreation
- Advocacy
- Drugs/Alcohol
- Disaster Services

Are there **services** in Indiana County that are **duplicated**?

Do you feel there are **services** in the community that have an **opportunity for collaboration**?

What types of **new social service programs** do you feel are needed?

• ***Aside from allocation to your agency, how would you evaluate the performance of the United Way of Indiana County?***

• What are your **thoughts on the allocation process and the allocations** themselves?



Thank You!

Appendix H

Blank Excel Sheet Used in Focus Group

United Way of Indiana County



	<u>Vote</u>		<u>Fall 2006 Rank</u>	<u>Why?</u>	<u>How Well Served</u>	<u>How Well Funded?</u>
	<u>Number</u>	<u>Rank</u>				
Children and Family						
Elderly Support						
Health Issues						
Mental Health						
Physical Disabilities						
Recreation						
Advocacy						
Drugs/Alcohol						
Disaster Services						

Appendix I

Focus Group Handout (Categories)

Service Categories

- **Children and Family**
 - Early Childhood Education
 - K-12 Tutoring
 - Daycare
 - Nutrition/Food Programs
 - Family Counseling
 - Childhood/Adolescent Mentoring Programs
 - Pregnancy/Prenatal Services
 - Employment Training
 - Domestic Violence Services (Counsel/Shelter)
 - Financial/Credit Counseling
 - ***Children and Family Overall***

- **Elderly Support**
 - Nutrition/Food Programs
 - Home Health Care
 - Adult Day Care
 - Immunizations (e.g. Flu, Pneumonia)
 - Transportation
 - ***Elderly Support Overall***

- **Health Issues**
 - Wellness Education/Counseling
 - Blood Collection/Distribution Services
 - Childhood Immunizations
 - Hospice Services
 - Low Income Medical Assistance
 - Low Income Dental Assistance
 - ***Health Issues Overall***

- **Mental Health**
 - Counseling
 - Special Needs Programs (Education/Training)
 - Recreation Programs
 - ***Mental Health Overall***

- **Physical Disabilities**
 - Rehabilitation
 - Transportation
 - Vision Services
 - Hearing Impaired Services
 - Recreation Programs
 - ***Physical Disabilities Overall***

- **Recreation**
 - Parks
 - Trails/Paths
 - Swimming
 - Fitness Centers
 - ***Recreation Overall***

- **Advocacy**
 - Mental Health
 - Domestic Violence Victims
 - Physical Disabilities
 - Elderly
 - ***Advocacy Overall***

- **Drugs/Alcohol**
 - Prevention
 - Rehabilitation
 - Crisis Intervention
 - ***Drugs/Alcohol Overall***

- **Disaster Services**
 - Emergency Response Services
 - Temporary/Emergency Housing
 - Food Bank/Food Pantry Services
 - ***Overall Disaster Services***

Appendix J

Comment Card

Comment Card

- Is there any other information you would like us to know?

- How beneficial do you feel this session was for:

	<u>Not Useful</u>		<u>Somewhat Useful</u>		<u>Very Useful</u>
Your Agency?	1	2	3	4	5
The United Way?	1	2	3	4	5
The Well-Being of the Community?	1	2	3	4	5

Comments: _____

- Do you have any recommendations for future focus groups?

Appendix K

Comment Card Results

1. Is there any other information you would like us to know?

- Appreciate the United Way's efforts to improve. You're doing a good job!
- I think much info was exchanged
- We are very appreciative of our United Way allocations.
- How much \$ goes to the agencies? % to mothership?
- When will find out our allocations?

2. How beneficial do you feel this session was for:			
Respondent	Your Agency?	The United Way?	The Well-Being of the Community?
1	5	5	5
2	4	4	4
3	4	4	4
4	4	4	4
5	4	5	No Response
6	4	4	5
7	4	4	5
8	5	5	5
9	4	3	5
10	3	4	4
11	1	3	2
12	4	4	4
13	4	5	5
Mean	3.85	4.15	4.33

Comments:

- thank you – informative for someone still somewhat new to the area and learning the community
- The facilitators did a good job – especially considering there were so many of us!
- Very nice job
- Hope United Way takes the recommendations to heart...Apparently the issue of last minute calls for presentations to the allocation committee is a poor management strategy.
- thanks for an interesting discussion!
- All of the students have done an excellent job – very well prepared
- It wasn't a focus group on the United Way. That part didn't start until 7:05 p.m.
- It was good to hear the thoughts of the other agencies + our overall thoughts.
- This was a well conducted focus group. The dialog between agencies & the students was outstanding.

3. Do you have any recommendations for future focus groups?

- I think that the United Way should publicize what they can't fund as well as what they can.
- This was a very interesting discussion – I know time is precious – but I do think more focus groups would be beneficial.
- involve community members with different needs
- Input from the community on needs
- Shorter length of time - 2½ hrs. is too long!
- Stay on the topic
- United Way reps. Should be in attendance
- A periodic focus group, say a follow-up, would be useful. Maybe ideas that came out of the group this evening could turn into a future focus group.

Appendix L

Ms. Simmons' Introduction E-mail to Other
United Ways

Dear Colleagues:

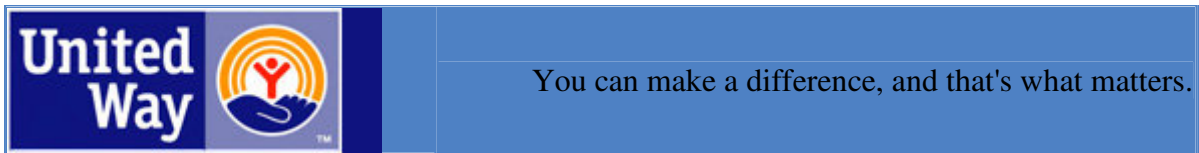
For the past two semesters, the United Way of Indiana County has been working with students from the Small Business Institute at IUP. This hard working group has been working on a needs assessment survey in trying to help us identify the most important needs in Indiana County.

Last semester, a survey was done with the human service agencies from Indiana County surveying how important services are and how well those services are being met.

This semester they are taking it one step further and are calling upon my United Way colleagues to help them by answering a short phone survey.

Therefore, please take this email as an introduction to the students who may be calling you very shortly. And, on their behalf and mine, thank you for your help and support.

Patti Simmons



Patricia Klausung Simmons
Executive Director

United Way of Indiana County
982 Philadelphia Street
Indiana, PA 15701
tel: 724-463-0277
fax: 724-463-0278

uwsimmons@verizon.net
Add me to your address book...

Want a signature like this?



Appendix M

Benchmarking Script

Benchmarking Script

Introduction

Hi. My name is ____; I am a student at Indiana University of Pennsylvania working on a SBI consulting project for the United Way of Indiana County. I am contacting you in order to gain some valuable information for our project. The main objective of our project is to identify critical needs in Indiana County, identify how well those needs are being served, and helping the United Way to improve their fund allocation process. As part of this project, my team and I are researching best practices of other United Way organizations. Your particular organization was identified as a successful United Way and we would like to learn more about your organization's structure and processes. I have a short questionnaire I would like to discuss with you that will only take 15 – 20 minutes. Also, when our study and analysis is complete, we would be happy to share our results with you.

Questions

Comparison of United Ways

To start, I want to gather some information that will help us compare United Ways.

- What is the United Way of ____ County's total annual budget?
 - How much is allocated? Is the rest used to cover operating expenses?
- How many members are on the Board of Directors? Is there a member list available?
 - Are there multiple levels of hierarchy?
- How many staff does your United Way employ? Are there hierarchical levels? What is your metro size?

Allocation Process

Next, I'd like to learn about the allocation process.

- What is the structure and process by which the United Way of ____ County allocates funds?
 - Is there an allocation committee?
 - Are there established guidelines for the process? Established criteria for the decisions?

- Does your United Way utilize zero-based budgeting?
- What categories of service types do you utilize and how much funding does each receive?
 - (Ask for list instead?)

Research and Needs Assessment

Finally, I'd like to discuss any research or needs assessment your United Way conducts to aid in its allocation process.

- How is needs assessment conducted?
- How does your United Way determine where needs are?
- What sources of research or external input does your United Way receive or conduct in this process?

Request for Documents

Lastly, there are a few documents that we would greatly appreciate if you would send us a copy of. These documents include:

- United Way of ___ County 2006 annual Report
- Allocation Policy Procedures
- BOD member list
- Application for funding

Please send those materials to _____.

Thank You

Thank you very much for your time and all of the information that you provided. You've been extremely helpful and it was a pleasure learning about the United Way of ___ County. After our research and analysis is complete in May, we will send you a report of our findings. Thank you again for your help. Have a nice day.

Appendix N

PowerPoint Presentation

Survey Response Rates

	Number Sent	Number Returned	Percentage
Human Service Agencies	53 / 118	60	51%
Board of Directors	38	18	47%
Elected Officials	16	9	56%
Allocation Committee	23	17 (15 Usable)	74/65%

Key Definitions

- Overall Service – Child/family overall, elderly overall, etc.
- Importance – Level of importance
- Served – how well served
- GAP – Equals “served minus importance”
 - Measures “GAP” between level of *service* and level of *importance*
 - Helps determine underserved and over-served
- Groups – Respondent groups
 - Social Service Agencies (SSA), Board Of Directors (BOD), Officials, Allocation Committee (Alloc)

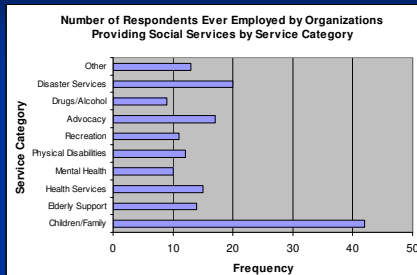
Data Presentation

- Demographics
- Sorted Mean Response Tables
 - Importance, Served, GAPs
- Graphs For Overall Services
 - Importance, Served, GAPs
- Scatterplots
 - Groups and Overall Services
- Mean Comparison Tests
- Individual Services
 - Importance, Served, GAPs

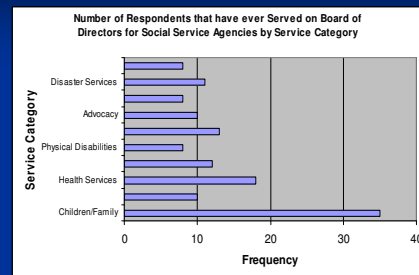
Demographics

All Groups

Demographics for All Respondents



Demographics for All Respondents



Survey Results

Overall Service Means

IMPORTANCE

Service Category	SSA	BOD	Officials	Alloc	All Groups
Child/Fam	4.4	4.2	4.4	4.5	4.4
Elderly	4.5	4.1	4.4	4.3	4.4
Health	4.3	4.0	4.4	4.4	4.3
Mental	4.2	4.0	4.3	4.0	4.2
PhyDis	4.1	3.8	3.9	4.1	4.1
Rec	3.9	3.6	4.4	3.3	3.8
Advoc	4.3	4.0	4.4	3.9	4.2
Drugs/Ale	4.5	4.4	4.8	4.5	4.5
Disaster	4.4	4.3	4.5	4.6	4.4

SERVED ("Overall Service")					
Service Category	SSA	BOD	Officials	Alloc	All Groups
Child/Fam	3.5	3.2	3.6	3.5	3.5
Elderly	3.6	3.8	3.8	3.4	3.6
Health	3.4	3.1	3.5	3.7	3.4
Mental	3.2	3.2	3.4	3.6	3.3
PhyDis	3.2	3.6	3.1	3.6	3.3
Rec	3.6	3.8	3.8	4.0	3.7
Advoc	3.4	3.1	3.9	3.7	3.4
Drugs/Alc	3.3	3.3	3.1	3.5	3.3
Disaster	3.7	3.6	4.0	4.3	3.8

GAPs					
Service Category	SSA	BOD	Officials	Alloc	All Groups
Child/Fam	-0.9	-0.9	-0.8	-1.0	-0.9
Elderly	-0.9	-0.3	-0.6	-0.8	-0.7
Health	-0.9	-0.9	-0.9	-0.7	-0.9
Mental	-1.0	-0.8	-0.9	-0.4	-0.9
PhyDis	-0.9	-0.2	-0.8	-0.5	-0.7
Rec	-0.3	0.3	-0.6	0.7	-0.1
Advoc	-0.9	-0.9	-0.5	-0.2	-0.8
Drugs/Alc	-1.2	-1.1	-1.6	-1.0	-1.2
Disaster	-0.8	-0.8	-0.5	-0.3	-0.7

Sorted Mean Response Tables

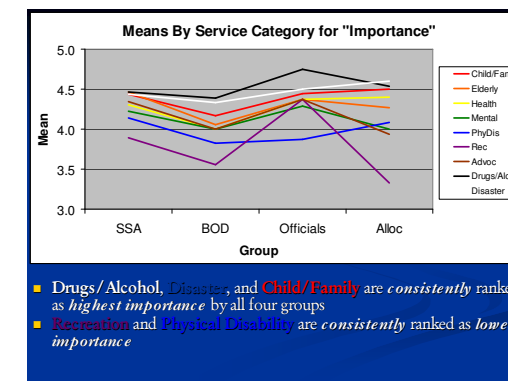
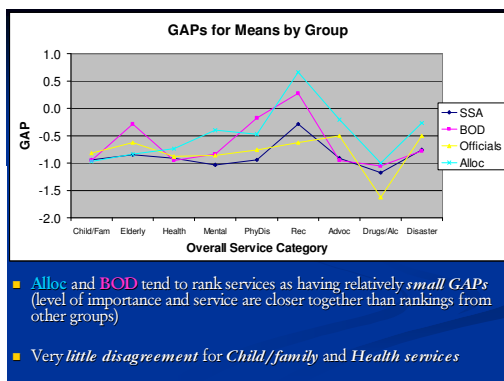
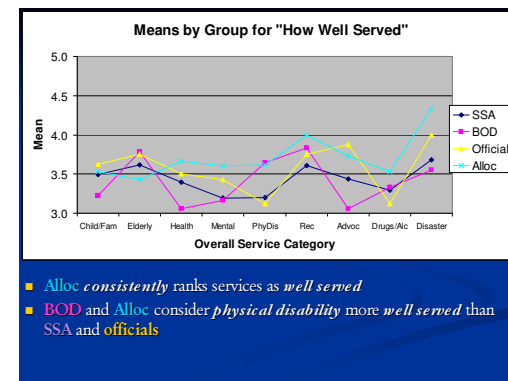
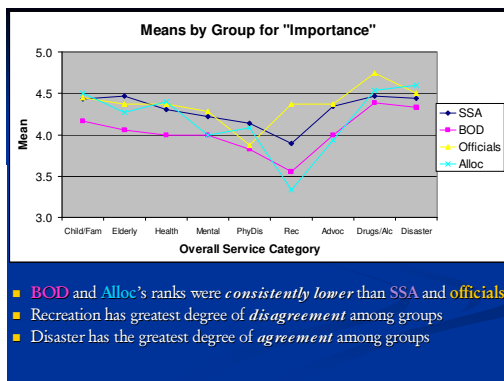
All Groups

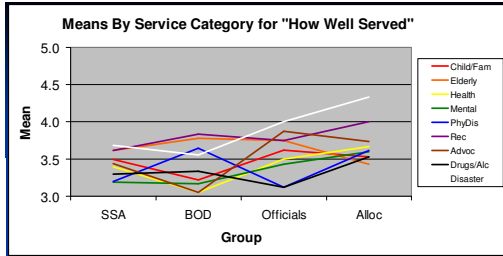
See Word Document

Graphs

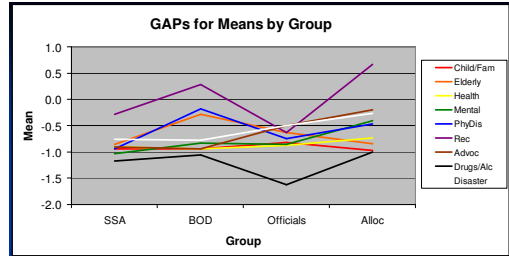
Overall Services

(Importance, Served, GAPs)





- *Recreation, Elderly, and Disaster* consistently ranked as *high served*
- Other than by the BOD, Drugs/Alcohol and *Physical Disability* consistently ranked *low*



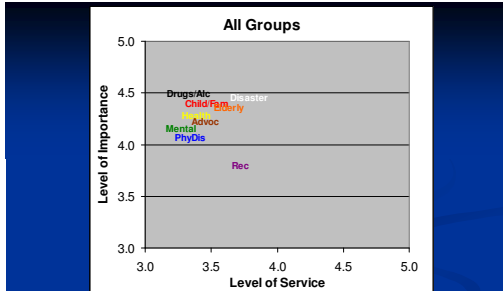
- *Recreation* consistently ranked as having relatively *high GAP*, suggesting that these services are *over-served*
- *Drugs/alcohol* consistently ranked as having relatively *low GAP*, suggesting that these services are *under-served*

Scatterplots

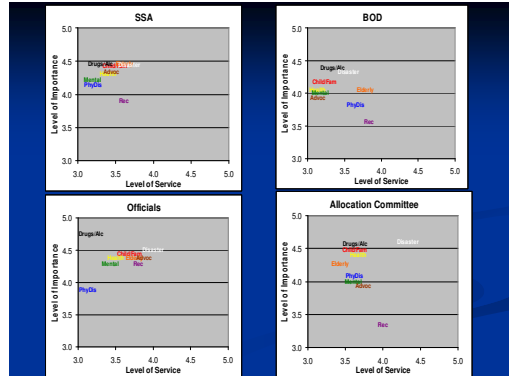
By Overall Service
By Group

Framework for Thinking About Following Scatterplots

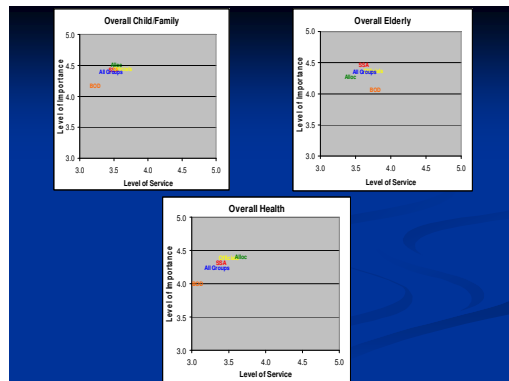
High Importance	Underserved Relative to Importance	Served Appropriately Relative to Importance
	Served Appropriately Relative to Importance	Over-served Relative to Importance
Low Importance	Low Served	High Served

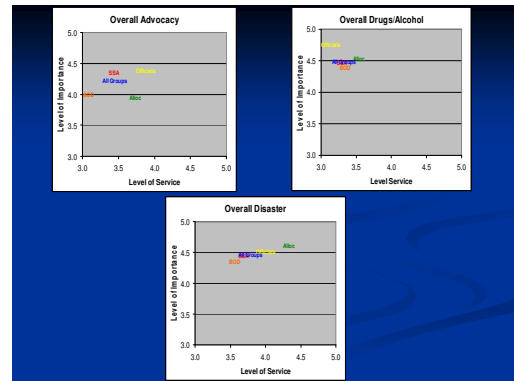
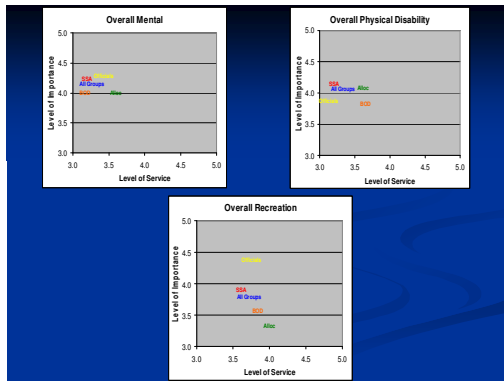


- Recreation appears *relatively over-served*
- Disaster appears *relatively served appropriately*
- Drugs/Alcohol appears *relatively under-served*



- ### Summary of Scatter Plots
- SSA
 - *Recreation* appears relatively *over-served*
 - BOD
 - *Recreation* appears relatively *over-served*
 - *Drugs/Alcohol* appears relatively *under-served*
 - Officials
 - *Disaster* and *physical disability* appear relatively served *appropriately*
 - *Drugs/Alcohol* appears relatively *under-served*
 - Alloc
 - *Recreation* appears relatively *over-served*
 - *Disaster* appears relatively served *appropriately*





- **Child/Family**
 - BOD considers *child/family* less important and less well served than the other groups
- **Elderly**
 - BOD considers *elderly* services relatively over-served
- **Health**
 - BOD considers *Health* services less important and less well served than other groups
- **Mental**
 - Alloc considers *mental* services to be relatively over-served
- **Physical Disability**
 - BOD considers *physical disability* services to be relatively over-served
 - SSA considers *physical disability* services to be relatively underserved

- **Recreation**
 - Officials consider *recreation* more important than the other groups
 - Alloc considers *recreation* less important than the other groups
 - The groups disagree much more on level of importance than service
- **Advocacy**
 - Officials consider *advocacy* more well served than the other groups
 - BOD considers *advocacy* less well served than the other groups
 - The groups disagree much more on level of service than importance
- **Drugs/Alcohol**
 - All groups seem to consider *drugs/alcohol* underserved, especially officials
- **Disaster**
 - All of the groups consider *disaster* services to be appropriately served
 - The groups agree much more on level of importance than service

Comparisons of Means

Service Categories - Where do the groups not agree?

Overall Category	Between Group Differences	
	Importance of Service	How Well Served
Children and Family	-	-
Elderly Support	BOD less than SSA	-
Health Issues	-	BOD less than SSA
Mental Health	-	-
Physical Disability	-	SSA less than Alloc, BOD
Recreation	BOD/Alloc (combined) less than SSA BOD/Alloc (combined) less than Officials	-
Advocacy	BOD/Alloc (combined) less than SSA	BOD, SSA less than Officials; BOD less than Alloc
Drugs/Alcohol	-	-
Disaster Services	-	BOD, SSA less than Alloc

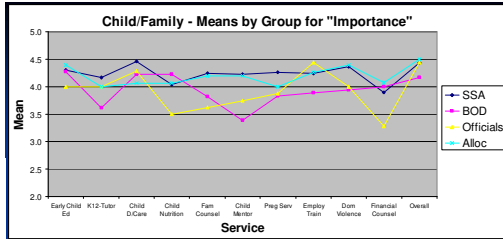
- Service Categories - Where do the groups not agree?**
- BOD tends to find overall services less important and less served than other groups; BOD also involved in every significant difference suggesting its opinions tend to be very different than other groups, particularly SSA
 - SSA tends to find overall services more important than United Way BOD/ALLOC; SSA also tends to find overall services less served than other groups
 - United Way seems to consider recreation and advocacy services less important than SSA
 - Child/family, mental health, and drugs/alcohol overall services had no significant differences among groups
 - Most disagreement related to advocacy

Individual Services

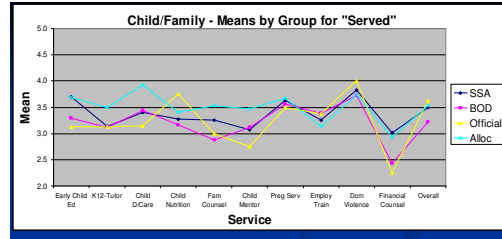
Child & Family

Example

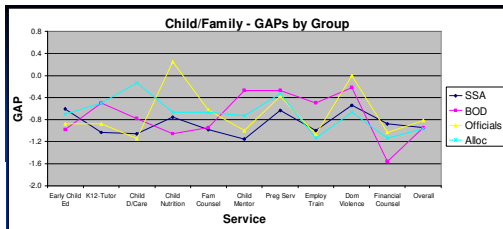
(Importance, Served, GAPS)



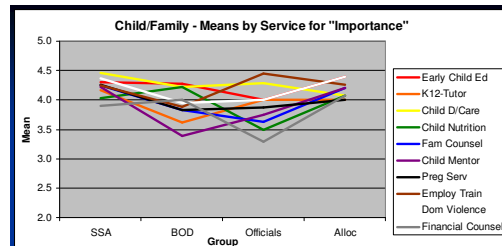
- SSA and Alloc consistently rank importance higher than other groups
- Overall Child/Family services is typically higher ranked than individual services



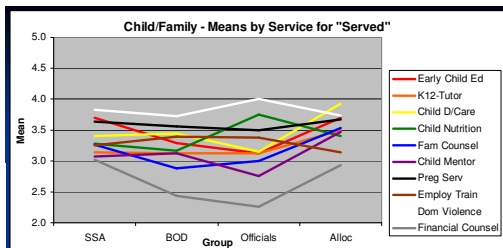
- Alloc tends to consider child/family services as more well served than other groups
- Officials tend to provide either the highest or lowest ranking



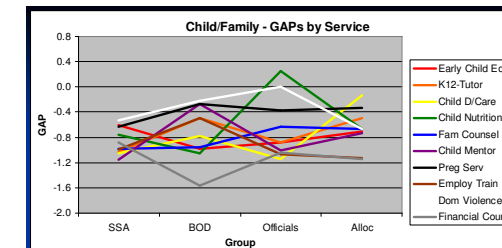
- Although much disagreement regarding individual services, very little disagreement regarding overall GAP, which suggests that each group ranks overall child/family services at about the same level of being underserved (because GAP is negative)



- Child day care considered relatively high importance by all groups
- Other than by BOD, Financial Counseling was typically of lowest importance to each group



- Domestic Violence and Pregnancy Services are relatively well served
- Financial Counseling considered least well served by all groups



- Domestic Violence and Pregnancy Services tend to be considered appropriately served
- Financial Counseling appears to be most relatively underserved

Summary

- Drugs/Alcohol services
 - Consistently rated as high importance, not well served, large negative GAP
 - Suggests this category is underserved
- Disaster services
 - Consistently rated as high importance, well served, small GAPs
 - Suggests this category is appropriately served given importance
- Recreation services
 - Consistently rated as lowest importance, well served, positive and small negative GAPs
 - Suggests this category is over-served

Summary

- Physical Disability services
 - Tends to be rated low importance, not well served
 - Suggests this category is appropriately served given importance
- Child/Family services
 - Great deal of variation in how individual services are rated in terms of importance and how well served
 - Overall Child/Family is rated as having higher importance than all individual services in category and a large negative GAP
 - Suggests the category itself is considered relatively underserved, but not all individual services

Summary

- *BOD* is consistently the *lowest rater of importance* for all Overall services
 - Only group to rate lower importance is Alloc
 - *Alloc* and *BOD* tend to rate importance for Overall services lower than *SSA* and *Officials*
- *Alloc* is consistently the *highest rater* of how well served
- *BOD* and *Alloc* ratings tend to produce *smaller GAPs* than *SSA* and *Officials*
 - *BOD* and *Alloc* consider Overall services *more relatively appropriately* served than *SSA* and *Officials*

Focus Group

Methodology - Brief

When: Wednesday April 18, 2007

5:00 p.m. -7:00 p.m.

Where: Eberly College of Business Boardroom

•SBI team wanted to understand

- The social service needs in Indiana County
- How well the social service needs are currently being served

•How the United Way's operations could improve for the benefit of the community

Invited Organizations	Attendance	Representative
accessAbilities	Yes	Jane Hurd
Alice Paul House	Yes	Beth Illig
American Red Cross	Yes	Kathleen Pino
Big Brothers Big Sisters	No	Sharon Caldwell
Blind Association	Yes	Mariann McGee
Boy Scouts	Yes	Kurt Roberts
Boy Scouts	Yes	Bernie Lockard
Camp Orenda	Yes	Christa Harper
CareNet	Yes	Marilyn Dilg
Catholic Charities	No	-
Child Day Care	Yes	Mari Higgins
Girl Scouts	Yes	Frankie Graham
Head Start	Yes	Dr. Rita Johnson
LifeSteps	No	-
Open Door	Yes	Maria Dietz
Salvation Army	Yes	Laura Teribay
VNA	Yes	Betsy DeGory
VNA	Yes	Linda Bottinazzi
YMCA	Yes	Michael McElhanev

The Most Critical Social Service Needs in Indiana County (Opening Question - Open Ended)

- **Transportation**
 - Rural nature of county
- **Supervision** for young adults and adults with disabilities
- **Programs targeting obesity**

Most Important Categories of Service (Based on Voting - 3 Votes /Person)

Service Categories	Vote	
	Number ²	Rank
Children and Family	14	1
Health Issues	9	2
Drugs/ Alcohol	5	3
Mental Health	4	4
Recreation	4	5
Elderly Support	3	6
Physical Disabilities	3	7
Advocacy	2	8
Disaster Services	2	9

*Though there were 15 participants present at the time of the vote, votes total 46, not 45

Explanation for Voting

- 46 total votes (15 maximum for each category)
 - 14 for Child and Family
 - 9 for Health Services
- *Child and Family* is the *broadest category*
- *Child and Family* and *Health Services* encompass *most of the other categories*
- *Strong families* can help prevent *many of the problems* that the other services are in place to address
- "Huge healthcare crisis"

Health Care Crisis

- **Causes:**
 - Pennsylvania's Aging Population
 - Unemployment
 - Lack of Health Insurance
 - High Cost of Health Insurance
 - High Cost of Healthcare
 - Unavailability of Healthcare
 - Weight Issues

Dualism of Social Services

“We talk about problems that we can treat and problems that we can solve... We can treat things with money and resources, but solving is a long-term process and it's cheaper in the long-run. If you look at all these issues, particularly health and recreation and children and family, if we have a stronger community, we're going to have people in the future who are working to solve these problems. That's why I think recreation is an asset to the community not only for current health, but to keep people healthy into the future.”

Dualism of Social Services (continued)

- Services that prevent problems before they start
- Services that retroactively treat problems after they have arisen
- Recreation provides a preventative attack at weight issues

“Pulling Teeth”

- How well *served* are these different categories?
- How well *funded* are these categories of service?
- “It's hard to say that something is not well served. The agencies that are serving are doing a good job with what they have.”

Over-Funded Programs

Over-Funded

Drug and Alcohol Problems may be better remedied by funding alternative activities such as recreational services

Under-Funded Programs

- *Head-Start* is fully enrolled, but could serve more children with more funding
- *Homeless shelters* are almost always full and could serve more people with more funding
- *Food pantry* services, reduced Federal funding
- *Early Childhood Education*
- *Advocacy* – things that are not direct services are generally first to be cut

Increasing Demand for Funding

- “The cost of doing business is increasing, and the income stream isn't keeping pace.”
 - Healthcare Costs
 - Minimum Wage Increase

Focus Group vs. 2006 Survey

Focus Group vs. 2006 Survey	Vote		Fall 2006 Rank
	Number	Rank	
Children and Family	14	1	4
Health Issues	9	2	6
Drugs/Alcohol	5	3	1
Mental Health	4	4	7
Recreation	4	5	9
Elderly Support	3	6	2
Physical Disabilities	3	7	8
Advocacy	2	8	5
Disaster Services	2	9	3

Focus Group vs. 2006 Survey

Focus Group vs. 2006 Survey	Focus Group Rank	Fall 2006 Rank
Children and Family	1	4
Health Issues	2	6
Drugs/Alcohol	3	1
Mental Health	4	7
Recreation	5	9
Elderly Support	6	2
Physical Disabilities	7	8
Advocacy	8	5
Disaster Services	9	3

Areas of Duplicated Services

“We don’t duplicate, we collaborate.”

Collaboration – Disaster Services

- Disaster Services finished in a tie for last in the voting receiving 2 votes
- County-Wide Disaster Team meets four times annually with committee meeting each month

Interagency Communication

- Interagency Coordinating Council
- Human Services Council
- Child Advisory Commission
- Indiana Health Care Coalition
- Disaster Coalition
- Department of Human Services
 - Human Services Directory

Agency representatives have a vast understanding of the services provided by other agencies

Allegheny County’s Collaboration:

“the poster-child of what can be done in collaboration”

- One-Stop-Shopping
 - *Centralized organization* where people could have all service needs addressed
- Dismissed by the focus group
 - Difficult to coordinate
 - Too many agencies involved
- Criticality of interagency relationships

New Service Programs

- Transportation
 - *“Ruralness”* of the county
 - Difficulty in accessing services
 - To better serve the whole county
- Youth Recreation
- Childhood Obesity
- Parental Guidance
- Mental Health

Comments on the United Way’s Performance

- “Gracious” in operations
- Visibility in the community
- Difficulty in raising funds because people have already given to the United Way
 - Help agencies with their visibility and fundraising efforts

Additional Comments

- United Way representatives *uninformed* about an agency during agency hearing
- *Not enough advance notice* for agency hearings, sometimes only 2-3 days
- Allocation checks now sent quarterly, not monthly
- Difficulty budgeting without knowing enough in advance how much a particular agency will receive

Flexibility in Funding

- Without zero-based budgeting, allocations are based partly on previous year allocations
- Year-to-year changes
 - “No such thing as normal circumstances”
 - Need to be able to respond to changes in social service needs with changes in funding

Benchmarking United Ways

Benchmarking Methodology

- Script was made to call United Ways
- Two SBI team members were present at each call, one doing the call and the other taking notes.

Date	County	UW Representative	Team Members
30-Mar	Westmoreland	Nancy Kukavich	Christina, Jim
30-Mar	Butler	Leslie Osche	Joe, Jim
3-Apr	Erie	Alan Perez	Joe, Jim
3-Apr	Capital Region	Joe Capita	Joe, Chris
3-Apr	Washington	Richard White	Joe, Jim
3-Apr	Greater Susquehanna Valley	Kerri Albright	Joe, Chris
4-Apr	Laurel Highland	Nikki Yorchak	Joe, Christina
4-Apr	Centre	Ellie Beaver	Joe, Chris
4-Apr	Western Crawford	Sandra Rossi	Joe, Christina
5-Apr	Venango	Jane Klinger	Joe, Jim
9-Apr	Carlisle	Jeff Carlisle	Joe, Jim
9-Apr	Titusville Area	Terri Wigg	Joe, Christina
13-Apr	Lawrence	Gayle Young	Joe, Christina

Annual Budget

The following section is broken down into

- Total Annual Budget,
- Total Allocation Dollars,
- Total Designated Dollars,
- Total Programming Dollars
- Operating Expenses.

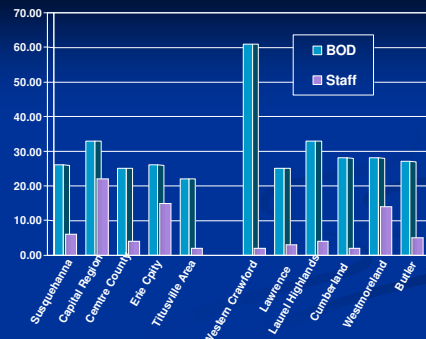
United Way	\$ Budget	\$ Allocated	% Allocated
Gr. Susquehanna Valley	822,000	576,400	70%
Capital Region	7,196,358	4,138,404	57%
Centre County	2,000,000	1,485,000	79%
Titusville Area	180,000	117,000	65%
Western Crawford County	500,000	400,000	80%
Laurel Highlands	963,000	723,000	75%
Carlisle Cumberland	1,774,875	868,803	48%
Westmoreland	3,400,000	1,500,000	44%
Venango	430,000	286,000	66%

Board Of Directors

- Number of board members,
- Member list is available to review,
- General structure/committees of the board of directors.
- Board of directors consist of 25-35 members
- Executive Committee who meet once a month

Staff and Size

- Working staff at each United Way,
- The hierarchical levels represented
- Metro size of the organization.



Allocation Process and Structure

- Structure/Process/guideline of the United Way,
- Types of service categories represented in each agency
- Utilization of Zero-based funding.

Areas Of Service

- Child & Youth
- Disease & Disability
- Family & Seniors
- Emergency
- Strengthening Families
- Education and Self Sufficiency
- Adult Mental Help
- Protection From Abuse
- Basic Human Needs

Unique Allocation Process

- Erie County United Way
 - Six allocation panels are created including 12 volunteers each
 - three day *training program*
 - enlists the voluntary services of teams of CPAs to assess the audit, 990 forms, due diligence, and other financial aspects of the program.
 - rewards high performing programs that are meeting important needs

■ Laurel Highlands

- General allocation Process
- utilize *zero-based budgeting*, a 3 year time span
- United Way to respond to needs that are emerging in the community by cycling some old and new agencies

■ Carlisle and Cumberland County

- The organization uses a Community Investment Process Overview.
- *Agency Tours*
 - allows the panels to have a first-hand experience on how the agency operates

Research and Needs Assessment

- How needs are Determined
- Research tools

Unique Research Tools

- Greater Susquehanna Valley United Way
 - Ten focus group interviews
 - identify the specific human service issues concerning communities

Center County

Common Research Themes

- Needs can be met more effectively if there is greater coordination among public and private agencies offering similar or allied services;
- Low income residents in rural area of the county are especially challenged in accessing human services;
- Low-cost early intervention or preventive services are needed to prevent problems from escalating to the point of requiring high-cost services;
- there is an overwhelming need for affordable housing, as well as transportation, for low-income working families

Recommendations

Service Categories to Consider

- *Recreation* services are over-served
 - Funding for these programs should not be increased
 - Consider *decreasing funding or number of programs* within this category
- *Drugs/Alcohol* services are underserved
 - *Increase funding* for current programs, or *seek new programs* to better serve this category
- *Disaster* services are appropriately served
 - Current funding and programs are sufficient
 - *Do not increase or decrease funding or # of programs*

Service Categories to Consider

- *Overall Child/Family* is rated as highly important, yet individual services in the category are rated high, medium, and low importance
 - *Examine individual services* to determine whether change in funding or number/quality of programs is needed
 - Investigate why *overall category is so important but the individual services aren't* as important

Individual Services to Consider

- Services with *large negative GAPs* may be underserved
 - Consider *increasing funding, # of programs, or effectiveness* of current programs
 - Financial Counseling, Employee Training, Advocacy for Elderly, Dental Assistance, Elderly Transportation
- Services with *small negative GAPs* are being appropriately served given their importance
 - *Do not increase or decrease funding or # of programs*
 - Hospice, Blood Collection, Elderly Immunization, Domestic Violence, Advocacy for Domestic Violence

Individual Services to Consider

- Consider increasing funding to programs the focus group participants identified as needing more funding:
 - Transportation
 - Weight issues, particularly among children
 - Head Start (fully enrolled but lacks funding)
 - Early childhood education/daycare
 - Advocacy
 - Youth Recreation
 - Parental Guidance
 - Mental Health

Considerations for Allocating Funds

- Preventative solutions
- Client demand exceeds program's capacity and capacity restricted by funding
- Important services that are less well-served
- Can benefit the most people

Concerns of Agency Representatives

- Revert to monthly allocation payments
- Let the agencies know as soon as possible how much funding they will receive
- Make Annual Reports available to the funded agencies

Fundraising

- Help agencies deal with "But I already donated to the United Way?"
 - Emphasize that allocations only partially fund programs and agencies
 - Help funded agencies become more visible to the public
- United Way of Indiana County Fundraising
 - \$600,610 Requested
 - \$565,009 Allocated (6.3% increase in funding)

Flexibility

- Year-to-year changes in community needs
- Zero-Based Budgeting
- Discretionary Fund – allocated midterm
 - Allow for particular needs to be met
 - Does not require prediction of needs

Allocation Process

- Inform and educate the allocation committee on the agencies they will be working with.
 - Training program for allocation committee
 - Research agencies background before meeting with them
- Agency Tours
 - Allocation committee members become aware the impact of the community
 - First hand opportunity to gain perspective

Allocation Process

- Specify a day in which the allocation committee may meet with their Social Service agencies
 - Social services are informed in advance
- BOD
 - Create an executive committee able to meet once a month to discuss activities involved within the United Way

Allocation Process

- Zero-based budgeting
 - Funding based on community impact
 - Working from a 3 year time span
 - Allowing new programs to show progress
- Seek Volunteer CPAs to aid in evaluating agencies' financial aspects of the program
 - IUP as a potential resource

Thank You!

Comments and Questions?

Appendix O

Summary of Hours