

North Central District Health
Account Code #10455220

Narrative:

The North Central District Health Department serves as the Department of Health for the Town of Vernon.
The cost for these services are based on a per capita rate as follows:

\$4.67 x 29,098 population

The request reflects a decrease in population from 29,161 used for the prior year's calculation, the per capita rate at \$4.67 remains the same.

Department Summary:							
Account Code	Account Classification	Actual 2014-2015 Expended	Adopted 2015-2016 Budget	Department's 2016-2017 Request	Town Council 2016-2017 Approved	\$ Increase (Decrease)	% Increase (Decrease)
51000	Salaries & Wages	-	-	-	-	-	0.00%
52000	Employee Benefits	-	-	-	-	-	0.00%
53000	Professional & Tech. Services	-	-	-	-	-	0.00%
54000	Property Services	-	-	-	-	-	0.00%
55000	Other Purchased Services	-	-	-	-	-	0.00%
56000	Supplies & Materials	-	-	-	-	-	0.00%
57000	Capital Outlay	-	-	-	-	-	0.00%
58000	Other/Sundry	\$ 136,000	\$ 136,182	\$ 135,888	\$ 135,888	\$ (294)	-0.22%
		-					
	Total:	\$ 136,000	\$ 136,182	\$ 135,888	\$ 135,888	\$ (294)	-0.22%
	Total Excluding Wages:	\$ 136,000	\$ 136,182	\$ 135,888	\$ 135,888	\$ (294)	-0.22%

TOWN OF VERNON
FISCAL YEAR 2016 - 2017 BUDGET SUMMARY
DEPARTMENT - NORTH CENTRAL DISTRICT HEALTH

	FISCAL YEAR 2015-2016							FISCAL YEAR 2016-2017		
2014- 2015 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2015-2016	EST EXP 2015-2016		DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
136,000	136,182	136,182	68,091	136,182	10455220	58700	GRANTS - HUMAN SERVICES	135,888	135,888	135,888
136,000	136,182	136,182	68,091	136,182			58000 SUB TOTAL	135,888	135,888	135,888
136,000	136,182	136,182	68,091	136,182			DEPARTMENT TOTAL	135,888	135,888	135,888

**TOWN OF VERNON 2016-2017
BUDGET REQUEST DETAIL**

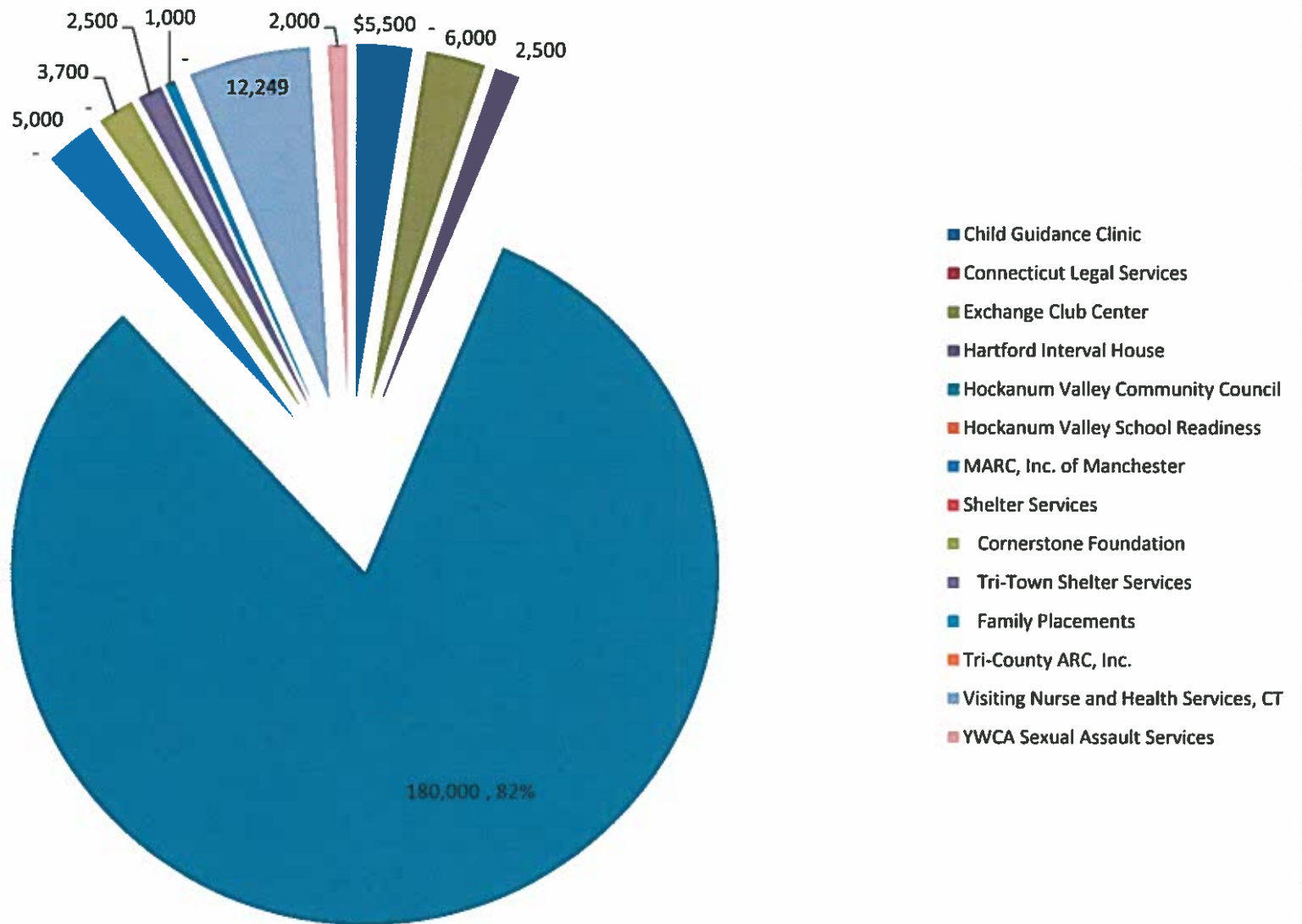
			DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
10455220	NORTH CENTRAL DISTRICT HEALTH				
58700	GRANTS - HUMAN SERVICES				
	POPULATION OF 29,098 @ \$4.67, PRIOR RATE WAS 29,161 @ \$4.67		<u>135,888</u>	<u>135,888</u>	<u>135,888</u>
	Total Object		<u>135,888</u>	<u>135,888</u>	<u>135,888</u>
Grand Total	10455220	NORTH CENTRAL DISTRICT HEALTH	<u><u>135,888</u></u>	<u><u>135,888</u></u>	<u><u>135,888</u></u>

HUMAN SERVICES ADVISORY COMMISSION

FISCAL YEAR 2016 - 2017 BUDGET SUMMARY

Agency	Budget FY 2014-2015	Adopted FY 2015-2016	Fiscal Year 2016 - 2017						
			Agency Request FY 2016-2017	Agency's Total Budget	Request % of Budget	Human Services Advisory. Comm. Recommend.	Mayor's Proposal	Town Council Approved	Increase (Decrease)
Child Guidance Clinic	\$ 5,500	\$ 5,500	\$ 5,500	\$ 5,365,465	0.10%	\$ 5,500	\$ 5,500	\$ 5,500	\$ -
Connecticut Legal Services	2,000	2,000	4,000	10,487,988	0.04%	2,000	2,000	-	(2,000)
Exchange Club Center	4,000	4,000	10,000	702,840	1.42%	6,000	6,000	6,000	2,000
Hartford Interval House	2,500	2,500	2,500	1,874,483	0.13%	2,500	2,500	2,500	-
Hockanum Valley Community Council	180,000	180,000	200,000	3,834,092	5.22%	180,000	180,000	180,000	-
Hockanum Valley School Readiness	4,000	4,000				-	-	-	(4,000)
MARC, Inc. of Manchester	4,000	4,000	4,000	8,961,450	0.04%	4,000	4,000	5,000	1,000
<u>Shelter Services</u>									-
Cornerstone Foundation	3,700	3,700	3,700	352,000	1.05%	4,700	3,700	3,700	-
Tri-Town Shelter Services	2,500	2,500	2,500	316,450	0.79%	2,500	2,500	2,500	-
Family Placements	1,000	1,000	1,000			1,000	1,000	1,000	-
Tri-County ARC, Inc.	3,500	-		-		-	-	-	-
Visiting Nurse and Health Services, CT	12,249	12,249	12,249	22,566,488	0.05%	12,249	12,249	12,249	-
YWCA Sexual Assault Services	2,000	2,000	2,000	4,498,517	0.04%	2,000	2,000	2,000	-
North Central Reg. Mental Health Bd.	-	-	-	-					-
									-
TOTALS	\$ 226,949	\$ 223,449	\$ 247,449			\$ 222,449	\$ 221,449	\$ 220,449	\$ (3,000)

Human Services - Town Council Approved - Fiscal Year 2016 - 2017



Visiting Nurse & Health Services of CT
Account Code #10455221

Department Summary:							
Account Code	Account Classification	Actual 2014-2015 Expended	Adopted 2015-2016 Budget	Department's 2016-2017 Request	Town Council 2016-2017 Approved	\$ Increase (Decrease)	% Increase (Decrease)
51000	Salaries & Wages	-	-	-	-	-	0.00%
52000	Employee Benefits	-	-	-	-	-	0.00%
53000	Professional & Tech. Services	-	-	-	-	-	0.00%
54000	Property Services	-	-	-	-	-	0.00%
55000	Other Purchased Services	-	-	-	-	-	0.00%
56000	Supplies & Materials	-	-	-	-	-	0.00%
57000	Capital Outlay	-	-	-	-	-	0.00%
58000	Other/Sundry	\$ 11,796	\$ 12,249	\$ 12,249	\$ 12,249	\$ -	0.00%
Total:		\$ 11,796	\$ 12,249	\$ 12,249	\$ 12,249	\$ -	0.00%
Total Excluding Wages:		\$ 11,796	\$ 12,249	\$ 12,249	\$ 12,249	\$ -	0.00%

TOWN OF VERNON
FISCAL YEAR 2016 - 2017 BUDGET SUMMARY
DEPARTMENT - VISITING NURSE& HEALTH SERVICE

	FISCAL YEAR 2015-2016										FISCAL YEAR 2016-2017		
2014- 2015 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2015-2016	EST EXP 2015-2016	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION		DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL			
11,796	12,249	12,702	1,997	12,249	10455221	58700	GRANTS - HUMAN SERVICES		12,249	12,249	12,249		
11,796	12,249	12,702	1,997	12,249			58000 SUB TOTAL		12,249	12,249	12,249		
11,796	12,249	12,702	1,997	12,249			DEPARTMENT TOTAL		12,249	12,249	12,249		

**TOWN OF VERNON 2016-2017
BUDGET REQUEST DETAIL**

			DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
10455221	VISITING NURSE& HEALTH SERVICE				
58700	GRANTS - HUMAN SERVICES				
	WELLNESS-HOME,HOSPICE,NURSING (67 VISITS @\$97.70)		6,546	6,546	6,546
	COMMUNITY-ELDER WELLNESS (70 @ \$48/HR.)		3,360	3,360	3,360
	IN-HOME SUPPRT-HOME HEALTH AID (31 @ \$29.48/HR)		913	913	913
	IN-HOME SUPPORT-HOMEMAKERS (34 @ \$16.32/HR)		555	555	555
	IN-HOME SUPP.- MEALS-ON-WHEELS (100 @ \$8.75/2MEAL PACKET)		875	875	875
	Total Object		<u>12,249</u>	<u>12,249</u>	<u>12,249</u>
Grand Total	10455221 VISITING NURSE& HEALTH SERVICE		<u>12,249</u>	<u>12,249</u>	<u>12,249</u>

ATTACHMENT A

Program Description

Agency: Visiting Nurse & Health Services of Connecticut, Inc.

Complete this form for each service area for which you are requesting funds. Use the space provided keeping descriptions brief and specific.

A. Program Title: Visiting Nurse & Health Services of Connecticut, Inc.

B. Name of program contact person: Todd Rose President / CEO
Name Title
Tel #: 860 872 9163

C. Name of fiscal contact person: Kate Schultz Controller
Name Title
Tel #: 860 872 9163

D. Statement of Need program will address:
An analysis of demographics indicates continued growth of the elderly population; those most vulnerable to premature institutionalization. The In-Home Assisted Living Program will address short term acute care needs when third party reimbursement is not available. Community based support includes: Home Health Aides and Homemakers; services that will enable the chronically ill and frail elderly to remain in their own home. Wellness programs are available to all community residents and are designed to optimize health through education, immunizations and life style counseling.

E. Services to be provided:
Wellness Clinics
Flu Immunizations
Home Health Aides
Homemakers

F. Projected unduplicated number of Vernon residents to be served:
Adults: 900 Youth/Children: _____ Families: _____

Actual unduplicated number of Vernon residents served in the past three (3) fiscal years:

FY 2013-14	Adults: <u>882</u>	Youth/Children: _____	Families: _____
FY 2014-15	Adults: <u>900est</u>	Youth/Children: _____	Families: _____
FY 2015-16	Adults: <u>900est</u>	Youth/Children: _____	Families: _____

G. How do Vernon residents access services?:
Residents are referred by hospital discharge planners, their physician, social service agencies or a resident may request services. Services are provided in the resident's home, at senior housing sites and at the town Senior Center.

H. **Budget Summary:**

Total Agency Budget:	\$	22,566,488
Total Program Budget:	\$	22,178,542
Total Board Fund-Raising:	\$	-

ATTACHMENT A

List revenue by source: (Example of possible sources: federal; state; municipal; foundation; fund-raising)

SOURCE	AGENCY	PROGRAM
Federal	\$ 13,598,968.00	\$ 13,598,968.00
State	\$ 3,053,029.00	\$ 3,053,029.00
Private Insurance	\$ 3,448,543.00	\$ 3,448,543.00
Private Pay	\$ 1,516,209.00	\$ 1,516,209.00
Municipal	\$ 96,014.00	\$ 96,014.00
Grants	\$ 433,883.00	\$
Non Operating	\$ 31,896.00	\$
	\$	\$
Total:	\$ 22,178,542.00	\$ 21,712,763.00

I. What is the percentage increase in your Agency's expenses this year versus last year? -5% %

J. What is the percentage increase in your Agency's revenue this year versus last year? -5% %

K. What new sources of revenue is your Agency seeking this year?

We continue to seek grant funding whenever possible. We have recently been successfully in obtaining a technology grant from the Hartford Foundation. We continue to identify grant opportunities available as the result of the Healthcare Reform Act.

L. What other municipalities provide funding to your organization?

Town	Amount
Manchester	\$ 84,260.00
Covenry	\$ 2,500.00
Tolland	\$ 8,320.00
South Windsor	\$ 17,825.00
Bolton	\$ 5,500.00
Ellington	\$ 3,500.00
East Windsor	\$ 5,740.00
	\$
Total:	\$ 127,645.00

With any questions pertaining to this form, please contact: Marina Rodriguez, Tel. 860-870-3567 / mrodriguez@vernon-ct.gov;
or Michelle Hill, Tel. 860-870-3558 / mhill@vernon-ct.gov

Fiscal Year: July 1, 2016-June 30, 2017

RESULTS BASED ACCOUNTABILITY DATA

ATTACHMENT B

Visiting Nurse & Health Services of Connecticut, Inc. (VNHSC) participates in Medicare's required patient satisfaction survey process (HHCAPS). HHCAPS survey results are publicly reported and administered by an independent third party approved by Medicare. All town of Vernon patients participate in the survey process and VNHSC's goal is to consistently score higher than national and regional benchmarks. VNHSC's latest quarterly results (attached) show scores above the CT benchmarks in every category. There were 156 patients surveyed in the most recent quarter with 75 respondents (48% return rate).

VNHSC participates in Medicare's required measurement of patient outcomes. Outcomes are measured by a standardized patient assessment tool (OASIS). Our latest outcome data is attached and shows the majority of VNHSC outcome measures are above the national and State benchmarks. All Vernon patient data are included in the overall outcome scores.

For both Patient satisfaction and patient outcome measures, we are unable to provide data specific to Vernon residents.

Visiting Nurse & Health Services of Connecticut, Inc.

Q3 Reporting 2014-2015 (April/May/June)

Source: Home Health Compare at Medicare.gov

Star Rating: ☆☆☆ ●

Most agencies fall "in the middle" with 3 or 3½ stars. A 4 or 5 star rating means the agency performed better than other agencies. A 1 or 2 star rating means the agency's average performance was below other agencies.

Quality Measure results comes from Home Health Outcome & Assessment Information Set (OASIS-C)

Quality Measures - VNHSC Only	Data Collection Period April 1, 2014 thru March 31, 2015					State Average ☆☆☆●●	National Average ☆☆☆●●
HIGHER PERCENTAGES ARE BETTER	Q3 2013-2014 Apr/May/Jun	Q4 2013-2014 Jul/Aug/Sep	Q1 2014-2015 Oct/Nov/Dec	Q2 2014-2015 Jan/Feb/Mar	Q3 2014-2015 Apr/May/Jun	Q3 2014-2015	Q3 2014-2015
Managing Daily Activities							
How often patients got better at walking or moving around ☆	58%	58%	59%	60%	61.3%	61.0%	63.5%
How often patients got better at getting in and out of bed ☆	61%	62%	62%	62%	62.8%	54.7%	58.9%
How often patients got better at bathing. ☆	71%	69%	69%	68%	68.2%	63.6%	68.5%
Managing Pain & Treating Symptoms							
How often the home health team checked patients for pain	100%	100%	100%	100%	99.8%	97.1%	98.8%
How often the home health team treated their patients pain	88%	87%	89%	90%	91.8%	97.8%	98.5%
How often patients had less pain when moving around. ☆	66%	66%	67%	67%	66.5%	64.9%	68.0%
How often the home health team treated heart failure (weakening of the heart) patient's symptoms	96%	96%	97%	97%	97.6%	97.0%	98.0%
How often patients breathing improved ☆	63%	61%	60%	60%	59.1%	64.4%	66.0%
Treating Wounds & Preventing Pressure Sores (Bed Sores)							
How often patients wounds improved or healed after an operation	85%	87%	87%	87%	87.8%	90.8%	89.4%
How often the home health team checked patients for the risk of developing pressure sores (bed sores)	100%	100%	100%	100%	99.9%	97.6%	98.7%
How often the home health team included treatments to prevent pressure sores (bed sores) in the Plan of Care	99%	99%	99%	99%	99.3%	95.2%	97.8%
How often the home health team took doctor-ordered action to prevent pressure sores (bed sores)	93%	92%	92%	92%	91.9%	95.3%	96.7%
Preventing Harm							
How often the home health team began their patients care in a timely manner ☆	90%	90%	91%	91%	90.1%	93.7%	91.8%
How often the home health team taught patients (or their family caregivers) about their drugs ☆	98%	98%	98%	98%	98.2%	93.5%	93.5%
How often patients got better at taking their drugs correctly by mouth	53%	53%	53%	53%	54.5%	50.0%	53.2%
How often the home health team checked patients risk of falling	100%	100%	100%	100%	99.8%	98.2%	98.3%
How often the home health team checked patient for depression	98%	98%	98%	98%	98.5%	97.0%	97.8%
How often the home health team made sure their patients have received a flu shot for the current season. ☆	New measure added to Q3 reporting with star rating				78.3%	69.7%	71.0%
How often the home health team made sure their patients have received a pneumococcal vaccine (pneumonia shot)	67%	69%	74%	76%	77.3%	66.9%	71.6%
For patients with diabetes, how often the home health team got doctors orders, gave foot care and taught patient about foot care	91%	91%	91%	91%	92.0%	94.4%	94.9%
Preventing Unplanned Hospital Care (Lower Percentages Are Better)							
Data Collection Period January 1, 2014 thru December 31, 2014							
How often home health patients had to be admitted to the hospital ☆	12%	11%	11%	12%	16.5%	18.8%	15.9%
How often patients receiving home health care needed any urgent unplanned care in the hospital emergency room without being admitted to the hospital	18%	18%	18%	17%	12.6%	12.5%	12.2%



Scores & Benchmarks with SOC/ROC Clinician Drill-Down

Visiting Nurse and Health Services of CT - HH

04/01/2015 - 6/30/2015
Report Date: 9/29/2015

Total completed surveys returned: 25

You

SHP
Database

CT

Composite Measures

C1. Care of Patients

Percent of patients who reported that their Home Health provider "Always" was informed and treated them gently and with respect and that there were "No" problems with the care.

88%

89%

88%

Clinicians

C2. Communications Between Providers and Patients

Percent of patients who reported that their Home Health provider "Always" communicated well and promptly.

84%

86%

83%

Clinicians

C3. Specific Care Issues

Percent of patients who reported that their Home Health provider handled specific care issues correctly.

85%

85%

83%

Clinicians

Universal Measures

U1. Percent of patients who gave their HH Agency a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).

86%

84%

82%

Clinicians

U2. Percent of patients who reported YES, they would definitely recommend the Home Health Agency

85%

79%

78%

Clinicians

Percentage Point Difference from the SHP Database

U2 % who would recommend the HH Agency

5.46% Pts better

U1 % who gave their HH Agency a rating of 9 or 10

2.9% Pts better

C3 Specific Care Issues

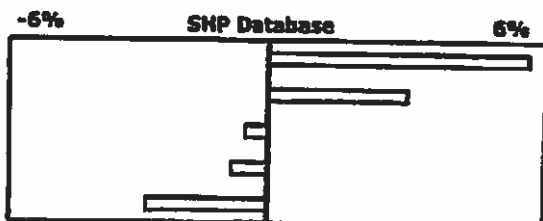
0.52% Pts worse

C1 Care of Patients

0.8% Pts worse

C2 Communications Between Providers and Patients

2.61% Pts worse



Your % Percentage Point Difference from the SHP Database

- 10% or <

+ 10% or >

Hockanum Valley Community Council
Account Code #10456222

Department Summary:

Account Code	Account Classification	Actual 2014-2015 Expended	Adopted 2015-2016 Budget	Department's 2016-2017 Request	Town Council 2016-2017 Approved	\$ Increase (Decrease)	% Increase (Decrease)
51000	Salaries & Wages	-	-	-	-	-	0.00%
52000	Employee Benefits	-	-	-	-	-	0.00%
53000	Professional & Tech. Services	-	-	-	-	-	0.00%
54000	Property Services	-	-	-	-	-	0.00%
55000	Other Purchased Services	-	-	-	-	-	0.00%
56000	Supplies & Materials	-	-	-	-	-	0.00%
57000	Capital Outlay	-	-	-	-	-	0.00%
58000	Other/Sundry	\$ 180,000	\$ 180,000	\$ 200,000	\$ 180,000	\$ -	0.00%
	Total:	\$ 180,000	\$ 180,000	\$ 200,000	\$ 180,000	\$ -	0.00%
	Total Excluding Wages:	\$ 180,000	\$ 180,000	\$ 200,000	\$ 180,000	\$ -	0.00%

TOWN OF VERNON
FISCAL YEAR 2016 - 2017 BUDGET SUMMARY
DEPARTMENT - HOCKANUM VALLEY COMMUNITY COUN

	FISCAL YEAR 2015-2016							FISCAL YEAR 2016-2017		
2014- 2015 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2015-2016	EST EXP 2015-2016	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL	
180,000	180,000	180,000	87,409	180,000	10456222	58700	GRANTS - HUMAN SERVICES	200,000	180,000	180,000
180,000	180,000	180,000	87,409	180,000			58000 SUB TOTAL	200,000	180,000	180,000
180,000	180,000	180,000	87,409	180,000			DEPARTMENT TOTAL	200,000	180,000	180,000

**TOWN OF VERNON 2016-2017
BUDGET REQUEST DETAIL**

			DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
10456222	HOCKANUM VALLEY COMMUNITY COUN				
58700	GRANTS - HUMAN SERVICES				
	BASIC MATERIAL NEEDS- TRI-TOWN PANTRY		25,000	15,000	15,000
	SENIOR CITIZENS & DISABLED TRANSPORTATION		117,000	107,000	107,000
	ELDERLY OUTREACH & MANAGEMENT SERVICES		18,000	18,000	18,000
	HVCC OUTPATIENT MENTAL HEALTH COUNSELING		40,000	40,000	40,000
	Total Object		<u>200,000</u>	<u>180,000</u>	<u>180,000</u>
Grand Total	10456222	HOCKANUM VALLEY COMMUNITY COUN	<u>200,000</u>	<u>180,000</u>	<u>180,000</u>

Town of Vernon Grant Application
Fiscal Year July 1, 2016 - June 30, 2017

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ATTACHMENT A

Program Description _____ **Agency:** Hockanum Valley Community Council, Inc.

Complete this form for each service area for which you are requesting funds. Use the space provided keeping descriptions brief and specific.

- A. Program Title: Basic Needs
- B. Name of program contact person: David O'Rourke Chief Operating Officer
Name Title
Tel #: (860) 872-8825
- C. Name of fiscal contact person: Rohan Long Director of Finance
Name Title
Tel #: (860) 872-7727
- D. Statement of Need program will address: The food pantry provides emergency food for thousands of residents as well as providing snacks to children, holiday food baskets and nutritional workshops. Since its inception in 2011 the case management program has helped over 1000 clients with a variety of social services including but not limited to: clothing, entitlement assistance, referrals to other support agencies, employment assistance, housing referrals and medication assistance. Note: In section F Case Management tracks head of household only which is represented in the families category.
- E. Services to be provided: Emergency Food Pantry, home delivery of food to home bound clients, educational and nutritional programs, comprehensive case management services, holiday baskets for Thanksgiving and Christmas, community services program, volunteer opportunities, assessment and referral to other departments and/or agencies.
- F. Projected unduplicated number of Vernon residents to be served:
- Adults: 1,880.0 Youth/Children: 1,764.0 Families: 1,510.0
- Actual unduplicated number of Vernon residents served in the past three (3) fiscal years:
- | | | | |
|------------|-------------------------|---------------------------------|---------------------------|
| FY 2013-14 | Adults: <u>2,753.00</u> | Youth/Children: <u>1,253.00</u> | Families: <u>1,402.00</u> |
| FY 2014-15 | Adults: <u>1,854.00</u> | Youth/Children: <u>1,471.00</u> | Families: <u>1,387.00</u> |
| FY 2015-16 | Adults: <u>1,840.00</u> | Youth/Children: <u>1,752.00</u> | Families: <u>1,425.00</u> |
- G. How do Vernon residents access services?: Case Management: referrals from the clinical department
Food Pantry: All food pantry clients must meet State of CT income guidelines and show proof of residency/income.
- H. Budget Summary:

Total Agency Budget:	\$ 3,834,092.00
Total Program-Budget:	\$ 415,159.00
Total Board Fund-Raising:	\$ 575,719.00

Town of Vernon Grant Application
Fiscal Year July 1, 2016 - June 30, 2017
ATTACHMENT A

Page 2 of 2

List revenue by source: (Example of possible sources: federal; state; municipal; foundation; fund-raising)

SOURCE	AGENCY	PROGRAM
Municipal	\$730,304.00	\$15,000.00
Federal (NCAAA & GHTD)	\$98,940.00	\$
State	\$619,186.00	\$
Fees	\$1,396,161.00	\$
United Way	\$27,000.00	\$5,600.00
Foundations	\$83,500.00	\$48,500.00
Retail/Rental	\$27,816.00	\$3,368.00
Donations/Fundraising/In Kind	\$851,185.00	\$342,693.00
Total:	\$3,834,092.00	\$415,159.00

- I. What is the percentage increase in your Agency's expenses this year versus last year? 3.90 %
- J. What is the percentage increase in your Agency's revenue this year versus last year? 3.90 %
- K. What new sources of revenue is your Agency seeking this year? We are always seeking new sources of revenue. We are alerted when new grants become available locally and also seek national grants that can benefit our programs. We have also reached out to foundations for support. Numerous fund-raising events, donations, food drives and an Annual Appeal are conducted throughout the year.
- L. What other municipalities provide funding to your organization?

Town	Amount
n/a	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total:	\$ 0.00

With any questions pertaining to this form, please contact: Marina Rodriguez, Tel. 860-870-3567 / mrodriguez@vernon-ct.gov, or Michelle Hill, Tel. 860-870-3558 / mhill@vernon-ct.gov

Hockanum Valley Community Council, Inc.

**ATTACHMENT - CLIENT NEED
HUMAN SERVICES - TOWN PANTRY-BASIC NEEDS**

The majority (72%) of clients who use the Pantry fall into a low income bracket. The Pantry served 2,329 Vernon residents (all ages) in the course of our fiscal year. Clients gain access by proving they meet income and geographic guidelines. They are permitted to shop monthly, but can check-in weekly to pick up surplus items when they exist. Typically a family of four is given food to sustain them for 3 – 4 days when they shop for a "monthly." Weekly shoppers are able to pick up perishable fruit, vegetables, bread and other staples.

Clients are able to shop for the items they wish to have. This is a huge difference from the more restricted method of handing out pre-packaged bags of food. Due to the volume of clients, the pantry increased its operating hours to accommodate them. The program's additional freezers / refrigerator has allowed for increased inventory of donated dairy, meats and frozen foods.

The intake process:

Face-to-face interview. Information is taken regarding family income, housing, employment, and other social service issues families may have. They are instructed on Pantry procedures, other options for food, and nutritional workshops they can attend.

Clients are referred to other resources, such as, energy assistance, basic needs, baby items, and clothing.

Highlights of Pantry Services – Beyond food

1. Coordinates educational workshops on nutrition.
2. Distributes holiday baskets and gifts at Christmas and Thanksgiving serving as the community's focal point for distribution. Cross-checks with other entities to avoid duplication.
3. Secures and distributes school supplies in the fall.
4. Services as work site for court referred Community Service Workers.
5. Distributes hats, gloves and scarves free to low-income clients contributed by churches, scouts, schools, local businesses and individuals.
6. Distribute Snack Packs to families of school children while their parent shops.
7. Provides home delivery services to 27 home bound clients weekly.
8. Distributes baby formula and new baby clothing donated by local church collections.
9. Participation in VCN, Hunger Action Committee and other community councils addressing hunger in the community.

**Town of Vernon Human Services Grant Application
Fiscal Year July 1, 2016 - June 30, 2017
RESULT BASED ACCOUNTABILITY DATA
ATTACHMENT B**

AGENCY: Hockanum Valley Community Council, Inc.

Goal Statement

The food Pantry is an emergency food source for Vernon, Tolland, Ellington and surrounding areas. It is a free service. Our primary focus is providing nutritious food items to our clients.

Who We Are and What We Do

The Pantry is comprised of 2 staff and multiple volunteers who distribute food to clients who meet our income guidelines. Each week an average of 7,000 food items are distributed. Food is donated by community groups, collected at food drives, or purchased at a discount from Foodshare, a regional warehouse. In conjunction we connect them to other resources, arrange nutritional workshops, and collaborate with outside organizations to support our clients in a variety of other ways.

Please provide a copy of the questionnaire that you use: Please see survey included

How Well Do We Do It?

A random survey was conducted in the food pantry which polled answers from clients over a 5-day period. In some cases, clients did not answer every question, and some questions required or allowed for multiple answers, so in some cases the total responses in the data tables do not sum the total surveyed.

How Much Did We Do?

Families served	1,387
Individuals served	3,325
Total visits	17,638
Monthly Shopping visits for the year 2014	6,745
Weekly Shopping visits	9,385
Holiday Baskets Nov. and Dec.	1,426
Snack Packs for the year 2014	4,754

Pantry Results

In general, the results of the survey were overwhelmingly positive. Clients showed little to no issue with the staff or the general process of getting food at our pantry. Most issues arose with the food itself, or in the struggle of physically getting to the pantry.

The majority of clients had no suggestions for improvements.

76% clients wait 5 min or less for food

Only 48% of surveyed clients are relying less on the pantry now than in previous years

74% state that because of the pantry they have more money available to pay bills

76% state that because of the pantry their health has improved

Who Is Better Off?

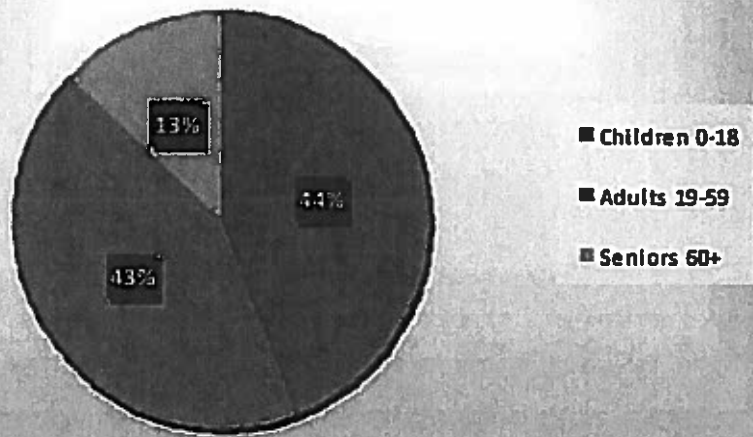
More than 3,300 individuals were provided with nourishment, better able manage to function mentally and physically. Dollars saved on food are diverted to other critical resources: additional food, personal items, rent, transportation, clothing and healthcare. Per HVCC policy, clients can shop monthly for food estimated to last 3 days. For a family of four, food is valued at \$92 retail.

children per adult	1.033006
children/family	1.060562
total families	1387

average time at residency:	5.2 years
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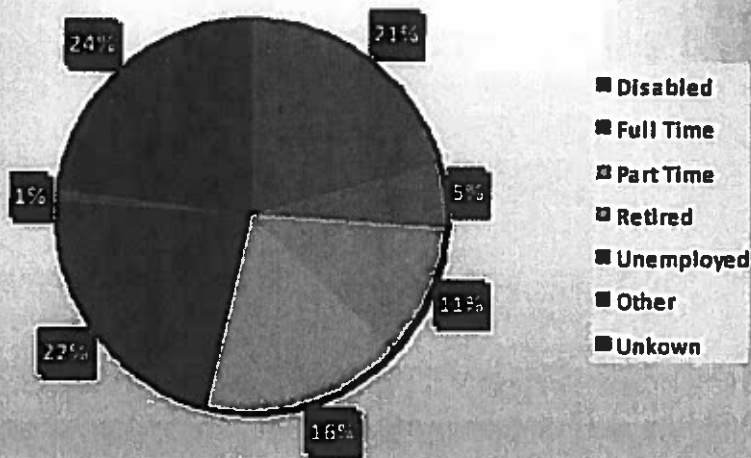
low income as reason of use:	72%
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Age Breakdown of Clients Served



Children (0-18)	1471
Adults (19-59)	1424
Seniors (60+)	430

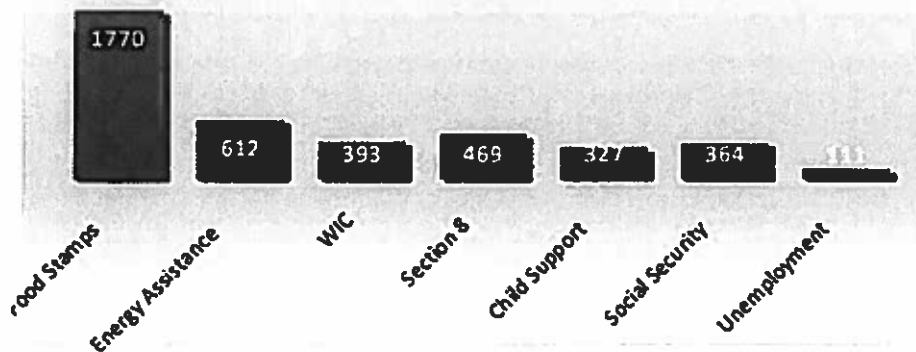
Client Employment Status



Disabled	166
Full Time	43
Part Time	88
Retired	132
Unemployed	180
Other	8
Unkown	184

Vernon Residents only:

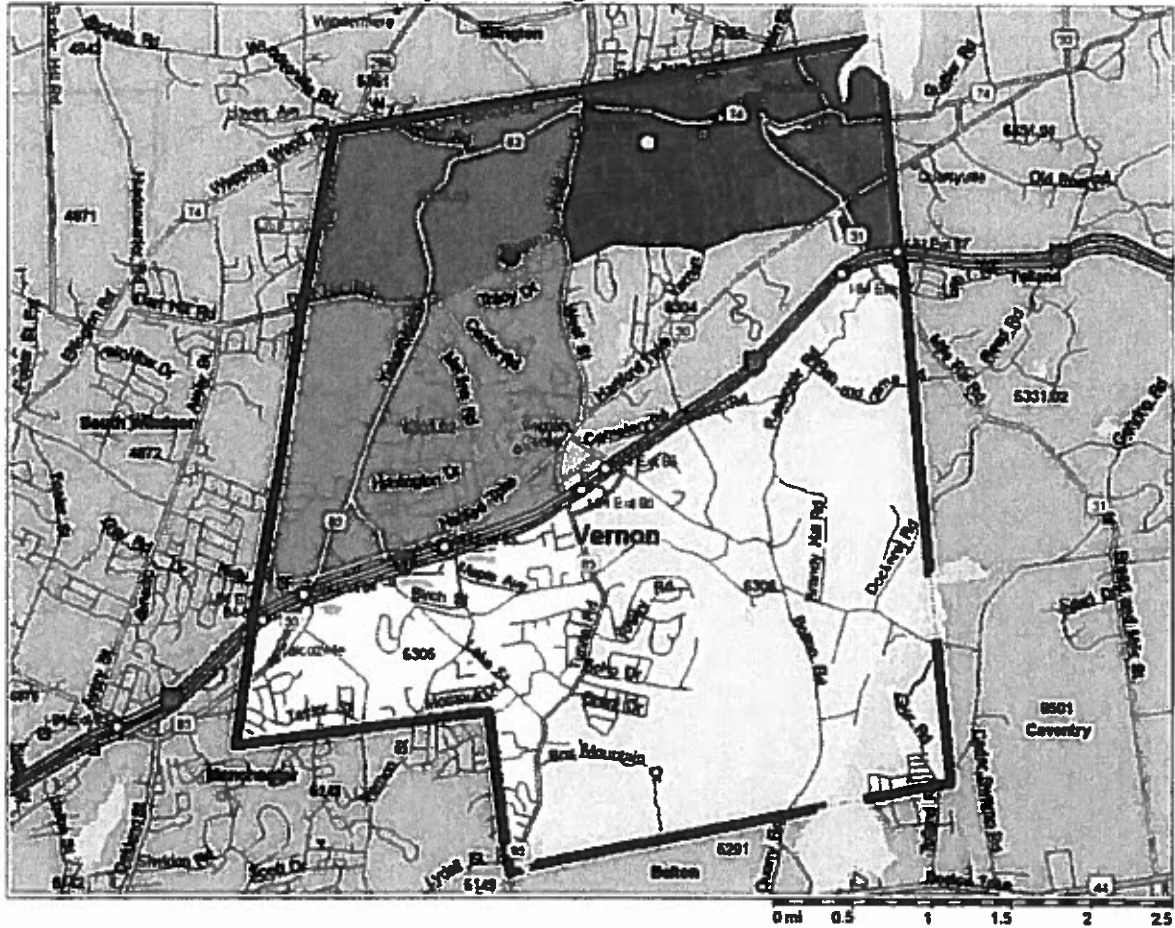
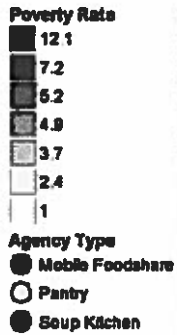
Assistance Recieved from other sources (2329 clients)



VERNON RESIDENTS ONLY (2329 individuals)

Food Stamps	1770	76.00%
Energy Assistance	612	26.28%
WIC	393	16.87%
Section 8	469	20.14%
Child Support	327	14.04%
Social Security	364	15.63%
Unemployment	111	4.77%

Poverty Rate and Agencies



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 © Copyright 2003 by Geographic Data Technology, Inc. All rights reserved. © 2000 Navigation Technologies. All rights reserved. This data includes information taken with permission from Canadian authorities © Her Majesty the Queen in Right of Canada
 © Copyright 2000 by CompuSearch International Data and Systems Ltd.

Hockanum Valley Community Council Food Pantry
Information and Satisfaction Survey

1. How did you hear about this pantry?
 - a. From a friend
 - b. From a church
 - c. From an agency. Please specify: _____
 - d. Other: _____

2. How many years have you received food at a Food Pantry?
 - a. Less than 1 year
 - b. Between 1 and 2 years
 - c. Between 2 and 5 years
 - d. More than 5 years

3. How far away do you live from the HVCC Food Pantry?
 - a. Less than 1 mile
 - b. Between 1 and 2 miles
 - c. Between 2 and 5 miles
 - d. More than 5 miles

4. How do you get to the HVCC Food Pantry?
 - a. Walk
 - b. Drive my own car
 - c. Ride with a friend or neighbor
 - d. Taxi
 - e. Public transportation
 - f. Other: _____

5. How easy is it for you to enter and exit the HVCC Food Pantry? (Answer all that apply.)
 - a. Easy, I have no problems
 - b. Difficult, too many steps outside
 - c. Difficult, too many steps inside
 - d. Difficult, the parking is too far away from the building

6. What is the average amount of time after the pantry opens that you wait in line for your food?
 - a. 5 minutes
 - b. 15 minutes
 - c. 30 minutes
 - d. One hour
 - e. More than one hour: _____

7. Would you like for this Pantry to be open at different times?

- a. Yes, open earlier
- b. Yes, open later
- c. No, the hours are fine

8. If you cannot get to our food pantry, are you able to get food from somewhere else?

- a. Yes, where? _____
- b. No

9. Are you relying less on a Food Pantry now than you were two years ago?

- a. Yes
- b. No

10. How long does the food last that you receive from the HVCC Food Pantry if you don't go grocery shopping?

- a. Less than 3 days
- b. Between 3 days and a week
- c. Between 1 and 2 weeks
- d. Between 2 weeks and a month

11. Are you able to use all of the food you receive from this Pantry?

- a. Yes
- b. No, some of the food is no good when I receive it.
- c. No, some of the food goes bad before I can use it.

12. Do you find useful information in the fliers, pamphlets, and newsletters that are given out at this pantry?

- a. Yes
- b. No
- c. This pantry doesn't give these out.

13. If you called for information, did you get the information you needed?

- a. Yes
- b. No

14. Do you know people who need food but can't get it at this Pantry?

- a. No
- b. Yes, but they don't qualify
- c. Yes, but there is not enough food
- d. Yes, but they are not able to get to the Pantry

15. Do you receive food stamps? (Your answer does not affect your eligibility to receive food from the Pantry)

- a. Yes
- b. No, I am not eligible
- c. No, I am eligible, but don't get them.

d. I do not know if I am eligible.

16. Is this Pantry open during posted hours?

- a. Yes
- b. No

17. In general, are you satisfied with the quality of food you receive from this Pantry?

- a. Yes
- b. No

18. When changes are made, like hours or days of operation, are you informed?

- a. Yes, how? _____
- b. No

19. Is this Pantry kept clean?

- a. Yes
- b. No

20. Do you believe that because you receive food from this Pantry that you have more money available to use toward other monthly expenses (example: rent, utilities, medical bills, medication)?

- a. Yes
- b. No

21. Do you believe that because you received food from this Pantry that your family's overall health has improved?

- a. Yes
- b. No

22. In general, are you satisfied with how you are treated at this Pantry?

- a. Yes
- b. No. What problems have you experience? _____

23. What are some items from the HVCC Food Pantry that you enjoy the most?

24. What are some items from the HVCC Food Pantry that you could live without?

25. What food or non-food items would you like to receive from the HVCC Food Pantry that you don't receive now?

26. What problems do you face when getting food from the HVCC Food Pantry?

27. What suggestions do you have to improve your experience at this Pantry?

28. How were you treated by the staff at the HVCC Food Pantry? (Please check all that apply)

- a. I was treated courteously and with respect
- b. The staff person took his/her time to be sure I got what I needed
- c. I had trouble getting to the person I needed to talk to
- d. I was treated rudely
- e. I gave up

Thank you for completing our survey!

**Should you have any questions, please call the HVCC Food Pantry at (860) 872-7727
ext. 2930.**

Town of Vernon Grant Application
Fiscal Year July 1, 2016 - June 30, 2017

Page 1 of 2

ATTACHMENT A

Program Description _____ **Agency:** Hockanum Valley Community Council, Inc.

Complete this form for each service area for which you are requesting funds. Use the space provided keeping descriptions brief and specific.

- A. Program Title: Transportation
- B. Name of program contact person: David O'Rourke Chief Operating Officer
Name Title
Tel #: (860) 872-9825
- C. Name of fiscal contact person: Rohan Long Director of Finance
Name Title
Tel #: (860) 872-7727
- D. Statement of Need program will address: Transportation is an essential service for the elderly and disabled residents of Vernon, providing access to the medical, daily living, business, and social resources needed to maintain the health, safety and economic climate of the community. Public transportation is extremely limited in Vernon. Transportation becomes a vital element in maintaining independence for the senior and/or disabled citizen and in reducing the stress of families who find themselves unable to provide needed rides due to distance, job commitments or competing transportation for children.
- E. Services to be provided: Transportation for elderly and/or disabled residents of Vernon who have no other way to access their community. Preference is given to medical trips, but shopping, banking and other personal/social business is also essential to independent living. Many times Dial-a-Ride is the only means available for a wife or husband to visit their spouse in a nursing home. Service is provided within the towns of Vernon, Ellington and Tolland Monday through Friday for all services mentioned and Manchester for medical appointments only.
- F. Projected unduplicated number of Vernon residents to be served:
- Adults: 495.0 Youth/Children: 0.0 Families: 0.0
- Actual unduplicated number of Vernon residents served in the past three (3) fiscal years:
- | | | | |
|------------|-----------------------|-----------------------------|-----------------------|
| FY 2013-14 | Adults: <u>497.00</u> | Youth/Children: <u>0.00</u> | Families: <u>0.00</u> |
| FY 2014-15 | Adults: <u>490.00</u> | Youth/Children: <u>0.00</u> | Families: <u>0.00</u> |
| FY 2015-16 | Adults: <u>532.00</u> | Youth/Children: <u>0.00</u> | Families: <u>0.00</u> |
- G. How do Vernon residents access services?: Reservations are taken by phone daily
- H. Budget Summary:

Total Agency Budget:	\$ 3,834,092.00
Total Program-Budget:	\$ 1,369,583.00
Total Board Fund-Raising:	\$ 575,719.00

Town of Vernon Grant Application
Fiscal Year July 1, 2016 - June 30, 2017

Page 2 of 2

ATTACHMENT A

List revenue by source: (Example of possible sources: federal; state; municipal; foundation; fund-raising)

SOURCE	AGENCY	PROGRAM
Municipal	\$ 730,304.00	\$ 652,805.00
Federal (NCAAA & GHTD)	\$ 98,940.00	\$ 61,432.00
State	\$ 619,186.00	\$ 142,740.00
Fees	\$ 1,396,161.00	\$ 512,608.00
United Way	\$ 27,000.00	\$
Foundations	\$ 83,500.00	\$
Retail/Rental	\$ 27,816.00	\$
Donations/Fundraising/In Kind	\$ 651,185.00	\$
Total:	\$ 3,834,092.00	\$ 1,369,583.00

- I. What is the percentage increase in your Agency's expenses this year versus last year? 3.90 %
- J. What is the percentage increase in your Agency's revenue this year versus last year? 3.90 %
- K. What new sources of revenue is your Agency seeking this year? We are always seeking new sources of revenue. We are alerted when new grants become available locally and also seek national grants that can benefit our programs. We have also reached out to foundations for support. Numerous fund-raising events, donations, food drives and an Annual Appeal are conducted throughout the year.

- L. What other municipalities provide funding to your organization?

Town	Amount
n/a	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total:	\$ 0.00

With any questions pertaining to this form, please contact: Marina Rodriguez, Tel. 860-870-3567 / mrodriguez@vernon-ct.gov; or Michelle Hill, Tel. 860-870-3558 / mhill@vernon-ct.gov

**Town of Vernon Human Services Grant Application
Fiscal Year July 1, 2016 - June 30, 2017
RESULT BASED ACCOUNTABILITY DATA
ATTACHMENT B**

AGENCY: Hockanum Valley Community Council, Inc.

Goal Statement

The goal of HVCC transportation is to provide the necessary transportation so that the elderly and disabled population can live in their homes with dignity; visit their doctors to maintain and /or improve their health, get their own groceries and live independently.

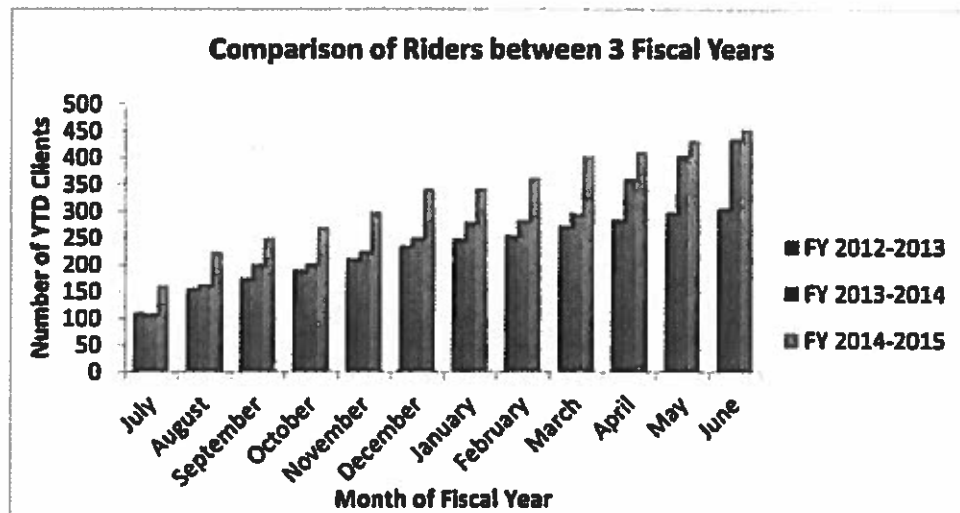
There is no other non-profit organization in the Vernon area that operates demand-response transportation. There are no services which support elderly and/or people who cannot afford to pay for transportation.

Who We Are and What We Do

Hockanum Valley Community Council Dial-a-Ride provides an expansive ix of fixed route and demand response transportation. Demand response is designed to accommodate specific individual client needs, supplying transportation based on where and when they need to travel. In addition to the person by person destinations, HVCC offers specific days and times designated for grocery shopping and social events in the area. We offer trips to our pantry and counseling departments as well.

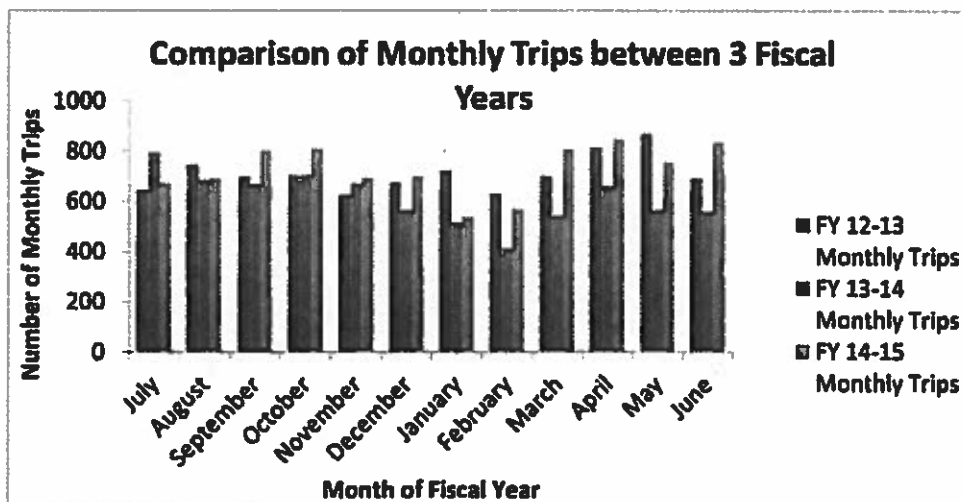
Please provide a copy of the questionnaire that you use: Please see survey included

How Much Did We Do?



Hockanum Valley Community Council Dial-a-Ride provides an expansive mix of fixed route and demand response transportation. Demand response is designed to accommodate specific individual client needs, supplying transportation based on where and when they need to travel. In addition to the person-by-person destinations, HVCC no longer offers specific days for grocery trips. Our clients are now able to schedule grocery trips based on their preference and availability (with the exception of special contract trips). We offer trips to our Pantry and Counseling service as well. Based on the graph above, the number of trips per month were roughly the same; however, during the most recent fiscal year, our number of trips each month actually began to increase substantially, with the exception of the harsh winter months, which made us have to cancel transportation on some days due to inclement weather. Our Dial-a-Ride department usually provides at least 600 trips per month for the residents of Vernon.

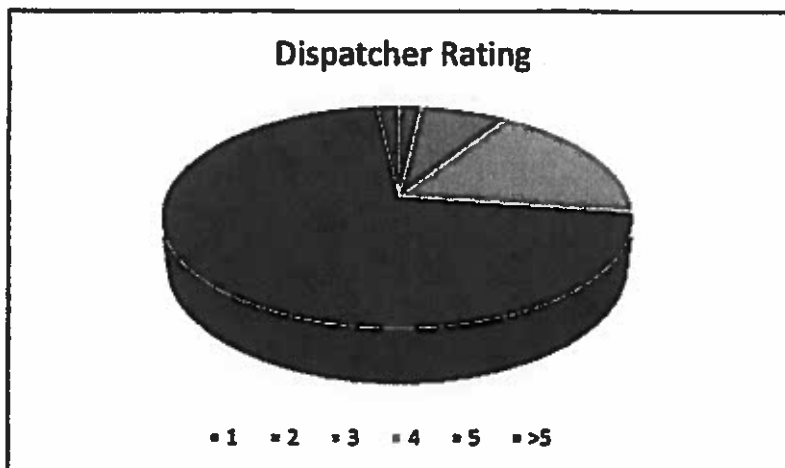
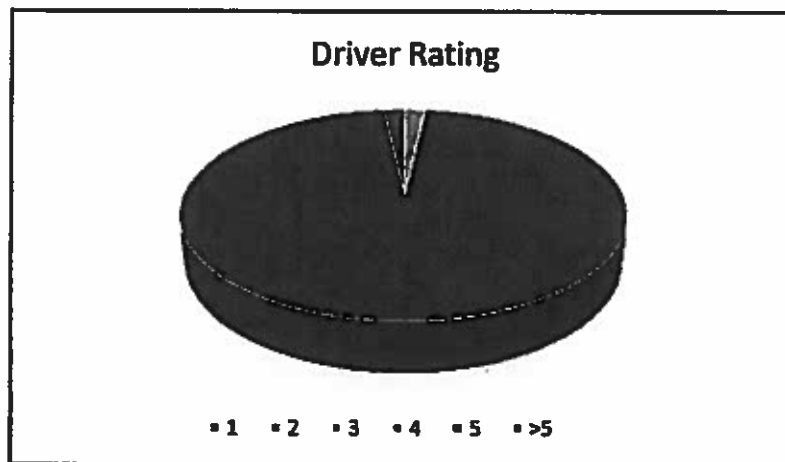
How Well Did We Do It?



There are no other Non-Profit Organizations in the Vernon area that operate demand-response transportation. There are no services which support elderly and/or disabled people who cannot afford to pay for transportation. The goal of HVCC transportation is to provide the necessary transportation so that elderly and disabled people can live in their homes with dignity: visit their doctors to maintain and/or improve their health,

get their own groceries, and live independently. Based on the graph above, our ridership has increased each fiscal year, with our most recent fiscal year having the greatest increase in ridership. As we continue to provide our service to the Vernon area, more residents begin to rely on our services to transport them to their doctor appointments, shopping trips, and personal appointments.

During the summer of 2015, we conducted surveys that documented our riders' satisfaction with our services. We conducted these surveys for approximately two weeks, and we individually called 55 riders to retrieve their responses. At the end of our last fiscal year, we served 452 riders, and although a small majority of our riders (12%) participated in the survey, almost all of the responses were positive. The following two graphs illustrate the riders' satisfaction with our drivers and dispatchers:



As the above graphs demonstrate, the ratings for our drivers were quite positive, with 96% of the respondents rating our drivers with a 5. One respondent even rated our drivers as >5 and one respondent rated the drivers with a 4. The dispatcher ratings were also quite positive with 71% of respondents rating their experience with our dispatchers as a 5. Also, 18% of respondents rated their experience as a 4, 7% of respondents rated it as a 3, and one respondent rated the dispatchers as >5; however, one respondent gave a low rating for the dispatchers by rating their experience with the dispatcher as a 2.

Is Anyone Better Off?

Throughout the last few fiscal years, our number of unduplicated riders has increased dramatically, which suggests that more Vernon residents are becoming dependent on HVCC's Dial-a-Ride service. The following statistics compare the average cost of living at home versus living at a facility:

- The 2013 average cost of a private nursing home room (\$258 a day/\$94,170 annually) has risen an average 3.6 percent per year.
- The 2013 average cost of a semi-private nursing home room (\$227 a day/\$82,855 annually) has risen an average 3.6 percent per year.
- The 2013 average cost for a month in an assisted living facility (\$3,427 a month/\$41,124 annually) has risen an average 2.0 percent per year.
- The average cost of adult day care (\$71 a day/\$18,460 annually) has risen an average of 1.6 percent per year.
- The 2013 average cost for a home health aide (\$19 hourly/\$29,640 annually) has risen an average 1.3 percent per year.

Based on the above statistics, it is becoming more expensive each year for an elderly person to live in an assisted living or have an aide. The HVCC Dial-a-Ride service allows elders to not only retain their dignity by living at home, but also allow elders to save money by eliminating the expenses of an assisted nursing home.

Dial-a-Ride Rider Survey
Tri-Town District

Please help us get some feed back on how we are doing by filling out this survey and returning it to the driver or the Dial-a-Ride office. The survey can also be taken home and mailed to us at a later date.

NOTE: If you have any pressing concerns about rider safety or driver conduct please contact us immediately at (860) 870-7940. Please **DO NOT** release any information in this public survey. Please do not discuss these questions or your answers with the drivers.

Please circle YES or NO

1. In the last 30 days, have you been denied a ride due to lack of availability or any other reason? YES NO

2. In the last 30 days, have you cancelled a ride BEFORE your allotted pick-up time?
YES NO

3. In the last 30 days, have you for any reason, been absent from your allotted pick up time? i.e. The driver showed up at your home, but you did not ride the bus.
YES NO

4. In the last 30 days, has the bus run out of available seats? YES NO

5. For any reason, have you ever been denied access to your ride by the driver?
YES NO

6. If you answered YES to question 5, please explain the situation WITHOUT naming the driver(s) or yourself.

7. If your allotted ride times changed, did you receive a phone call notifying you of these changes?
YES NO

8. Do you like the current hours that Dial-a-Ride currently uses to serve your town?
YES NO

9. If you answered NO to Question 8, please explain any issues you have with our operating hours, and feel free to suggest any new hours you would like us to consider.

10. In the last 30 days, have you been unable to receive our services because you wished to travel to a location we do not currently serve? YES NO

11. If you answered YES to Question 10, please tell us the name of the location(s) you wish to travel to.

12. Are there currently locations that we do not serve that you would like us to consider? If so please explain.

13. On average, how many times PER WEEK, do you use the Dial-a-Ride services?

14. In the last 30 days, have you tried to schedule a ride to a DOCTORS appointment, and could not get a ride due to availability? YES NO

For the following questions, please rate your answers on the scale of 1-5 with 5 being very pleasant and 1 being very non-pleasant.

1. How was your experience with our drivers?

1 2 3 4 5

2. When you called to schedule an appointment, how was your experience with the dispatcher?

1 2 3 4 5

The following questions are to gauge your interest in some new ideas we have at Dial-a-Ride, please rate them on a scale of 1-5 with 5 being very interested and 1 being no interest at all.

1. How interested would you be in a trip to Foxwoods or Mohegan Sun Casino?

1 2 3 4 5

2. How interested would you be in trips that traveled out of the Manchester area? (i.e 45 minute – 1hr radius)

1 2 3 4 5

3. If you were interested in any of the above trips, would you be willing to pay a pre-determined fee for a ticket on these trips? YES NO

Dial-a-Ride Rider Survey and Results
Tri-Town District

Please help us get some feed back on how we are doing by filling out this survey and returning it to the driver or the Dial-a-Ride office. The survey can also be taken home and mailed to us at a later date.

NOTE: If you have any pressing concerns about rider safety or driver conduct please contact us immediately at (860) 870-7940. Please **DO NOT** release any information in this public survey. Please do not discuss these questions or your answers with the drivers.

Please circle YES or NO

1. In the last 30 days, have you been denied a ride due to lack of availability or any other reason? YES NO

Results:

12 out of 55 (22%) answered YES.
43 out of 55 (78%) answered NO.

2. In the last 30 days, have you cancelled a ride BEFORE your allotted pick-up time? YES NO

Results:

1 out of 55 (2%) did not answer.
16 out of 55 (29%) answered YES.
38 out of 55 (69%) answered NO.

3. In the last 30 days, have you for any reason, been absent from your allotted pick up time? i.e. The driver showed up at your home, but you did not ride the bus. YES NO

Results:

1 out of 55 (2%) did not answer.
14 out of 55 (25%) answered YES.
40 out of 55 (73%) answered NO.

4. In the last 30 days, has the bus run out of available seats? YES NO

Results:

3 out of 55 (5%) did not answer.
13 out of 55 (24%) answered YES.
39 out of 55 (71%) answered NO.

11. If you answered YES to Question 10, please tell us the name of the location(s) you wish to travel to.

Results:

- Manchester Shopping
- South Windsor Shopping
- East Hartford
- Church

12. Are there currently locations that we do not serve that you would like us to consider? If so please explain.

Results:

- Manchester Shopping
- South Windsor Shopping
- East Hartford
- Church
- Farmington
- Bloomfield

13. On average, how many times PER WEEK, do you use the Dial-a-Ride services?

Results:

1X per week: 11 out of 55 people
1-2X per week: 3 out of 55 people
1X per month: 4 out of 55 people
2X per week: 6 out of 55 people
2-3X per week: 1 out of 55 people
2X per month: 9 out of 55 people
Every other week: 4 out of 55 people
Every other month: 1 out of 55 people
3X per week: 1 out of 55 people
3-4X per week: 1 out of 55 people
3-4X per month: 2 out of 55 people
Every 3 months: 1 out of 55 people
4X per week: 1 out of 55 people
4-5X per week: 1 out of 55 people
Every 5 months: 1 out of 55 people
No response: 3 out of 55 people

5. For any reason, have you ever been denied access to your ride by the driver?

YES NO

Results:

4 out of 55 (7%) answered YES.

51 out of 55 (93%) answered NO.

6. If you answered YES to question 5, please explain the situation WITHOUT naming the driver(s) or yourself.

Results:

Overbooked

7. If your allotted ride times changed, did you receive a phone call notifying you of these changes?

YES NO

Results:

4 out of 55 (7%) did not answer.

11 out of 55 (20%) answered N/A.

18 out of 55 (33%) answered NO.

22 out of 55 (40%) answered YES.

8. Do you like the current hours that Dial-a-Ride currently uses to serve your town?

YES NO

Results:

10 out of 55 (18%) answered NO.

45 out of 55 (82%) answered YES.

9. If you answered NO to Question 8, please explain any issues you have with our operating hours, and feel free to suggest any new hours you would like us to consider.

Results:

- Weekends
- Longer hours

10. In the last 30 days, have you been unable to receive our services because you wished to travel to a location we do not currently serve? YES NO

Results:

2 out of 55 (4%) did not answer

17 out of 55 (31%) answered YES.

36 out of 55 (65%) answered NO.

14. In the last 30 days, have you tried to schedule a ride to a DOCTORS appointment, and could not get a ride due to availability? YES NO

Results:

3 out of 55 (5%) did not answer.
11 out of 55 (20%) answered YES.
41 out of 55 (75%) answered NO.

For the following questions, please rate your answers on the scale of 1-5 with 5 being very pleasant and 1 being very non-pleasant.

1. How was your experience with our drivers?

1 2 3 4 5

Results:

1 out of 55 (2%) answered 4.
1 out of 55 (2%) answered >5.
53 out of 55 (96%) answered 5.

2. When you called to schedule an appointment, how was your experience with the dispatcher?

1 2 3 4 5

Results:

1 out of 55 (2%) answered 2.
1 out of 55 (2%) answered >5.
4 out of 55 (7%) answered 3.
10 out of 55 (18%) answered 4.
39 out of 55 (71%) answered 5.

The following questions are to gauge your interest in some new ideas we have at Dial-a-Ride, please rate them on a scale of 1-5 with 5 being very interested and 1 being no interest at all.

1. How interested would you be in a trip to Foxwoods or Mohegan Sun Casino?

1 2 3 4 5

Results:

26 out of 55 (47%) answered 1.
2 out of 55 (4%) answered 2.
6 out of 55 (11%) answered 3.
3 out of 55 (5%) answered 4.
16 out of 55 (29%) answered 5.
2 out of 55 (4%) did not answer.

2. How interested would you be in trips that traveled out of the Manchester area? (i.e 45 minute – 1hr radius)

1 2 3 4 5

Results:

13 out of 55 (24%) answered 1.
2 out of 55 (4%) answered 2.
7 out of 55 (12%) answered 3.
9 out of 55 (16%) answered 4.
23 out of 55 (42%) answered 5.
1 out of 55 (2%) did not answer.

3. If you were interested in any of the above trips, would you be willing to pay a pre-determined fee for a ticket on these trips? YES NO

Results:

11 out of 55 (20%) did not answer.
2 out of 55 (4%) answered MAYBE.
11 out of 55 (20%) answered NO.
31 out of 55 (56%) answered YES.

Town of Vernon Grant Application
Fiscal Year July 1, 2016 - June 30, 2017

Page 1 of 2

ATTACHMENT A

Program Description Hockanum Valley Community Council, Inc.
Agency:
Complete this form for each service area for which you are requesting funds. Use the space provided keeping descriptions brief and specific.

- A. Program Title: Elder Services & Case Management
- B. Name of program contact person: David O'Rourke Chief Operating Officer
Name Title
Tel #: (860) 872-8825
- C. Name of fiscal contact person: Rohan Long Director of Finance
Name Title
Tel #: (860) 872-7727
- D. Statement of Need program will address: As the senior population in Vernon reaches advanced age, managing basic necessities for independent living is a challenge. This program provides referral and direct services to assist clients in remaining in their homes. It also enriches the lives of the clients by offering socialization and opportunities.
- E. Services to be provided: Comprehensive case management, benefits management and education, recreational services (lunches, book club, etc.), volunteer recruitment, home bound food deliveries and out patient counseling.
- F. Projected unduplicated number of Vernon residents to be served:
Adults: 275.0 Youth/Children: 0.0 Families: 0.0
- Actual unduplicated number of Vernon residents served in the past three (3) fiscal years:
- | | | | |
|------------|-----------------------|-----------------------------|-----------------------|
| FY 2013-14 | Adults: <u>282.00</u> | Youth/Children: <u>0.00</u> | Families: <u>0.00</u> |
| FY 2014-15 | Adults: <u>408.00</u> | Youth/Children: <u>0.00</u> | Families: <u>0.00</u> |
| FY 2015-16 | Adults: <u>270.00</u> | Youth/Children: <u>0.00</u> | Families: <u>0.00</u> |
- G. How do Vernon residents access services?: Client access services via referrals through our counseling department.
Home visits are available if needed.
- H. Budget Summary:

Total Agency Budget:	\$ 3,834,092.00
Total Program Budget:	\$ 133,008.00
Total Board Fund-Raising:	\$ 575,719.00

Town of Vernon Grant Application
Fiscal Year July 1, 2016 - June 30, 2017

Page 2 of 2

ATTACHMENT A

List revenue by source: (Example of possible sources: federal; state; municipal; foundation; fund-raising)

SOURCE	AGENCY	PROGRAM
Municipal	\$730,304.00	\$18,000.00
Federal (NCAAA & GHTD)	\$98,940.00	\$37,508.00
State	\$619,188.00	\$20,000.00
Fees	\$1,398,161.00	\$
United Way	\$27,000.00	\$7,500.00
Foundations	\$83,500.00	\$10,000.00
Retail/Rental	\$27,816.00	\$
Donations/Fundraising/In Kind	\$851,185.00	\$40,000.00
Total:	\$3,834,092.00	\$133,008.00

- I. What is the percentage increase in your Agency's expenses this year versus last year? 3.90 %
- J. What is the percentage increase in your Agency's revenue this year versus last year? 3.90 %
- K. What new sources of revenue is your Agency seeking this year? We are always seeking new sources of revenue. We are alerted when new grants become available locally and also seek national grants that can benefit our programs. We have also reached out to foundations for support. Numerous fund-raising events, donations, food drives and an Annual Appeal are conducted throughout the year.

- L. What other municipalities provide funding to your organization?

Town	Amount
n/a	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total:	\$ 0.00

With any questions pertaining to this form, please contact: Marina Rodriguez, Tel. 860-870-3567 / mrodriguez@vernon-ct.gov; or Michelle Hill, Tel. 860-870-3558 / mhill@vernon-ct.gov

Hockanum Valley Community Council

ATTACHMENT-CLIENT NEED HOCKANUM OUTREACH AND MANAGEMENT FOR THE ELDERLY

This program provides assistance and options for older adults living in Vernon that will aid them in remaining in their homes as they age. Any resident 60 or older, residing in the community, is entitled to these resources. The staff has information on local and statewide programs and can assist clients access the help they need to maintain independence as long as possible.

Because many of the seniors we meet are advanced in age, over eighty years, they need more support than clients we saw years ago. That was at a time when many people were choosing to retire before their 65th birthday. These retirees were active. Now, however, as people work longer, and live longer, we are challenged to meet our goal of helping clients "age in place." Declining health and lack of family or peer support are just some of the barriers to successfully maintaining in the community. These clients require more direct service from our staff and frequently need assistance with tasks such as shopping for groceries, paying bills, getting to medical appointments and having access to social contact with others.

Over the years we have created programs and services ourselves to satisfy the needs that are not being met through available state and federal programs. We currently have volunteers who participate in the Home Visitor program, provide medical rides for frail elderly, shop for groceries and keep in touch with clients who are alone by making reassurance calls on a weekly basis. There are also two groups of clients who enjoy an outing for lunch, on separate days, once a month. Volunteers assist staff in hosting the luncheon.

It is likely that as our clients grow older, we will be challenged again and again to create the services needed in preventing premature long-term-care placement. Aging brings many obstacles to individuals. We want to provide seniors with information and hope that there can be a full and meaningful life, even after eighty.

The failing economy impacted young seniors between 60 and 65 heavily. Depending on their circumstances, they sought guidance for early access to social security benefits or employment options. Many 62 and younger sought disability benefits, not always successfully. The majority were eligible for State food assistance and health insurance. HVCC case managers joined the throngs of agencies and citizens who endeavored to work around the barriers to connect clients to critical programs for which they were qualified.

Hockanum Valley Community Council

ATTACHMENT-CLIENT NEED HOCKANUM OUTREACH AND MANAGEMENT FOR THE ELDERLY

The census in 2000 reported the population of Vernon to be 28,063. Seniors age 65 and older made up 13.9% of the total with 6.1% living below the poverty line. Of all households, 10.4% had someone living alone who was age 65 or older.¹

This program provides assistance and options for older adults living in Vernon that will aid them in remaining in their homes as they age. Any resident 60 years or older, residing in the community, is entitled to these resources. The staff has information on local and statewide programs and can assist clients in accessing the help that they need to maintain independence as long as possible.

Because many of the seniors we meet are advanced in age, over eighty years, they need more support than clients we saw years ago. That was at a time when many people were choosing to retire before their sixty-fifth birthday. These retirees were active. Now, however, as people work longer, and live longer, we are challenged to meet our goal of helping clients "age in place". Declining health and lack of family or peer support are just some of the barriers to successfully maintaining in the community. These clients require more direct service from our staff and frequently need assistance with tasks such as shopping for groceries, paying bills, remembering, and getting to medical appointments and having access to social contact with others.

Over the years we have created programs and services ourselves to satisfy the needs that are not being met through available state and federal programs. We currently have volunteers who participate in the Home Visitor program, provide medical rides for frail elderly, shop for groceries and keep in touch with clients who are alone by making reassurance calls on a weekly basis. There are also two groups of clients who enjoy an outing for lunch, on separate days, once a month. Volunteers assist staff in hosting the luncheon.

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The failing economy impacted young seniors between 60 and 65 heavily. Depending on their circumstances, they sought guidance for early access to social security benefits or employment options. Many 62 and younger sought disability benefits, not always successfully. The 62 majority were eligible for State assistance for food, and health insurance. HVCC case managers joined the throngs of agencies and citizens who endeavored to work around obstacles to connect clients to critical programs for which they were qualified.

¹ *Term of Women Web Site: About Women: Demographics*

**Town of Vernon Human Services Grant Application
Fiscal Year July 1, 2016 - June 30, 2017
RESULT BASED ACCOUNTABILITY DATA
ATTACHMENT B**

AGENCY: Hockanum Valley Community Council, Inc.

Goal Statement – The Elder Services Program seeks to connect the 60+ population to supportive resources within the agency and throughout the community.

HVCC's Elder Services program was developed in the early 1990s in response to the Older American Act of 1965 which recognized the unmet needs of an aging population.

Under Title III of the Act comprehensive programs were to be developed locally to:

- 1. Secure and maintain maximum independence and dignity for older individuals capable of self-care with appropriate supportive services;**
- 2. Remove individual barriers and social barriers to economic and personal independence for older individuals;**
- 3. Provide a continuum of care for the vulnerable elderly.**

Copy of the questionnaire that you use: See attached

Who Are We and What Do We Do?

Senior Services

Two case managers specialize in the changing needs of an aging population. They are knowledgeable about available resources and aid clients who desire to obtain them. They are certified CHOICES health insurance counselors, trained by the Area Agency on Aging. They are both seniors.

Case managers assess an individual's ability to manage their daily activities and link clients to services and benefit programs.

An assessment covers housing conditions, finances, transportation, health, medications, insurance, legal issues, degree of family support and social interaction. Where support is needed a case manager will make a connection. This can entail making phone calls, completing applications, setting appointments and advocating for the client.

Case Managers, also, initiate programs for frail seniors whose needs are not being met elsewhere:

- The Recreation program – Assisted lunch groups and special events provide socialization.**
- A Reassurance Call program – Calls to seniors' homes provide social contact and a welfare check-in.**
- A Home Food Delivery program - Bags of food are delivered weekly from our Pantry, which also provides opportunity for a welfare check-in.**
- Friendly Visitor Program – Companionship is provided for seniors who live alone.**
- Assisted transportation – Volunteers escort frail seniors to medical appointments.**

Briefly explain how you administered the survey

Surveys were taken 4 days in November regarding three primary services. Volunteers contacted seniors by phone.

Summarize the results of the Vernon clients who participated in the survey:

Home food delivery – All 26 seniors were called. Twelve were reached and responded or 46%

- All 12 responded obtaining food would be a problem without delivery.
- All 12 said they relied on the pantry to supplement their food requirements
- In response to a question about satisfaction with services, all 12 were satisfied, 3 had suggestions for improvements.

Recreation Survey – 25 seniors participate. 17 were called randomly. 10 responded or 40%.

- 80% said the Recreation Program presented social opportunities they might not have otherwise.
- 100% said they would continue to choose HVCC even if other options were available.

Case Management – 147 seniors received services. 31 or 21% responded.

- 100% said they were able to obtain the services they needed.
- 100% said there was a benefit to having a case manager.

How much did we do?

147 seniors were seen by case managers over the course of a year.

Additional Case Management Services – 259 adults met with case managers during the past year.

Adults Services – The LAST model (Link, Advocate, Support, Teach) are the principles case managers follow with all clients, but particularly the adults. Case managers meet clients to assess their life situation. Together, they establish goals and develop an action plan to reach them. Meetings may occur just once, over several weeks or intermittently depending on the goals. Many clients have few resources and are emotionally fragile which makes hope, trust and encouragement important components of case management support. Although intangible, these attributes can make the difference for a client who has difficulty taking an action step, such as, calling a company to discuss a bill they can't pay.

Adults were connected to service providers pertaining to health insurance, employment readiness, food assistance, housing and energy assistance, clothing and transportation.

New initiative: Mentoring program. HVCC established a relationship through the Juvenile Justice System and the Governor's Prevention Partnership. Volunteer Mentor's from the community are matched with youth ages 10 to 17 who are referred by Youth Probation. To date, six matches have been made since June 2015. Five remain active. Although it is too soon to see measurable results, the outlook looks positive.

Survey Content Follows

I see by our records that you received services from our case managers over the last year. I am calling you to ask if you would provide feedback about our case management services. Client feedback helps us understand if case managers are truly helpful.

Would you mind answering 8 questions?

- 1. Did the case manager explain their role?**
- 2. What kind of assistance were you hoping to receive?**
- 3. Did you receive valuable information about community resources?**
- 4. Did you receive assistance connecting to those resources?**
- 5. Do you see the benefit for having a case manager? Explain?**
- 6. How satisfied were you with the effort you received from the case manager?**
- 7. Were you able to obtain what you needed?**
- 8. Is there something we could do to improve a client's experience?**

Survey: Homebound Delivery

- 1. Why do you use the Pantry?**
Low income: Fixed income: both:
- 2. Are you benefiting from the food pantry: (health, access, use money elsewhere?)**
- 3. Are you able to eat better?**
- 4. If we didn't deliver to you, how would you get your food?**
- 5. Would it be a problem if we didn't deliver?**
- 6. Has it made a positive impact?**
- 7. Do you rely on the pantry to supplement your food each month?**
- 8. Are you satisfied with the services we provide?**
- 9. If not, what would improve your experience?**

Survey Results: Case Management Services - 147 seniors received one-on one support. 31 or 21% responded.

- *Fifty-one clients over age 60 were randomly selected for contact by phone via a volunteer.*
- *Thirty-one surveys were completed*
- *Three were left messages*
- *Seven were not available*
- *Ten phones were no longer in service*

Survey Content Follows

I see by our records that you received services from our case managers over the last year. I am calling you to ask if you would provide feedback about our case management services. Client feedback helps us understand if case managers are truly helpful.

Would you mind answering 8 questions?

1. Did the case manager explain their role?

All 31 said yes

2. What kind of assistance were you hoping to receive?

29 food and medical; 7 entertainment; 14 sought other types of services

3. Did you receive valuable information about community resources?

All 31 said yes

4. Did you receive assistance connecting to those resources?

All 31 said yes

5. Do you see the benefit for having a case manager?

Explain?

All 31 said yes

6. How satisfied were you with the effort you received from the case manager?

Extremely satisfied Satisfied Not satisfied

25 were extremely satisfied; 6 were satisfied; 0 were not satisfied.

7. Were you able to obtain what you needed?

31 said yes

8. Is there something we could do to improve a client's experience?

28 said no, nothing at this time; 1 said needs food assistance; 1 said the CM was very helpful; 1 said it very easy to get the help he needed; 1 mentioned the service they obtained.

Survey: Homebound Delivery – 26 seniors receive home deliveries. 46% responded.

- 26 people receive weekly deliveries.
- 26 were contacted by a volunteer by phone to answer the survey
- 12 were reached and able to respond to the survey

1. Why do you use the Pantry?

Low income: 6 Fixed income: 2 both: 4

2. Are you benefiting from the food pantry: (health, access, use money elsewhere?)

Yes. 12

3. Are you able to eat better?

Yes – 10 Diabetic – 1

More choice – 1

4. If we didn't deliver to you, how would you get your food?

1 – church 5- I don't know 4- no idea 2 – wouldn't

5. Would it be a problem if we didn't deliver?

12 – yes

6. Has it made a positive impact?

Yes- 11 1- It makes money go farther

7. Do you rely on the pantry to supplement your food each month?

Yes – 12

8. Are you satisfied with the services we provide?

Yes – 10

Yes- 1 very satisfied

No answer – 1 more fruits, vegetables.

If not, what would improve your experience?

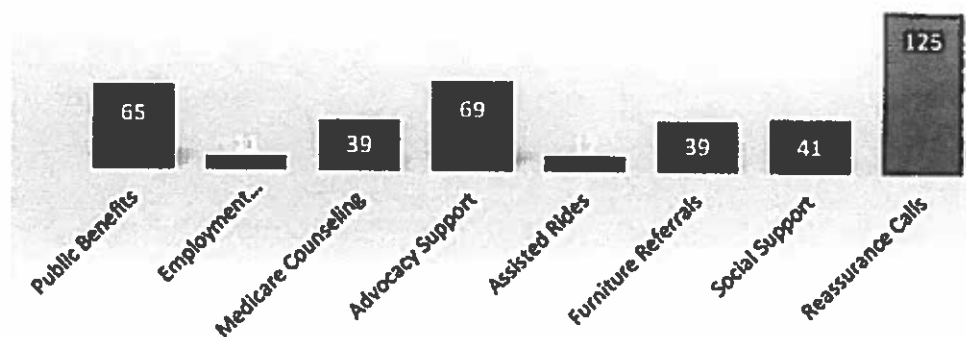
Other comments: 1 – more ice cream; 1 more meat, 1 works great, 1 no oatmeal.

Public Benefits	65
Employment assistance	11
Medicare Counseling	39
Advocacy Support	69
Assisted Rides	12
Furniture Referrals	39
Social Support	41
Reassurance Calls	125

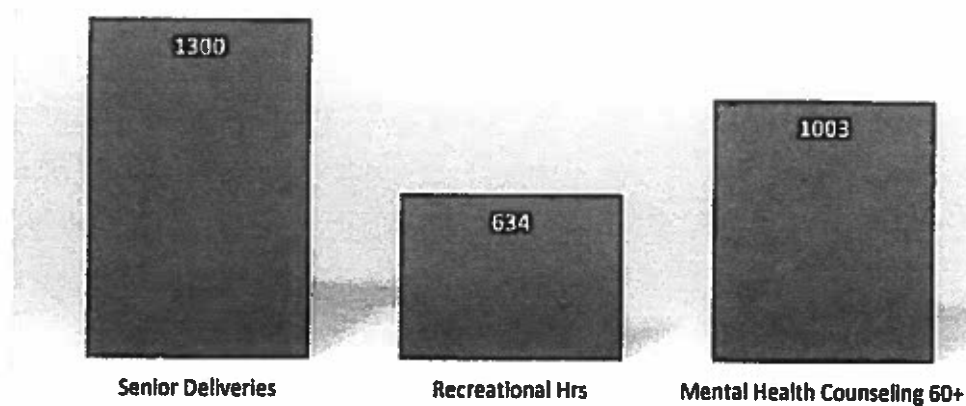
Senior Deliveries	1300
Recreational Hrs	634
Mental Health Counseling 60+	1003

Services with Goals achieved 176 61%

Seniors Linked to Supportive Services 2015



Agency Services Provided to Seniors 2015



Aging in Place:

A State Survey of Livability Policies and Practices

A Research Report by the
National Conference of State Legislatures
and the AARP Public Policy Institute



In Brief

The vast majority of older adults want to age in place, so they can continue to live in their own homes or communities. As the older population grows, the degree to which it can participate in community life and reach needed services will be determined, in part, by how communities are designed. This report examines state policies that can help older adults age in place. These policies include integrating land use, housing and transportation; efficiently delivering services in the home; providing more transportation choices, particularly for older adults who no longer drive; and improving affordable, accessible housing to prevent social isolation.

This In Brief summarizes a new research report, *Aging in Place: A State Survey of Livability Policies and Practices*, written by the National Conference of State Legislatures with the AARP Public Policy Institute.

Nearly 90 percent of people over age 65 want to stay in their home for as long as possible, and 80 percent believe their current residence is where they will always live. However, for older adults to age in place, their physical and service environment must be accommodating.

Findings

This report identifies the following land use, transportation, and housing policies as well as promising state practices that enable aging in place.

1. Land Use: Certain land use policies can help older adults live closer to or within walking distance of the services they need.

- Integrating land use and transportation planning to reduce reliance on automobile travel. California, Florida, and Washington

are among the states with statutes requiring this.

- Implementing transit-oriented development within a quarter- or a half-mile from a transit stop. Statutes in at least 12 states, including California, Massachusetts, New Jersey, and Utah, address this issue.
- Encouraging joint use of community facilities such as a senior center or health clinic in a school. Promising practices include those in California and Wyoming.

2. Transportation: Increased mobility options can reduce reliance on transportation by personal car.

- Designing "Complete Streets" to enable all users, regardless of age or ability, to get to where they want to go. Twenty-five states plus D.C. and Puerto Rico have complete streets policies, 16 of which state legislatures enacted.
- Ensuring pedestrian safety given the vulnerability of older adults in vehicle



NATIONAL CONFERENCE
of STATE LEGISLATURES



Aging in Place: A State Survey of Livability Policies and Practices

and pedestrian fatalities. At least 10 states have considered "vulnerable users" laws within the past five years to better protect pedestrians and bicyclists.

- Ensuring access to services in rural areas. States such as Idaho and Montana have policies that address access to services for people who live a significant distance from city centers.
- Improving human service transportation coordination to more efficiently use limited resources. Twenty-eight states have coordinating councils, 14 of which were created by statute and 14 by governor's executive order or initiative.
- Enacting volunteer driver laws to protect volunteer drivers from civil liability. Only Georgia and Oregon explicitly protect volunteer drivers.

3. Housing: Affordable, accessible housing can decrease institutionalization and meet consumer demand.

- Accessing the federal Low-Income Housing Tax Credit program to leverage funds for development of housing near transit and in livable community settings. These states include Connecticut, Florida, Massachusetts, Missouri, Nevada, and New Jersey.
- Encouraging developers to use building standards that promote accessibility. At least three states—Minnesota, Pennsylvania, and Texas—have these statutes.
- Promoting aging in place by supporting neighborhoods with large populations of older adults involved in social and community life. Promising practices

include models to provide services at home such as Naturally Occurring Retirement Communities and Communities for a Lifetime.

Conclusion

State legislators will continue to grapple with the challenges and opportunities presented by significant growth in the older adult population. Without changes in how communities are constructed and services are delivered, older adults may find it increasingly difficult to live in their communities and may have to consider institutional care. This could mean increased costs for states. State policy makers may consider the above strategies to facilitate aging in place, which people overwhelmingly prefer.

In Brief 190, December 2011

This In Brief is a synopsis of the AARP Public Policy Institute and National Conference of State Legislatures Research Report of the same title, number 2011-13, by:

Nicholas Farber, JD
Douglas Shinkle
National Conference of State Legislatures

Jana Lynott, AICP
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Town of Vernon Grant Application
Fiscal Year July 1, 2016 - June 30, 2017

Page 1 of 2

ATTACHMENT A

Program Description _____ **Agency:** Hockanum Valley Community Council, Inc.

Complete this form for each service area for which you are requesting funds. Use the space provided keeping descriptions brief and specific.

- A. Program Title: HVCC Outpatient Mental Health and Substance Abuse Clinic
- B. Name of program contact person: David O'Rourke Chief Operating Officer
Name Title
Tel #: (860) 872-9825
- C. Name of fiscal contact person: Rohan Long Director of Finance
Name Title
Tel #: (860) 872-7727
- D. Statement of Need program will address: Outpatient mental health, substance abuse treatments for uninsured and under insured residents, and Parenting Education are critical to the well being of the community members that are in need.
Suboxone treatment is essential to address the increasing issues of opiate addiction.
- E. Services to be provided: Outpatient individual, group, family, couples and psychiatric services for adults, children and families. Substance Abuse and Mental Health Assessments.
- F. Projected unduplicated number of Vernon residents to be served:
Adults: 665.0 Youth/Children: 154.0 Families: 375.0
- Actual unduplicated number of Vernon residents served in the past three (3) fiscal years:
- | | | | |
|------------|-----------------------|-------------------------------|-------------------------|
| FY 2013-14 | Adults: <u>658.00</u> | Youth/Children: <u>148.00</u> | Families: <u>381.00</u> |
| FY 2014-15 | Adults: <u>650.00</u> | Youth/Children: <u>125.00</u> | Families: <u>330.00</u> |
| FY 2015-16 | Adults: <u>660.00</u> | Youth/Children: <u>150.00</u> | Families: <u>380.00</u> |
- G. How do Vernon residents access services?: HVCC receives referrals from area hospitals/doctors offices, other community agencies, schools and also self referrals

H. Budget Summary:

Total Agency Budget:	\$ 3,834,092.00
Total Program-Budget:	\$ 1,916,343.00
Total Board Fund-Raising:	\$ 575,719.00

Town of Vernon Grant Application
Fiscal Year July 1, 2016 - June 30, 2017
ATTACHMENT A

Page 2 of 2

List revenue by source: (Example of possible sources: federal; state; municipal; foundation; fund-raising)

SOURCE	AGENCY	PROGRAM
Municipal	\$ 730,304.00	\$ 44,500.00
Federal (NCAAA & GHTD)	\$ 98,940.00	\$
State	\$ 619,186.00	\$ 456,446.00
Fees	\$ 1,396,161.00	\$ 883,555.00
United Way	\$ 27,000.00	\$ 13,900.00
Foundations	\$ 83,500.00	\$ 25,000.00
Retail/Rental	\$ 27,816.00	\$ 24,450.00
Donations/Fundraising/In Kind	\$ 851,185.00	\$ 468,492.00
Total:	\$ 3,834,092.00	\$ 1,916,343.00

- I. What is the percentage increase in your Agency's expenses this year versus last year? 3.90 %
- J. What is the percentage increase in your Agency's revenue this year versus last year? 3.90 %
- K. What new sources of revenue is your Agency seeking this year? We are always seeking new sources of revenue. We are alerted when new grants become available locally and also seek national grants that can benefit our programs. We have also reached out to foundations for support. Numerous fund-raising events, donations, food drives and an Annual Appeal are conducted throughout the year.
- L. What other municipalities provide funding to your organization?

Town	Amount
Ellington	\$ 3,000.00
Coventry	\$ 1,500.00
	\$
	\$
	\$
	\$
	\$
	\$
Total:	\$ 4,500.00

With any questions pertaining to this form, please contact: Marina Rodriguez, Tel. 860-870-3567 / mrodriguez@vernon-ct.gov; or Michelle Hill, Tel. 860-870-3558 / mhill@vernon-ct.gov

Town of Vernon Human Services Grant Application
Fiscal Year July 1, 2016 - June 30, 2017
RESULT BASED ACCOUNTABILITY DATA
ATTACHMENT B

AGENCY: Hockanum Valley Community Council, Inc.

Goal Statement: HVCC's counseling program provides a safety net for families and individuals in emotional crisis. The program supports the needs of the community by providing full service mental health care for all members of the community and by providing referrals and information about additional support services. All of these supports are provided to members of the community without regard to their ability to pay for the professional services provided.

Who We Are and What Do We Do?

The HVCC Counseling Department is comprised of diverse clinical staff who range in specialties that treat people who suffer from issues related to Mental Health and Substance Abuse including Trauma, Anxiety, Depression, Addiction as well as other complex disorders. The range of services the Department offers includes Individual Therapy, Group Therapy with focuses including tiered substance abuse groups, Beyond Trauma Group, Cognitive Behavioral Therapy/ "Stress Less Group," Active Parenting Skills Group, Anger Management, Suboxone Treatment and Start Now Group Counseling. Additionally, the Department offers Family and Couples Therapy, as well as having two Psychiatrists on staff who offer expert Psychiatric care to our Counseling Clients who are in need of a comprehensive Psychiatric Evaluation and/or Medication Management services.

See Attached Copy of Survey

How Well Did We Do It?

In a written survey conducted over a three week time frame within the Counseling Department an anonymous sample of Clients reported the following:

74 total participants

Average length of service: Approximately year

Participants utilizing another HVCC service: 43%

How Much Did We Do?

Fiscal Year 2014/2015

Number of Clients Served: 1,757

Number of Appoints Kept: 22,292

Number of Vernon Clients Served: 736

Number of Appointments Kept of Vernon Residents: 8,369

Survey Results:

Clinical:

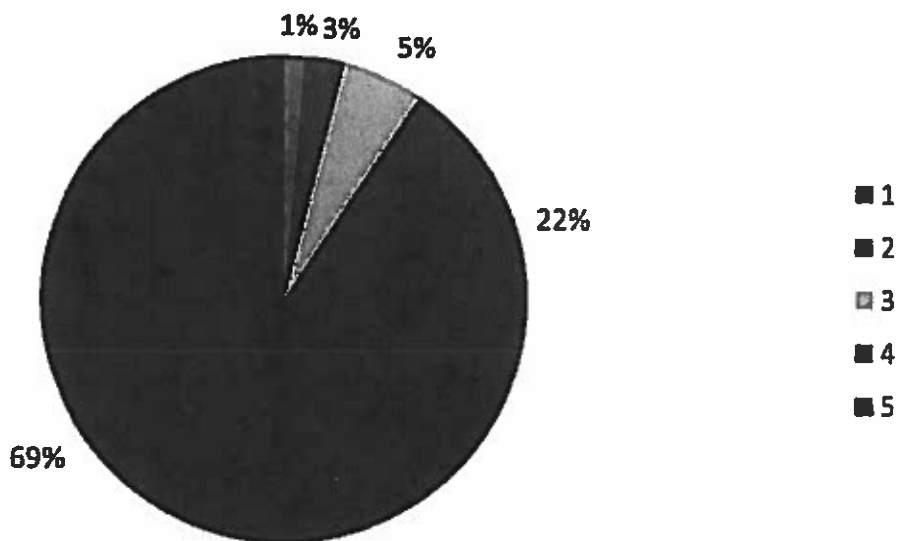
All but four clients claimed that when they arrived at HVCC, they were ready for change. The majority of reasons for attending were obtain better coping skills and to better manage their mood. All but seven clients had very positive reactions to their treatment/ services. 58 out of 65 responses claimed to have derived some benefit from counseling treatment. 60 out of 64 responses said they would recommend HVCC to others seeking treatment. The majority of clients were very satisfied with the treatment they received at HVCC. All

but four clients claimed that they felt their clinician provided expert care. Only five clients felt they were not taught the skills to help cope with their issues.

The Survey asked Clients to grade the Counseling Department on an Academic Grade scale A-F.

Client Grade of Clinical Service

(5 represents best outcome, 1 the worst)



Clinical:

The following is a small sample of Client responses describing the benefits the Clients gain from engaging in the treatment services at HVCC.

- BEING OPEN ABOUT MY FEELINGS
- BETTER RELATIONSHIPS
- HANDLE CHANGE BETTER
- FEELING EMPOWERED
- FEELING LESS DEPRESSED
- BETTER UNDERSTANDING OF MYSELF
- LEARNING TO GO DAY BY DAY
- MAINTAINING A POSITIVE ATTITUDE
- STAYING IN THE PRESENT

Who is Better Off?

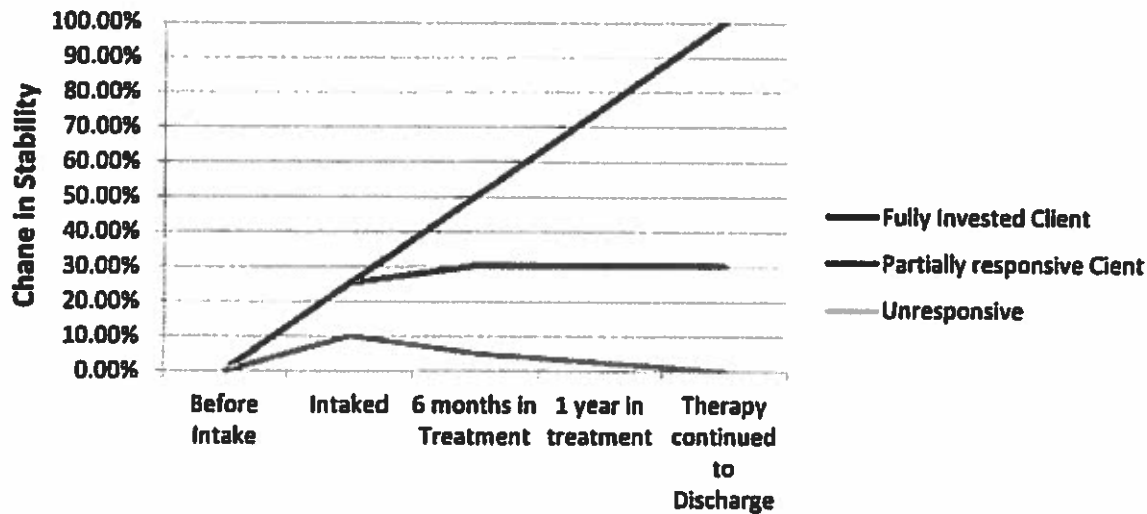
With a large mandated population much of the clinical work we do is monitored very closely. A significant focus is put upon the recidivism rate of our clients within our major contracts with the Judicial Branch. As of January 1, 2015 HVCC holds the second lowest recidivism rate in the State of CT for its General Mental Health/Substance Abuse contract.

For example the average recidivism rate for offenders who successfully complete this program in the State of Connecticut is 24% where HVCC currently holds an average of 16%.

Additionally, evidence of success with our clients is seen through increased autonomy and stability. Through engagement within services at HVCC, inclusive of all or some of the following services, Individual Counseling, Psychiatric Services, Psycho-educational Groups and/or Process Oriented Groups, and Family/Couples Therapy as well as Case Management Services. With this Clients have gained access to eligibility assistance inclusive of Health/Medical Benefits, SNAP Benefits, TANF, Employment, keeping their children within their homes and under their care, reunifying with their children, becoming clean and sober for a substantial amount of time for the first time in their lives as well as learning how to function not only as a healthy member of society but within their own family and relational dynamics.

	Fully Invested Client	Partially responsive Client	Unresponsive
Before Intake	0.00%	0.00%	0.00%
After Intake	25.00%	25.00%	10.00%
6 months in Treatment	50.00%	30.00%	5.00%
1 year in treatment	75.00%	30.00%	2.50%
Therapy continued to Discharge	100.00%	30.00%	0.00%

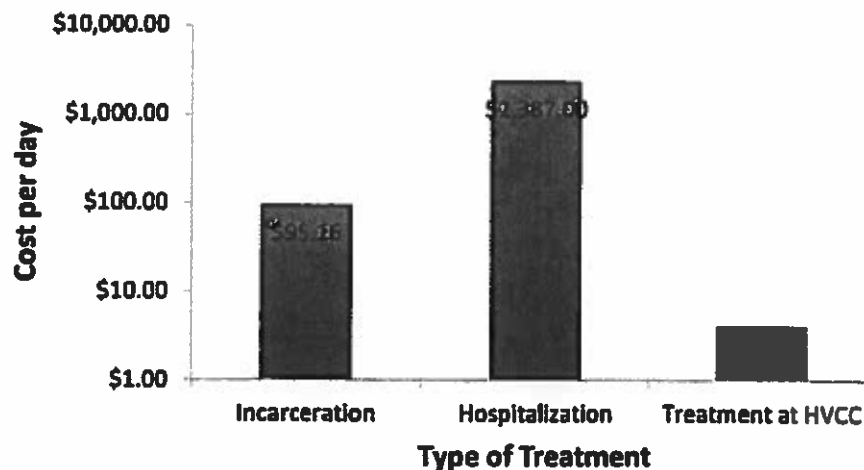
Change in Client Stability as Treatment Intensifies



Further, in a cost comparison between interventions including Incarceration, Hospitalization or Outpatient Mental Health and Substance Abuse Treatment it shows that on average it costs the State of Connecticut \$95.16 per day per inmate, (<http://www.ct.gov/doc/cwp/view.asp?q=265472>) for the intervention of incarceration. The cost of Hospitalization is \$2,387 on average per inpatient day, (<http://kff.org/other/state-indicator/expenses-per-inpatient-day/>). The average cost of a person seeking Outpatient Mental Health/Substance Abuse Treatment at Hockanum Valley Community Council, Inc. is 1462.50 per year or approximately \$4.00 per day.

Incarceration	Hospitalization	Treatment at HVCC
\$95.16	\$2,387.00	\$4.00

Cost Comparison of Interventions



Hockanum Valley Community Council

Counseling Survey

Administration

1. Are your phone calls answered promptly?
 - a. Yes
 - b. No
2. Is the scheduling of your appointments handled efficiently?
 - a. Yes
 - b. No
3. Are you aware that HVCC offers Transportation, Mental Health/Substance Abuse Counseling, Parenting education, Family Therapy, Case Management, and a Food Pantry? (Circle all that apply)
 - a. Counseling
 - b. Mental Health/Substance Abuse Counseling
 - c. Parenting Education
 - d. Family Therapy
 - e. Case Management
 - f. Food Pantry
 - g. Transportation
4. What services at HVCC do you currently utilize? (Circle all that apply)
 - a. Counseling
 - b. ASIST
 - c. Case Management
 - d. Pantry
 - e. Transportation
5. Do you feel we can improve on your visit in any way?
 - a. Yes. Please explain: _____
 - b. No

For the following question, please rate your answer on the scale of 1-5, with 5 being very pleasant and 1 being unsatisfactory.

6. How was your experience at HVCC?

1	2	3	4	5
---	---	---	---	---
7. When you called to schedule an appointment, how was your experience with the receptionist?

1	2	3	4	5
---	---	---	---	---

Turn Over



Counseling

1. How long have you been a Client of HVCC?
 - a. Less than 1 year
 - b. Between 1 and 2 years
 - c. Between 2 and 5 years
 - d. More than 5 years
2. When you came to HVCC, were you ready for change?
 - a. Yes
 - b. No
3. What was your intention when you began treatment?
4. How would you grade the services that are being provided within your group?
 - a. A
 - b. B
 - c. C
 - d. D
 - e. F
5. How would you describe your counseling services?
6. Have you experienced any benefits since beginning counseling?
 - a. Yes
 - b. No
7. If so, what benefits have you experienced?
8. If not, what do you believe we can do better?

9. Would you recommend HVCC counseling services to friends or family?

a. Yes

b. No, why? _____

10. When in an appointment or group, do you understand your clinician's goals and what you are aiming for?

a. Yes

b. No

11. Do you feel your Counselor is providing expert care?

a. Yes

b. No, why? _____

12. Do you believe you were you taught skills to help you cope with your situation?

a. Yes

b. No

The following questions are for ASIST clients only.

13. Do you believe your engagement and cooperation with ASIST has led to a positive legal outcome?

a. Yes

b. No

14. Do you believe your ASIST clinician has your best interest in mind?

a. Yes

b. No, why?

Child Guidance Clinic
Account Code #10456223

Department Summary:							
Account Code	Account Classification	Actual 2014-2015 Expended	Adopted 2015-2016 Budget	Department's 2016-2017 Request	Town Council 2016-2017 Approved	\$ Increase (Decrease)	% Increase (Decrease)
51000	Salaries & Wages	-	-	-	-	-	0.00%
52000	Employee Benefits	-	-	-	-	-	0.00%
53000	Professional & Tech. Services	-	-	-	-	-	0.00%
54000	Property Services	-	-	-	-	-	0.00%
55000	Other Purchased Services	-	-	-	-	-	0.00%
56000	Supplies & Materials	-	-	-	-	-	0.00%
57000	Capital Outlay	-	-	-	-	-	0.00%
58000	Other/Sundry	\$ 5,500	\$ 5,500	\$ 5,500	\$ 5,500	\$ -	0.00%
	Total:	\$ 5,500	\$ 5,500	\$ 5,500	\$ 5,500	\$ -	0.00%
	Total Excluding Wages:	\$ 5,500	\$ 5,500	\$ 5,500	\$ 5,500	\$ -	0.00%

TOWN OF VERNON
FISCAL YEAR 2016 - 2017 BUDGET SUMMARY
DEPARTMENT - CHILD GUIDANCE CLINIC

	FISCAL YEAR 2015-2016							FISCAL YEAR 2016-2017		
2014- 2015 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2015-2016	EST EXP 2015-2016	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL	
5,500	5,500	5,500	1,375	5,500	10456223	58700	GRANTS - HUMAN SERVICES	5,500	5,500	5,500
5,500	5,500	5,500	1,375	5,500			58000 SUB TOTAL	5,500	5,500	5,500
5,500	5,500	5,500	1,375	5,500			DEPARTMENT TOTAL	5,500	5,500	5,500

**TOWN OF VERNON 2016-2017
BUDGET REQUEST DETAIL**

			DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
10456223	CHILD GUIDANCE CLINIC				
58700	GRANTS - HUMAN SERVICES				
	GRANTS-HUMAN SERVICES		5,500	5,500	5,500
		Total Object	<u>5,500</u>	<u>5,500</u>	<u>5,500</u>
Grand Total	10456223	CHILD GUIDANCE CLINIC	<u>5,500</u>	<u>5,500</u>	<u>5,500</u>

Town of Vernon Grant Application
Fiscal Year July 1, 2016 - June 30, 2017

Page 1 of 2

ATTACHMENT A

Program Description _____ **Agency:** Community Child Guidance Clinic, Inc.

Complete this form for each service area for which you are requesting funds. Use the space provided keeping descriptions brief and specific.

- A. **Program Title:** Community Child Guidance Clinic, Inc.
- B. **Name of program contact person:** Clifford Johnson, LCSW Executive Director
Name Title
Tel #: (860) 643-2101
- C. **Name of fiscal contact person:** Mary Gracyalny, MBA CFO
Name Title
Tel #: (860) 643-2101
- D. **Statement of Need program will address:** Community Child Guidance Clinic (CCGC) has been serving the Vernon Community since the 1950's by providing a range of mental health services to children and their families. Families can have access to services regardless of their ability to pay. Our goal is to provide help to the increasing number of children with serious emotional and behavioral problems and to maintain them in the community. A stronger family makes a stronger community and saves costs.
- E. **Services to be provided:** We provide individual, group and family therapy in our office, in the home, in school services, after-school programming and a therapeutic day treatment school depending on the acuity of needs of an individual family.
- F. **Projected unduplicated number of Vernon residents to be served:**
Adults: 0.0 Youth/Children: 0.0 Families: 0.0
- Actual unduplicated number of Vernon residents served in the past three (3) fiscal years:**
- | | | | |
|------------|---------------------|-------------------------------|-------------------------|
| FY 2013-14 | Adults: <u>0.00</u> | Youth/Children: <u>111.00</u> | Families: <u>103.00</u> |
| FY 2014-15 | Adults: <u>0.00</u> | Youth/Children: <u>113.00</u> | Families: <u>103.00</u> |
| FY 2015-16 | Adults: <u>0.00</u> | Youth/Children: <u>115.00</u> | Families: <u>105.00</u> |
- G. **How do Vernon residents access services?:** The family needs to call our main number, 860-643-2101, and they will speak to a live person to schedule an intake appointment.
- H. **Budget Summary:**

Total Agency Budget:	\$ 5,365,465.00
Total Program Budget:	\$ 5,365,465.00
Total Board Fund-Raising:	\$ 37,366.00

Town of Vernon Grant Application
Fiscal Year July 1, 2016 - June 30, 2017

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ATTACHMENT A

List revenue by source: (Example of possible sources: federal; state; municipal; foundation; fund-raising)

SOURCE	AGENCY	PROGRAM
School Tuitions	\$2,781,777.00	\$
Grants & Contracts	\$1,004,032.00	\$
Patient Services Revenue	\$1,532,513.00	\$
Contributions	\$37,366.00	\$
Other	\$9,777.00	\$
	\$	\$
	\$	\$
	\$	\$
Total:	\$5,365,465.00	\$0.00

- I. What is the percentage increase in your Agency's expenses this year versus last year? -5.00 %
- J. What is the percentage increase in your Agency's revenue this year versus last year? 6.00 %

- K. What new sources of revenue is your Agency seeking this year? We continually apply for grants as they become available but grants for operating expenses are seldom available, so we continually look at ourselves to find greater efficiencies.

- L. What other municipalities provide funding to your organization?

Town	Amount
Manchester	\$99,195.00
South Windsor	\$9,422.00
	\$
	\$
	\$
	\$
	\$
	\$
Total:	\$108,617.00

With any questions pertaining to this form, please contact: Marina Rodriguez, Tel. 860-870-3567 / mrodriguez@vernon-ct.gov; or Michelle Hill, Tel. 860-870-3558 / mhill@vernon-ct.gov

RESULT BASED ACCOUNTABILITY DATA

ATTACHMENT B

AGENCY: **Community Child Guidance Clinic, Inc.**

Utilizing a Results Based Accountability format to measure outcomes is a requirement to receive funding from the Town of Vernon.

- Please provide a brief, defined, measurable Goal Statement for the particular program that you are requesting grant funds.

Children will demonstrate reduced symptoms, improved functioning in their families, schools and communities.

- Please provide a copy of the questionnaire that you use.

See attached.

- Please provide RBA data only for the particular program for which you are requesting grant funds and only for the Vernon clients that you serve in that program.

See attached.

- What is the time period of the survey data you are providing (e.g. 12 months, 6 months, 3 months, other)?

3 months

- Provide the sum total of Vernon clients served in the program for which you are requesting grant funds. Provide the total number and percentage of those clients who participated in the survey.

Clients served 115; See attached.

- Briefly explain how you administered the survey (e.g. by phone, personal interview, clients fill out survey on their own, other)?

Clients fill out survey on their own. Results are placed in locked box and tabulated by Business Dept.

- Please summarize the results for the Vernon clients who participated in the survey.

See attached.

Please attach the outcome measurements that answer the following questions:

1. How much did you do, i.e., how many Vernon clients received services?

115

2. How well did you do it, (this can be captured by client satisfaction surveys)?

83% agreed they were very satisfied with services

3. How are the Vernon clients better off (what positive changes do clients report via the client surveys)?

71% showed reduced symptoms, improved functioning in their families, schools and communities.

Satisfaction Questionnaire

Your Opinion matters to us! Please fill out the following survey and help us improve our services!

Program CLINIC

Date _____

What is your relationship to the child: parent _____ foster parent _____ guardian _____ relative _____ self _____ other _____

Current Age of Child _____ Sex of Child: Male _____ Female _____

Race/Ethnic Background (optional)

☐ Hispanic/Latino ☐ Asian/Pacific Islander

☐ Black/African American ☐ Native American

☐ White/Caucasian ☐ Bi-racial

☐ Other (please indicate) _____

Please indicate the number of sessions attended.

☐ 1-5 sessions

☐ 11-20 sessions

☐ 6-10 sessions

☐ 20 or more sessions

Please check the box that best describes your experience with the statements below.

Questions	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
1 I received a courteous and prompt response to my first request for services.					
2 I found the building to be easily accessible, clean and comfortable.					
3 I was given information about my rights and responsibilities, including grievance procedures and privacy laws.					
4 Staff were polite to us (reception, telephone, billing)					
5 We were involved in developing our goals for treatment.					
6 Staff respected my culture/ethnic background					
7 The therapist listened to our concerns.					
8 When needed, I received a prompt response from my therapist/other available clinical staff.					
9 I was satisfied with services received.					
As a result of services:					
10 There has been improvement in the problems we sought help for.					
11 We are better able to continue working out problems on our own.					
12 We were provided information about community services.					
13 If we need help in the future, we are likely to return here					

To help us better service you please comment on any concerns: _____

If you would like to speak to someone about your concerns please leave you name and phone number: _____

SURVEY DATA

We administer the attached Client Satisfaction survey quarterly. We do this by picking a random week in that calendar month and asking every client who comes into our waiting room to fill out a form. The results are then left in a drop box so as to maintain privacy in their response. Clients fill the forms out alone without involvement of staff. Some are relatively new clients, some are established and some are near completion. We combine these 4 quarterly forms into a year end annual report and this totals approximately 250 client responses.

We have not separated these responses out by town as we serve many towns and did not feel results would be any different from one town to another but we will add a question to the form in the future asking town of residence.

The results for key questions in this survey are found in Attachment B.

RESULTS BASED ACCOUNTABILITY DATA

FOR

COMMUNITY CHILD GUIDANCE CLINIC

1. Goal statement Through attendance at CCGC outpatient programs children and adolescents will demonstrate reduced symptoms, improved functioning in their families and in their schools and be maintained in the community without having to resort to higher levels of care.

7/1/14 - 6/30/15

2a. How much did we do?

	OVERALL	VERNON
Number of children seen	843	115
Number of appointments	15,167	2,305
Groups	267	43
Children seen in home based our community programs	82	16
Children seen in Intensive Outpatient services	54	15
Adults completing parenting classes	293	unavailable

- 2b. How well did we do? Measured by quarterly client satisfaction surveys filled out anonymously by clients.

"I was satisfied with the services".	Agree 94%	Disagree 2%
"There has been improvement in the problem we sought services for".	Agree 92%	Disagree 2%
"We are better able to handle problems on our own	Agree 87%	Disagree 9% *
If we need help in the future we would return here".	Agree 98%	Disagree 1%

2c. How were clients better off?

As a result of CCGC outpatient services 71% % showed reduced symptoms, improved functioning in their homes and community without having to resort to higher levels of care.

- * 10% of respondents were just beginning treatment.

Exchange Club - Prevent Child Abuse
Account Code #10456224

Department Summary:							
Account Code	Account Classification	Actual 2014-2015 Expended	Adopted 2015-2016 Budget	Department's 2016-2017 Request	Town Council 2016-2017 Approved	\$ Increase (Decrease)	% Increase (Decrease)
51000	Salaries & Wages	-	-	-	-	-	0.00%
52000	Employee Benefits	-	-	-	-	-	0.00%
53000	Professional & Tech. Services	-	-	-	-	-	0.00%
54000	Property Services	-	-	-	-	-	0.00%
55000	Other Purchased Services	-	-	-	-	-	0.00%
56000	Supplies & Materials	-	-	-	-	-	0.00%
57000	Capital Outlay	-	-	-	-	-	0.00%
58000	Other/Sundry	\$ 4,000	\$ 4,000	\$ 10,000	\$ 6,000	\$ 2,000	50.00%
	Total:	\$ 4,000	\$ 4,000	\$ 10,000	\$ 6,000	\$ 2,000	50.00%
	Total Excluding Wages:	\$ 4,000	\$ 4,000	\$ 10,000	\$ 6,000	\$ 2,000	0.00%

TOWN OF VERNON

FISCAL YEAR 2016 - 2017 BUDGET SUMMARY

DEPARTMENT - EXCHNG CLUB-PREVNT CHILD ABUSE

	FISCAL YEAR 2015-2016							FISCAL YEAR 2016-2017		
2014- 2015 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2015-2016	EST EXP 2015-2016	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL	
4,000	4,000	4,000	4,000	4,000	10456224	58700	GRANTS - HUMAN SERVICES	10,000	6,000	6,000
4,000	4,000	4,000	4,000	4,000			58000 SUB TOTAL	10,000	6,000	6,000
4,000	4,000	4,000	4,000	4,000			DEPARTMENT TOTAL	10,000	6,000	6,000

**TOWN OF VERNON 2016-2017
BUDGET REQUEST DETAIL**

			DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
10456224	EXCHNG CLUB-PREVNT CHILD ABUSE				
58700	GRANTS - HUMAN SERVICES				
	PARENT AIDE/FAMILY ENRICHMENT PROGRAM		10,000	6,000	6,000
	Total Object		<u>10,000</u>	<u>6,000</u>	<u>6,000</u>
Grand Total	10456224	EXCHNG CLUB-PREVNT CHILD ABUSE	<u><u>10,000</u></u>	<u><u>6,000</u></u>	<u><u>6,000</u></u>

**Town of Vernon Grant Application
Fiscal Year July 1, 2016 - June 30, 2017
ATTACHMENT A**

Project Description

Complete this form for each service area for which you are requesting funds. Use the space provided keeping descriptions brief and specific.

A. Project Title: After School Drop-in Center for At Risk Youth and the Positive Parenting Program

B. Name of program contact person: Paula Plante or Robin Kohler Program and/or Deputy
Director Name 860-872-1918

C. Name of fiscal contact person: Robin Kohler Deputy Director
Name 860-872-1918

D. Statement of Need project will address:
Child abuse and neglect can come in many forms. Children from any ethnic background and from all classes are victim, and abusers come in many shapes and sizes. According to current statistics from Connecticut's Department of Children and Families (DCF), parents rank the highest - 80% among perpetrators of abuse, with relatives, friends, neighbors, and school personnel all making up the other 20%. From July 2014 through June 2015, KIDSAFE CT provided services for child abuse prevention, workshops, and treatment services for 181 Vernon Families.

E. Services to be provided:
Our Agency focuses on intensive home parenting education and our after school drop-in center for at-risk youth. The intensive home based program provides parent education utilizing several different approved and certified curriculums, i.e. The Positive Parenting Program, Parenting Piece By Piece, The Parenting Journey and Cooperative Parenting and Divorce. We also provide services through our Community Support for Families Program and our Reunification and Therapeutic Family Time Program. Professional case workers and parent navigators are assigned to families at risk to offer support, parent education, guidance, a positive role model, and advocacy. The caseworkers are expected to work with a family from 2-4 hours a week for at least 4 months meeting with the family at least once a week. The KIDSAFE CT staff will work around the family's schedule to meet their needs which often requires working late afternoons, evenings and weekends. The agency worked with 46 Vernon families including 70 adults and 104 children from Vernon in the Positive Parenting Program (Triple P), other parenting programs and the Community Support for Families Programs from July 2014 through June 2015.

The KIDSAFE CT Youth Program will continue to provide a structured environment and safe space during Drop-In Center hours, regularly scheduled groups, and support at Vernon Center Middle School for current and potential Drop-In Center attendees. Up to 50 youth attend the center on any given night where they are afforded a safe atmosphere in which to play games, chat or participate in various group offerings. The youth choose to come to our center. The groups provided to the youth include: "Positive Dating Relationships", "Suicide Intervention", "The Bully Program", "Independent Living Skills (started in 2015)", and "Rising Above Adversity" program. Currently all of these services are provided by 1 full time staff and 2 part time staff, 1 volunteer and 1 intern. Staff also provides trainings to community members, teachers during in service days, and providers. Staff sits on a number of town committees, boards, and councils such as the Drug and Alcohol Prevention Council, School Governance Council, Vernon and Tolland Juvenile Review Boards, Vernon Community Network and the Student Attendance Review Board. Staff is involved with the Vernon Truancy Officer as needed and has a good relationship with the Vernon Community Police Officer as well as the Vernon Police Department.

Our Drop-In Center for at-risk Vernon middle and high school students receives an average between 135 and 150 youth per week on a rolling basis.

F. Actual unduplicated number of Vernon residents served in the past three (3) years for the Parenting Education Programs

FY 2012-13	Adults: <u>69</u>	Youth/Children <u>71</u>	Families <u>39</u>
FY 2013-14	Adults: <u>65</u>	Youth/Children <u>73</u>	Families: <u>56</u>
FY 2014-15	Adults: <u>70</u>	Youth/Children <u>104</u>	Families: <u>46</u>

Projected unduplicated number of Vernon residents to be served

FY 2015-16	Adults: <u>55</u>	Youth/Children <u>65</u>	Families: <u>45</u>
------------	-------------------	--------------------------	---------------------

We have not yet completed our fiscal year 2015-2016.

Actual unduplicated number of Vernon Youth through our Youth Drop-in-center served in the past three (3) years.

We started keeping data in 2013

FY 2013-14	Adults: <u>N/A</u>	Youth/Children <u>135</u>	Families: *
FY 2014-15	Adults: <u>108</u>	Youth/Children <u>145</u>	Families: *

Projected unduplicated number of Vernon residents to be served

FY 2015-16	Adults: <u>140</u>	Youth/Children <u>159</u>	Families: *
------------	--------------------	---------------------------	-------------

We have not yet completed our fiscal year 2015-2016.

* We indirectly work with all the families of our Youth. We have direct contact with approximately 25% of the families through discussions about the issues which face our youth. On occasion, we attend PPT's at the school, take the children to the hospital, drive the youth home, parents will call us for assistance in addressing issues with their children, we also will call a parent to talk through issues as they arise with our youth.

G. How do Vernon residents access services:

All of our Parenting Education services may be accessed directly by clients or through referrals from DCF or other service providers. Families can contact us directly at our office or can request help by phone. Clients pay no fee for Parenting Education services, Mentoring Services or Youth Drop-In Center services.

Vernon residents in middle and high school are welcome to "drop in" at the Youth Center any time during established hours, which are 6-9PM on Wednesdays and Fridays, and 3-5:30PM on Thursdays. For summer, our hours are extended. The Youth Center is open on Tuesdays however, it is specifically for group trainings. Staff members informally mentor attendees through center activities, groups, and general conversation. Groups are promoted in person during center hours, during shifts at Vernon Center Middle School, and through the use of social media. Support is offered on a regular basis at the middle school, with additional support provided at Rockville High School and the TALC alternative school as needed. Staff meets with school administrators, school social workers, guidance counselors, the school resource officer, and teachers regularly. Guidance Counselors introduce KIDSAFE CT staff to middle school youth who need additional community support. Middle school support includes; crisis intervention, conflict resolution, mediation, and supervision of lunch waves. This work bridges the gap between the community and schools in addition to providing KIDSAFE CT staff the opportunity to build relationships with the attendees and with other children in the community who might benefit from attending the Center.

H. Budget Summary:

Total Agency Budget:	\$702,840
Total Program Budget	\$575,840
Total Board Fund-raising:	\$ 28,000

**Town of Vernon Grant Application
Fiscal Year July 1, 2016- June 30, 2017
ATTACHMENT A**

List revenue by source:

(Example of possible sources: federal, state, municipal, foundation, fund raising)

SOURCE	AGENCY	PROGRAM
DCF	\$206,981	\$206,981
Foundations	\$ 95,000	
Municipal-Includes Vernon	\$ 12,000	\$ 12,000
Private Donations/United Way	\$ 28,500	\$ 28,500
Events/KARS for KIDS	\$ 32,000	
Village Sub Contract	\$303,359	\$303,359
Fee for Service	\$ 25,000	
Total	\$702,840	\$550,840

- I. What is the percentage increase in your organization's income and expenses this year versus last year? DCF cut the contract budgets without notice for 2016-2017. -1%
- J. What is the percentage increase in revenue from last year to this year? 0%
- K. What new revenue sources is your Agency seeking this year?

The agency is seeking new grant and foundation sources of income to offset the loss of other grants and private donations. We will also continue parent education classes and workshops as well as Supervised Visitation for the private sector referrals.

We are applying to new funding sources: Peoples United Bank, Travelers Foundation, Rite-Aid KIDCENTS Foundation and we added two new fundraisers last year and will continue to enhance them this year.

- L. What other municipalities provide funding to your organization?

Town	Amount
Ellington	\$3,000
Glastonbury	\$5,000
Total:	\$8,000

Please contact Robin Kohler with any questions on this form: rkohler@kidsafect.org : 860-872-1918

ATTACHMENT B

Utilizing a Results Based Accountability format to measure outcomes is a requirement to receive funding from the Town of Vernon.

Agency: **Exchange Club Center: KIDSAFE CT**

- Please provide a brief, defined, measurable Goal Statement for the particular program that you are requesting grant funds.

KIDSAFE CT's Youth Program would like to open an additional day for middle and high school youth to offer more time for program offerings. This will provide a safe alternative to the streets and give them additional access to staff and programs. We want to enhance existing groups/workshops to improve the Drop-In Center experience. This would also afford us the opportunity to continue to increase awareness and knowledge on youth issues and current trends that youth face with community providers and Vernon School Administration and Teachers. Additional Funding will provide for preparation, implementation and delivery of groups/workshops.

- Please provide a copy of the questionnaire that you use.
See attached.

- Please provide RBA data only for the particular program for which you are requesting grant funds and only for the Vernon clients that you serve in that program.

Youth Drop-in Center:

145 youth participated with 96 youth (66%) completing the survey

- 71% of youth stated the drop-in center was a safe place in Vernon
- 98% stated they felt cared for by staff
- 100% stated they trust staff to help them with a problem
- 53% of youth reported they are less likely to engage in high risk behaviors because of the trainings and discussions provided by the Youth Center Staff
- 51% of youth spend less time on the streets of Rockville

"Suicide Prevention/Intervention":

110 peer advocates from various schools took part in one of 4 workshops presented by Youth Program staff at the PAWS (Peers Are Wonderful Support) Annual Conference. The KIDSAFE Youth Program staff was invited to attend and present at this conference that brings together peer helpers to share ideas and learn about current issues affecting their peers. Approximately 25 were Vernon students. Surveys were completed by attendees.

- 89% reported they had an increased knowledge about the signs of suicide
- 95% reported they think they can assist someone who may be suicidal
- 97% know what resources are available if they or someone else is suicidal

"The Bully Project":

22 youth participated in 2 workshops. Surveys were completed.

- 96% reported they had more knowledge of bullying
- 95% reported they have the knowledge and ability to assist someone who is being bullied

"Rising Above Adversity Positively and Responsibly" (RAAPR)

Speakers spend approximately 15-30 minutes telling their story about the adversity they have had to overcome in their lives. The goal is to give youth hope and show them it is possible to overcome any kind of adversity they have had or are currently facing and be successful.

Follow-up conversations with the youth provide qualitative rather than quantitative measures of assessment. This program seeks to provide long term change versus the short term change our other groups/workshops offer.

5 speakers spoke to a total of 82 youth during drop-in center hours. Individuals spoke on the following topics:

- Childhood molestation, absentee father, substance abusing mother: now a community provider.
- Drug use and dealing impacting a college scholarship
- Domestic violence and a variety of criminal acts leading to a 5 year prison term/now business owner.
- Childhood poverty, death of father at very young age, no one believing he could be successful/now a school Guidance Counselor
- Extreme shyness and anxiety prevented young man from reaching his potential. Improvisation classes helped him overcome his shyness and anxiety/He was a center volunteer who began doing improvisation workshops with center youth.

"Domestic Minor Sex Trafficking"

108 adults combined attended one of the four trainings and one presentation. Topic was presented at 2 churches, a Vernon Community Network meeting, and Rockville High School. Host time constraints did not allow for survey completion. Surveys were completed for one of the five trainings. Trainings were well received; additional trainings were requested by providers/community members in attendance.

- The 17 attendees at one training session completed surveys
- 100% reported they have more knowledge about sex trafficking
- 97% reported they could assist a child they believe is being trafficked

"Childhood Trauma and the Adult Brain" Training

- KIDSAFE staff was asked to present to 18 teachers and para-professionals at Vernon Center Middle School
- Strict time constraints did not allow for surveys to be completed. Trainings are condensed for Teacher Development day. This training has been presented twice in recent years to a total of 78 teachers due to interest and relevance.

• What is the time period of the survey data you are providing (e.g. 12 months, 6 months, 3 months, other)?

12 months (July 2014 through June 2015)

- Provide the sum total of Vernon clients served in the program for which you are requesting grant funds. Provide the total number and percentage of those clients who participated in the survey.

Total number of clients served:

- 273 Vernon clients were served
- Approximately 75% - 205 clients completed surveys

- Briefly explain how you administered the survey (e.g. by phone, personal interview, clients fill out survey on their own, other)?

Drop-in Center: The surveys were administered by Youth Program staff during Drop-In Center hours. Youth are handed the survey, prompted to fill it out independently, and encouraged to ask for assistance with interpreting survey items if needed.

Group/Workshop surveys are either given to participants with training materials at the beginning of a workshop or handed out at the end. Clients fill out surveys independently and anonymously.

- Please summarize the results for the Vernon clients who participated in the survey.

Survey results reflected frequent attendance from youth who attend the Drop-In Center, feelings of safety in the Center itself, and trust in Center staff. Data also identified decreased high-risk activity related to increased attendance at the Drop-In Center.

Please attach the outcome measurements that answer the following questions:

1. How much did you do, i.e., how many Vernon clients received services?
273 Vernon clients received services. Each week, an average of 135-150 youth attends the center for activities, discussion, and participation in groups.
2. How well did you do it, (this can be captured by client satisfaction surveys)?
 - 47% of youth surveyed reported they attend the center almost every day it is open
 - 71% of participants reported the Drop-In Center is a place they feel safe and welcomed
 - 98% of surveyed youth felt cared for by staff
 - 100% trust staff enough to ask for help with a problem (school or family related)
 - 53% of youth reported they are less likely to engage in high risk behavior
 - 51% spend less time on the streets than they would if they were unaffiliated with Drop-In Center activities

Groups/Workshops

 - 95% of clients surveyed, reported that they had an increased knowledge of the topic with 96% reporting they can assist a friend/youth if needed.

3. **How are the Vernon clients better off (what positive changes do clients report via the client surveys)?**

Drop-In Center attendees see the center as a safe alternative to spending time on the streets of Rockville. They see the center staff as respectful, supportive, knowledgeable on the issues, trustworthy, and able to help them with a problem.

Groups/Workshops provide training on topics that directly affect youth. Youth and adults report they have an increased knowledge and awareness about the topics presented, are better able to identify youth in crisis, and feel more confident to assist youth in need of assistance.



KIDSAFE CT

Exchange Club Center for the
Prevention of Child Abuse of CT, Inc.

YOUTH DROP-IN CENTER OUTCOME MEASUREMENT SURVEY

Participation Connections Behaviors

First letter of your first name _____ First letter of your last name _____ Year you were born _____
First letter of your mother's name _____

AGE _____

MALE _____ FEMALE _____

- I AM:
- | | |
|---|------------------------------------|
| <input type="radio"/> CAUCASIAN/WHITE | <input type="radio"/> MULTI-RACIAL |
| <input type="radio"/> AFRICAN AM./BLACK | <input type="radio"/> OTHER |
| <input type="radio"/> HISPANIC/LATINO | |

PARTICIPATION

I HAVE BEEN ATTENDING THE DROP-IN CENTER FOR:

- | | |
|---|--|
| <input type="radio"/> Less than a month | <input type="radio"/> 3-5 years |
| <input type="radio"/> Less than a year | <input type="radio"/> more than 5 years |
| <input type="radio"/> 1 to 2 years | <input type="radio"/> I have aged out but still come for support |

HOW OFTEN DO YOU ATTEND THE DROP-IN CENTER

- | | |
|---|--|
| <input type="radio"/> Almost every day it is open | <input type="radio"/> Friday nights only |
| <input type="radio"/> 2 times per week | <input type="radio"/> Not too often |
| <input type="radio"/> Nights only | |

I COME TO THE DROP-IN CENTER BECAUSE/FOR: Check ALL that apply

- | | |
|---|---|
| <input type="radio"/> Friends | <input type="radio"/> Support from staff |
| <input type="radio"/> Activities | <input type="radio"/> Snack |
| <input type="radio"/> To get out of the house | <input type="radio"/> I feel safe at the center |

THE CENTER IS THE ONLY "SAFE" PLACE FOR YOUTH IN VERNON?

- ☐ Yes ☐ No

OTHER "SAFE" PLACES FOR YOUTH IN VERNON ARE?

[Type text]

CONNECTIONS

Yes No sometimes

Center staff cares about me			
I feel like I belong at the center			
I can talk to center staff about my problems			
Staff is fair with the kids			
Staff will help me if I have a problem			
I trust staff			

I would like the center to offer more groups			
--	--	--	--

What groups would you like offered?

- 1.
- 2.
- 3.
- 4.
- 5.

BEHAVIORS

IF I DIDN'T HAVE THE CENTER TO GO TO, I WOULD: Check off all that apply

- ☐ I would get in more trouble
- ☐ I would drink alcohol or use drugs more
- ☐ I would be fine
- ☐ I would hang out on the streets
- ☐ I would spend my time at home
- ☐ I would be at a friend's house
- ☐ I would fight more

Web Site: www.kidsafect.org

Sponsored by Connecticut District Exchange Clubs

THE BULLY PROJECT

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The training has met my expectations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The content was easy to follow.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The trainer was knowledgeable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have more knowledge now than before about bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I now know how I can intervene (help) if I see someone being bullied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I have more knowledge about the dangers of bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Excellent	Good	Average	Poor	
7. How do you rate the training overall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8. What aspects of the training could be improved?					
9. What aspects of the training did you find most effective?					
10. Additional Comments					

THANK YOU FOR YOUR PARTICIPATION 
KIDSAFE CT/Exchange Club Center for the Prevention of Child Abuse of CT, Inc.

POSITIVE DATING RELATIONSHIPS

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The training has met my expectations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The content was easy to follow.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The trainer was knowledgeable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have more knowledge now than before about dating violence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I know who I can go to for help if I want to leave a dangerous relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Adequate time was provided for questions And answers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Excellent	Good	Average	Poor	
7. How do you rate the training overall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

8. What aspects of the training could be improved?

9. What aspects of the training did you find most effective?

10. Additional Comments

THANK YOU FOR YOUR PARTICIPATION 
 KIDSAFE CT/Exchange Club Center for the Prevention of Child Abuse of CT, Inc.

INDEPENDENT LIVING SKILLS

SKILL _____ Date _____

Male ___ Female ___

Age ___

- | | Strongly
Agree | Agree | Neutral | Disagree | Strongly
Disagree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. The training has met my expectations. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. The content was easy to follow. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. The trainer was knowledgeable. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. I have more knowledge now
than before about subject | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. I will use the skill I learned | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Adequate time was provided for questions
And answers. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- | | Excellent | Good | Average | Poor |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 7. How do you rate the training overall | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

8. What aspects of the training could be improved?

9. What other skills would you like to learn?

10. Additional Comments

THANK YOU FOR YOUR PARTICIPATION



KIDSAFE CT/Exchange Club Center for the Prevention of Child Abuse of CT, Inc.

SEX TRAFFICKING TRAINING

- | | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. The training has met my expectations. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. The content was easy to follow. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. The trainer was knowledgeable. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. I have more knowledge now than before about sex trafficking | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. I now know how I can help if I think a child is being trafficked | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- | | Excellent | Good | Average | Poor |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 6. How do you rate the training overall | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

7. What aspects of the training could be improved?

8. What aspects of the training did you find most effective?

9. Additional Comments

THANK YOU FOR YOUR PARTICIPATION 
KIDSAFE CT/Exchange Club Center for the Prevention of Child Abuse of CT, Inc.

SUICIDE PREVENTION/INTERVENTION

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The training has met my expectations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The content was easy to follow.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The trainer was knowledgeable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have more knowledge now than before about the signs of suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I now know how I can help if I think someone is suicidal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I know how to get help if I, or someone I know is depressed or suicidal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Excellent	Good	Average		
7. How do you rate the training overall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Poor	
8. What aspects of the training could be improved?					
9. What aspects of the training did you find most effective?					
10. Additional Comments					

THANK YOU FOR YOUR PARTICIPATION 
 KIDSAFE CT/Exchange Club Center for the Prevention of Child Abuse of CT, Inc.

TRI-COUNTY ARC, INC.
Account Code #10456225

On September 12, 2011, Tri-County ARC, Inc. officially assumed responsibility for all the individuals who have been served by Hockanum Industries.

Department Summary:							
Account Code	Account Classification	Actual 2014-2015 Expended	Adopted 2015-2016 Budget	Department's 2016-2017 Request	Town Council 2016-2017 Approved	\$ Increase (Decrease)	% Increase (Decrease)
51000	Salaries & Wages	-	-	-	-	-	0.00%
52000	Employee Benefits	-	-	-	-	-	0.00%
53000	Professional & Tech. Services	-	-	-	-	-	0.00%
54000	Property Services	-	-	-	-	-	0.00%
55000	Other Purchased Services	-	-	-	-	-	0.00%
56000	Supplies & Materials	-	-	-	-	-	0.00%
57000	Capital Outlay	-	-	-	-	-	0.00%
58000	Other/Sundry	\$ 3,500	\$ -	\$ -	\$ -	\$ -	0.00%
Total:		\$ 3,500	\$ -	\$ -	\$ -	\$ -	0.00%
Total Excluding Wages:		\$ 3,500	\$ -	\$ -	\$ -	\$ -	0.00%

TOWN OF VERNON
FISCAL YEAR 2016 - 2017 BUDGET SUMMARY
DEPARTMENT - TRI-COUNTY ARC

FISCAL YEAR 2015-2016					FISCAL YEAR 2016-2017				
2014- 2015 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2015-2016	EST EXP 2015-2016	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
3,500	-	-	-	10456225	58700	GRANTS - HUMAN SERVICES	-	-	-
3,500	-	-	-			58000 SUB TOTAL	-	-	-
3,500	-	-	-			DEPARTMENT TOTAL	-	-	-

MARC, Inc. of Manchester
Account Code #10456226

Department Summary:							
Account Code	Account Classification	Actual 2014-2015 Expended	Adopted 2015-2016 Budget	Department's 2016-2017 Request	Town Council 2016-2017 Approved	\$ Increase (Decrease)	% Increase (Decrease)
51000	Salaries & Wages	-	-	-	-	-	0.00%
52000	Employee Benefits	-	-	-	-	-	0.00%
53000	Professional & Tech. Services	-	-	-	-	-	0.00%
54000	Property Services	-	-	-	-	-	0.00%
55000	Other Purchased Services	-	-	-	-	-	0.00%
56000	Supplies & Materials	-	-	-	-	-	0.00%
57000	Capital Outlay	-	-	-	-	-	0.00%
58000	Other/Sundry	\$ 4,000	\$ 4,000	\$ 4,000	\$ 5,000	\$ 1,000	25.00%
Total:		\$ 4,000	\$ 4,000	\$ 4,000	\$ 5,000	\$ 1,000	25.00%
Total Excluding Wages:		\$ 4,000	\$ 4,000	\$ 4,000	\$ 5,000	\$ 1,000	25.00%

TOWN OF VERNON
FISCAL YEAR 2016 - 2017 BUDGET SUMMARY
DEPARTMENT - MARC, INC. OF MANCHESTER

FISCAL YEAR 2015-2016					FISCAL YEAR 2016-2017				
2014- 2015 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2015-2016	EST EXP 2015-2016	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
4,000	4,000	4,000	1,000	4,000	10456226	58700 GRANTS - HUMAN SERVICES	4,000	4,000	5,000
4,000	4,000	4,000	1,000	4,000		58000 SUB TOTAL	4,000	4,000	5,000
4,000	4,000	4,000	1,000	4,000		DEPARTMENT TOTAL	4,000	4,000	5,000

**TOWN OF VERNON 2016-2017
BUDGET REQUEST DETAIL**

			DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
10456226	MARC, INC. OF MANCHESTER				
58700	GRANTS - HUMAN SERVICES				
	GRANTS - HUMAN SERVICES		4,000	4,000	5,000
		Total Object	4,000	4,000	5,000
Grand Total	10456226	MARC, INC. OF MANCHESTER	4,000	4,000	5,000

Town of Vernon Grant Application
Fiscal Year July 1, 2016 - June 30, 2017

Page 1 of 2

ATTACHMENT A

Program Description

Agency: MARC, Inc. of Manchester

Complete this form for each service area for which you are requesting funds. Use the space provided keeping descriptions brief and specific.

A. Program Title: Svcs - Employment, Retirement, Shannon's Place DSO, Respite, In-home Support:

B. Name of program contact person: Carol Breslin Quality Assurance Director
Name Title
Tel #: (860) 646-5718

C. Name of fiscal contact person: Colleen Pillard Financial Director
Name Title
Tel #: (860) 646-5718

D. Statement of Need program will address:
Vernon residents participate in employment, retirement, Shannon's Place DSO, and in-home support services. Supports offered to Vernon residents have changed over the years to reflect the needs of an aging population. DDS (Department of Developmental Services), policies now focus on aging in place. As a result people with intellectual disabilities (previously mental retardation) stay in family homes for much longer periods of time. IN conjunction with other funding sources, this grant allows MARC to provide support to people with intellectual disabilities. People served have the opportunity to develop, grow and be productive citizens, giving back to their community. MARC, Inc. provides supports believing that all people have the right to live and work in their community.

E. Services to be provided:
Employment Specialists and Community Support Assistants provide on-site supports including job training, transportation, on-going support for work related issues, social interactions, and recreational activities. In-home supports provide assistance with shopping, organizational skills, budgeting, housekeeping, navigating interpersonal relationships and other related issues.

F. Projected unduplicated number of Vernon residents to be served:
Adults: 23.0 Youth/Children: _____ Families: _____

Actual unduplicated number of Vernon residents served in the past three (3) fiscal years:

FY 2013-14	Adults: <u>23.00</u>	Youth/Children: _____	Families: _____
FY 2014-15	Adults: <u>23.00</u>	Youth/Children: _____	Families: _____
FY 2015-16	Adults: <u>24.00</u>	Youth/Children: _____	Families: _____

G. How do Vernon residents access services?: Vernon residents are referred through DDS, local schools, community agencies, family members, and BRS. Transportation is provided by ADA, public bus, families, and residences.

H. Budget Summary:

Total Agency Budget:	\$ 8,961,450.00
Total Program Budget:	\$ 4,687,625.00
Total Board Fund-Raising:	\$ 75,675.00

Town of Vernon Grant Application
Fiscal Year July 1, 2016 - June 30, 2017

Page 2 of 2

ATTACHMENT A

List revenue by source: (Example of possible sources: federal, state, municipal, foundation, fund-raising)

SOURCE	AGENCY	PROGRAM
State - DDS	\$ 8,148,390.00	\$ 4,286,585.00
State - DSS	\$ 159,584.00	\$
State - BRS	\$ 21,500.00	\$
Municipal	\$ 90,151.00	\$ 20,565.00
Fundraising	\$ 141,670.00	\$ 22,800.00
Other Services	\$ 36,740.00	\$ 14,240.00
Subcontracting Revenue	\$ 363,435.00	\$ 363,435.00
	\$	\$
Total:	\$ 8,961,450.00	\$ 4,687,625.00

I. What is the percentage increase in your Agency's expenses this year versus last year? 5.00 %

J. What is the percentage increase in your Agency's revenue this year versus last year? 5.00 %

K. What new sources of revenue is your Agency seeking this year? We have applied to the state of CT for a non-profit grant.

L. What other municipalities provide funding to your organization?

Town	Amount
Manchester	\$ 72,286.00
Glastonbury	\$ 11,168.00
South Windsor	\$ 2,697.00
	\$
	\$
	\$
	\$
	\$
Total:	\$ 86,151.00

With any questions pertaining to this form, please contact: Marina Rodriguez, Tel. 860-870-3567 / mrodriguez@vernon-ct.gov; or Michelle Hill, Tel. 860-870-3558 / mhill@vernon-ct.gov

Town of Vernon Human Services Grant Application
Fiscal Year July 1, 2016 - June 30, 2017

Page 1 of 1

RESULT BASED ACCOUNTABILITY DATA
ATTACHMENT B

AGENCY: **MARC, Inc. of Manchester**

Utilizing a Results Based Accountability format to measure outcomes is a requirement to receive funding from the Town of Vernon.

- Please provide a brief, defined, measurable Goal Statement for the particular program that you are requesting grant funds.

People obtain employment -People retain employment 6mo or more -People engage in social exchange/activity

- Please provide a copy of the questionnaire that you use.

Please see attached.

- Please provide RBA data only for the particular program for which you are requesting grant funds and only for the Vernon clients that you serve in that program.

Please see attached.

- What is the time period of the survey data you are providing (e.g. 12 months, 6 months, 3 months, other)?

Surveys are completed annually between the months of January and June.

- Provide the sum total of Vernon clients served in the program for which you are requesting grant funds. Provide the total number and percentage of those clients who participated in the survey.

23 Vernon residents are served. Five (5) people, 22% of Vernon residents, participated in the survey,

- Briefly explain how you administered the survey (e.g. by phone, personal interview, clients fill out survey on their own, other)?

Surveys are administered by DDS case managers or people independent of MARC in person or by phone.

- Please summarize the results for the Vernon clients who participated in the survey.

95% of the Vernon residents surveyed expressed satisfaction with services provided by MARC, Inc.

Please attach the outcome measurements that answer the following questions:

1. How much did you do, i.e., how many Vernon clients received services?

Twenty-three Vernon residents currently receive services through MARC.

2. How well did you do it, (this can be captured by client satisfaction surveys)?

Please see attached.

3. How are the Vernon clients better off (what positive changes do clients report via the client surveys)?

Improved self esteem, successful employment, productive and fulfilling days, improved skills.



MARC, INC. OF MANCHESTER
151 SHELDON ROAD
MANCHESTER, CONNECTICUT
06042

860-646-5718
FAX 860-645-9910

KEVIN ZINGLER
EXECUTIVE DIRECTOR

July 1, 2015

MARC, INC. SATISFACTION SURVEY
(VERNON RESIDENTS ONLY)
FY 14/15

MARC, Inc. of Manchester achieved excellent results in the random sample satisfaction survey completed for all service areas. Satisfaction surveys were conducted from January - June 2015. Five (5) Vernon residents participated in the Satisfaction Survey. Each person was asked about the service areas they participate in. Three (3) individuals in the survey participate in the Employment Service, two (2) individuals are part of the Residential or IHS Service, , one (1) attends Shannon's Place DSO, and one (1) attends the Senior Center. One (1) person interviewed participates in more than one service area.

The survey consists of four questions providing each participant the opportunity to express opinions and make comments. Four (4) DDS Case Managers were invited to participate in completing surveys with people on their caseloads. Two (2) Case Managers completed the interview process with 3 individuals. Two (2) participants completed the survey process with someone else, including family members and a non-MARC residential coordinator. People served were asked about their services and interviewers observed people interacting with those around them, participating in activities where they live, out in the community, where they work and at service locations. Evaluators met with survey participants at their homes, during breaks at their job sites and while relaxing at their services.

Questions provide information about the MARC, Inc. service area in which each person participates. Overall, responses from people served were enthusiastic. They enjoyed taking part in the survey and shared information about their lives and how they like to spend their time. Each person indicated that they are able to make choices in their lives. Three of 4 questions received ratings of 100% by all Vernon survey participants. One of 4 questions in the service received a single "no" rating. The individual was not satisfied in the answer to question #2. Is staff available when you need them? She stated that she goes through her staff person in order to call out sick from work or when she is going to miss work due to inclement weather. She would like to increase her independence so that she can call directly to her employer when she is going to miss work. Vernon residents responded "yes" when asked if they have the opportunity to make choices regarding the services received from MARC, Inc. They were able to

MARC, Inc. of Manchester is a 501(c)(3) charitable organization that supports people with developmental disabilities from Ashford, Bloomfield, Columbia, Coventry, East Hartford, Ellington, Glastonbury, Granby, Hartford, Manchester, Mansfield Depot, New Britain, Newington, South Glastonbury, South Windsor, Stafford Springs, Vernon/Rockville, West Hartford, Wethersfield & Windsor.

www.marcct.org

indicate or identify "What MARC services do you use?"; identified preferred staff members, and spoke about accomplishments they have achieved in their personal lives.

Comments from the interview process included: "(My staff person) flexes her schedule to meet my needs.", "(I) like my job at Dave and Buster's. My transportation is going well."; "(I) like to work on the iPad. I also like exercise group".

People participating in MARC services enjoy their lives. They make choices about where they work, the activities they participate in at the Senior Center, Shannon's Place, DSO w/Work, and in their homes. Each person is comfortable expressing their feelings and opinions. They have good relationships with support staff and feel empowered to discuss areas of concern with direct line staff, coordinators or directors across a range of topics. People served expressed that they are comfortable talking about issues of importance to them.

MARC is extremely proud of the results of this survey. We work every day to ensure that people served make decisions and direct their services. We will strive to meet this goal into the future.

Submitted by,



Carol Breslin
Quality Assurance Director

MARC, INC. SATISFACTION SURVEY

NAME _____ DATE _____

1. What MARC, Inc. service(s) do you use (mark all that apply)?

____ Employment ____ Residential ____ Senior Center

____ DSO ____ DSO/Work ____ In-Home/Personal Support

____ Respite

2. Is support staff available when you need them?

____ Yes ____ No

3. Do you have the opportunity to make choices regarding the services you receive from MARC, Inc.?

____ Yes ____ No

4. Are you satisfied with the services you receive from MARC, Inc.?

____ Yes ____ No

Comments:

Signature _____

Shelter Services
Account Code #10456227

Department Summary:							
Account Code	Account Classification	Actual 2014-2015 Expended	Adopted 2015-2016 Budget	Department's 2016-2017 Request	Town Council 2016-2017 Approved	\$ Increase (Decrease)	% Increase (Decrease)
51000	Salaries & Wages	-	-	-	-	-	0.00%
52000	Employee Benefits	-	-	-	-	-	0.00%
53000	Professional & Tech. Services	-	-	-	-	-	0.00%
54000	Property Services	-	-	-	-	-	0.00%
55000	Other Purchased Services	-	-	-	-	-	0.00%
56000	Supplies & Materials	-	-	-	-	-	0.00%
57000	Capital Outlay	-	-	-	-	-	0.00%
58000	Other/Sundry	\$ 6,200	\$ 7,200	\$ 7,200	\$ 7,200	\$ -	0.00%
Total:		\$ 6,200	\$ 7,200	\$ 7,200	\$ 7,200	\$ -	0.00%
Total Excluding Wages:		\$ 6,200	\$ 7,200	\$ 7,200	\$ 7,200	\$ -	0.00%

TOWN OF VERNON
FISCAL YEAR 2016 - 2017 BUDGET SUMMARY
DEPARTMENT - SHELTER SERVICES

	FISCAL YEAR 2015-2016							FISCAL YEAR 2016-2017		
2014- 2015 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2015-2016	EST EXP 2015-2016	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL	
6,200	7,200	7,200	988	7,200	10456227	58700	GRANTS - HUMAN SERVICES	7,200	7,200	7,200
6,200	7,200	7,200	988	7,200			58000 SUB TOTAL	7,200	7,200	7,200
6,200	7,200	7,200	988	7,200			DEPARTMENT TOTAL	7,200	7,200	7,200

**TOWN OF VERNON 2016-2017
BUDGET REQUEST DETAIL**

			DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
10456227	SHELTER SERVICES				
58700	GRANTS - HUMAN SERVICES				
	TRI-TOWN SHELTER		2,500	2,500	2,500
	CORNERSTONE FOUNDATION		3,700	3,700	3,700
	FAMILY PLACEMENTS		1,000	1,000	1,000
	Total Object		<u>7,200</u>	<u>7,200</u>	<u>7,200</u>
Grand Total	10456227	SHELTER SERVICES	<u><u>7,200</u></u>	<u><u>7,200</u></u>	<u><u>7,200</u></u>

**Town of Vernon Grant Application
Fiscal Year : July 1, 2016 - June 30, 2017**

ATTACHMENT A

Program Description:

Complete this form for each service area for which you are requesting funds. Use the space provided keeping descriptions brief and be specific.

- A. **Program Title:** Tri-Town Shelter Services, Inc.
- B. **Name of Program and Contact Person:** Pieter Nijssen Executive Director
860 - 875 - 9702
- C. **Name of Fiscal Contact Person:** Lisa Perry Bookkeeper
- D. **Statement of Need Program Will Address:** We will provide emergency shelter and case management support services for homeless individuals and families.
- E. **Services to be Provided:** A fifteen-bed emergency shelter, individualized case management, advocacy, referral services to other community-based providers, internal 12-step recovery meeting(s), on-site computer lab for job searching and application learning, bi-weekly HIV/AIDS education, counseling and testing, along with workgroups on a wide range of pertinent topics to the population we serve.
- F. **Projected unduplicated number of Vernon residents to be served**

Adults: 24 Youth/Children: 8 Families: 8

Actual unduplicated number of Vernon residents served in the past 3 fiscal years

FY2012-13	Adults: 91	Youth/Children: 64	Families: 35
FY2013-14	Adults: 90	Youth/Children: 41	Families: 25
FY2014-15	Adults: 24	Youth/Children: 8	Families: 4

- G. **How do Vernon Residents Access Services:** 2-1-1, calling, local community-based providers, case managers from other agencies advocating, family and/or friends, walk-in, etc.

H. **Budget Summary**

Total Agency Budget	\$316,450
Total Program Budget	\$316,450
Total Board Fund-raising	\$115,000

List Revenue by Source:

Source	Agency	Program
C.B.O. Replaced D.O.H.	\$132,932	\$132,932
F.E.M.A.	\$10,224	\$10,224
Town of Vernon	\$2,500	\$2,500
CT United Way	\$7,500	\$7,500
Annual Appeal	\$75,000	\$75,000
Ind. + Bus. + Org. Donors	\$29,000	\$29,000
Churches & Related	\$12,000	\$12,000
New Revenue	\$38,500	\$38,500
Misc. Revenue	\$8,294	\$8,294
Total	\$316,450	\$316,450

- I. What is the percentage increase in your Agency expenses this year vs last year? 0%
- J. What is the percentage increase in your Agency revenue this year vs last year? 0%
- K. What new revenue sources is your Agency seeking this year? We have numerous fund-raising events that continue to grow and yield increased revenues. We have acquired additional donor lists which have been added to our master donor file. In an effort to build our donor database, each board member annually adds names of people they know personally and professionally. To secure bridge monies while we continue negotiations with a community-based organization that approached us in the Fall of 2014, we are in the process of working with the Hartford Foundation for Public Giving.
- L. What other municipalities provide funding to your organization?

Town	Amount
Town of Ellington	\$500
	\$
	\$
	\$
Total	\$500

With any questions pertaining to this form, please contact: Marina Rodriguez, Tel. 860-870-3567 / mrodriguez@vernon-ct.gov; or mhill@vernon-ct.gov

**Town of Vernon Grant Application
Fiscal Year : July 1, 2015 - June 30, 2016**

**RESULT BASED ACCOUNTABILITY DATA
ATTACHMENT B**

Goal Statement

We will provide a safe and supportive environment in which homeless families and individuals can address the contributing factors to their homelessness. This is done primarily through an Individualized Service Plan, along with weekly case management meetings during which the progress on each goal is monitored and, if applicable, new goals for the week ahead are defined. Every adult resident (100%) will be on an Individualized Service Plan and is required to meet weekly to review and update this.

Copy of Client Satisfaction Survey

See attached / enclosed

Results Based Data for Vernon Clients Served

One hundred percent of our adult residents were on Individualized Service Plans which identified their challenges and the steps needed to create a pathway towards wellness. All of our families and adult individuals experienced stabilization and support, resulting in their ability to concentrate their efforts on self-sufficiency.

Time Period for the Survey Data

We administer the Client Satisfaction Survey on the 15th of every month to those that are new intakes for that month.

Sum Total of Vernon Clients Served. Total Number and Percentage of those Clients who Participated in the Survey.

For FY2014-2015 we served 30 unduplicated Vernon clients / residents with 1,128 bed-nights. One hundred percent of our adult residents participated in this survey.

Explanation as to How the Survey is Administered

The Survey is placed in every adult residents room for their completion. They can return this to any staff and/or place it under the Executive Director's office door upon completion.

Summarize the Results

The results are accessible to all staff. Any reasonable suggestions for improvements are discussed for their merit and potential implementation.

Attachment of Outcome Measures

See attached / enclosed Client Comments

TRI-TOWN SHELTER SERVICES, INC.

CLIENT SATISFACTION SURVEY

NAME _____ **DATE** _____

Please Rate on a Scale of 1 to 5 as Follows: (circle / select your choice)

1	2	3	4	5
Poor	Fair	Average	Good	Excellent

How well did Tri-Town Shelter, Inc. meet your needs during your stay?

1	2	3	4	5
----------	----------	----------	----------	----------

Rate the helpfulness of Agency direct care staff.

1	2	3	4	5
----------	----------	----------	----------	----------

Rate the accessibility and attitude of Agency direct care staff.

1	2	3	4	5
----------	----------	----------	----------	----------

Rate the accessibility and helpfulness of the Agency director.

1	2	3	4	5
----------	----------	----------	----------	----------

How well did the shelter meetings and workgroups fit your needs?

1	2	3	4	5
----------	----------	----------	----------	----------

Rate the over-all adequacy of the facilities of the shelter.

1	2	3	4	5
----------	----------	----------	----------	----------

If you were referred to another agency or service, rate your experience with that referral. Agency _____

1	2	3	4	5
----------	----------	----------	----------	----------

If a parent, how well did the Agency meet the needs of your child(ren)?

1	2	3	4	5
----------	----------	----------	----------	----------

What was the best thing about the shelter? _____

What was the worst thing about the shelter? _____

If make one physical improvement to the shelter, what would it be? _____

What would be the most helpful change in the program? _____

In terms of the non-discriminatory policies in the shelter rules explained and received at intake, how would you rate these?

☐ Unfairly Stated

☐ Fair Stated

In terms of the non-discriminatory practices of the shelter, rate how the staff applied these to yourself.

☐ Unfairly and Inconsistently

☐ Fairly and Consistently

In terms of the non-discriminatory practices of the shelter, rate how you observed these applied to other residents during your stay.

☐ Unfairly and Inconsistently

☐ Fairly and Consistently

COMMENTS _____

CLIENT SATISFACTION SURVEY COMMENTS

When our place burned down and we lost everything, Tri-Town came through and took our family in. I don't know what we would have done if this didn't happen. Then they sent out an email and next thing we know, the basement is full of replacement items for when we moved into another place. They did for us what family couldn't or wouldn't.

B.R., J.R. and S.R.

Having come from a sober house, Tri-Town helped me maintain my sobriety while I attended to other health issues. The program worked me and I left from there into a long-term living arrangement that they referred me to. When I left they told me that if I ever felt the urge to relapse, come here and we will talk with you. They are still my life line when I need them.

W.M.

When our apartment complex was bought out, we were told to leave so they could do repairs. Even though we both work, we had nowhere to go under such short notice. The two months at Tri-Town allowed us to save the money needed to find another apartment. Their support during this time kept us safe and stable during this time of stress.

J. & G.

While waiting for VA benefits to kick in, I could no longer afford my little apartment. I came to Tri-Town and their speaking with the VA on my behalf made the process go quicker. I was getting tired on the uphill battle. After getting my benefits I was able to move out on my own again. Being a dry shelter helped me keep up with my recovery work. They even asked me to run several of their in-house 12-step meetings. It feels great to be able to help others in their recovery.

B.L.

Right after I got there, they got me into a partial out-patient program that I eventually graduated from. I wish I knew these services existed before I came there. Maybe I wouldn't have lost so much. I needed the structure and accountability Tri-Town offers so that I could move forward with my life. Thanks.

R.P.

I never thought I would be in a shelter. I was now alone and afraid. When I got to Tri-Town, I was so happy that I got my own room with only women on the floor. It was nothing like what I feared. I was in a safe and supportive place. Using their internet capable computers I found a job. They helped me with a budget, I saved some money and moved out on my own.

G.F.

My 3 year old daughter and I came to Tri-Town because he walked out on us. I was scared, depressed and thought I would lose my girl. I felt horrible that I was bring my daughter to a shelter where we might get hurt. From our first day to the last day, the time at Tri-Town was like family I never had. I learned a new normal. I got parenting help, counseling, and a housing referral. The staff and especially the director, got me reconnected with my parents and they were permitted to see us at the shelter. What a change in my life because of them.

A.D.

My adult son and I lost our apartment because of my drinking. I have tried other programs but nothing seemed to help. The structure and accountability at Tri-Town did the trick. I hated it at first but came to see that this is what I needed. We both found a job using online services at Tri-Town, saved our money and got a housing referral. With the recovery services Tri-Town set me up with after leaving there, I feel like we have a better shot at staying on our own.

C.R. & A.W.

I had never thought of going into a treatment program. On my first day at Tri-Town they got me into one and I went there for six weeks. After that I found work in my trade and good things were happening. We found a sober house together that I qualified for because of completing the treatment program. My life is no longer dark and hopeless. My future looks brighter because of Tri-Town's role in my recovery. Thanks for being there for me.

M.C.

As a result of becoming homeless I was afraid that people would take my daughter from me. The staff at Tri-town called a meeting with my DCF worker and their help prevented this from happening. They did make me take a serious look at my mistakes and got me the help I needed. Their support and guidance gave me the strength to make many changes in my life. I am thankful that a place like Tri-town exists. It really worked for us.

L.C. & H.C.

The bank took over the place we had lived for several years and we had to leave. We found Tri-Town online and called them. Later that day we came in. When we got there they asked if we were hungry. We ate, settled into our rooms and did paperwork the next day. We both work so it did not take us long to save money for another place. Tri-Town was very family and kid friendly. We are glad that our first and only experience being homeless was there.

F.A. Family

Someone from the detox program called Tri-Town for me. From day one they were serious about my sobriety. They hooked me up with meeting schedules and required me to have a sponsor. Even though I gave them a hard time, they held their line. I needed this toughness to keep walking the straight and narrow. They recommended me for a sober house and that's where I went to.

D.J.

My ADRC worker brought me to Tri-town. I have stayed at other shelters but not able to stay clean there. Tri-town was different. They wasted no time in setting up stuff for me and every day every staff person kept me to sticking to this stuff. I grew up there and stopped making excuses to myself. The staff were very caring but very tough too. They worked closely with ADRC and I am waiting for their housing program. I hope it's like Tri-town.

E.R.

I went to Tritown from another shelter. Having my own room was great. My services from Hartford were transferred to Manchester by the staff right away. This kept me from relapsing. The director reached out to my adoptive parents and invited them to visit me here. From Tritown I returned to their home with recovery services in their town thanks to the director.

S.S.

The apartment I lived in had other people who were using. I left Middletown after calling Tri-town. Right away they got me into a treatment program and gave me the locations of meeting places. This support prevented relapse for me. Using their computers, I found work and saved money. They gave me an extension on my stay and shortly after that I found a small apartment. Thank you for my time with you and I hope to stay in touch.

V.R.

My daughter and I could not afford the apartment after her father was arrested and you took us in. What a relief that we had our own room together. The program required that we go to counseling and this caused lots of stuff to surface for both of us. If we were not in such a safe and supportive environment I don't think we could have worked through all of this. Thank you for getting housing people to work with us. You really became family for us when our world fell apart. Thank you for helping us through so much at such a rough time.

C.Y. & E.Y.

Town of Vernon Grant Application
Fiscal Year: July 1, 2016-June 30, 2017
ATTACHMENT A

Program Description:

Complete this form for each program for which you are requesting funds. Please keep descriptions brief and be specific.

A. Program Title: Cornerstone Foundation Shelter Services

B. Name of program contact person: Bryan Flint Shelter Coordinator
Name Title
Tel #: 860-875-6343

C. Name of fiscal contact person: Richard Carterud Asst. Treasurer
Name Title
Tel #: 860-643-5319

D. Statement of Need program will address:

The Cornerstone Foundation has been operating a 15 bed shelter for single adults since 2005. This is a short term facility allowing a person to stay for a minimum of 30 days or longer if the person continues to move forward on agreed upon goals. The majority of those using the shelter are men who lost jobs and housing. With the continued down turn in the economy, we continue to see a 100 %occupancy rate daily. On nights when we are at full capacity, we take in people for emergency one night only shelter and the next day work to direct them to other shelters. In April 2015, Cornerstone has opened an additional Family Shelter called Children First Shelter on Park Street which will house up to 3 Vernon Families.

There has been an increasing number of evictions and foreclosures in town. Adding to the surge in evictions, two shelters East of the River closed that served adults. In response to these issues, Cornerstone has increased its efforts on a regional level by working with the Greater Hartford—Coordinated Access Network (GH-CAN). We are working proactively with local landlords to provide services and assistance that stop families become homeless in the first place. Through a special fund in partnership with Journey Home made available to Cornerstone called Rapid Rehousing Program (RRP), Cornerstone was able to help 9 Vernon families for a total of 35 people to stay in housing or find new housing through this program.

E. Services to be provided:

Along with overnight shelter and the new Children First Shelter, the shelter guests also have access to other services of the Cornerstone Foundation including clothing and three meals a day. We support the guests with assistance in making phone calls for employment or apartments, assistance in filing out paperwork for other social services, and eye glasses support, etc. Each shelter guest also receives case management in finding referrals to other services, educational assistance, employment, medical assistance, apartments, etc. Throughout the year, we have assisted guests to move back home, move in with a friend, transition into a long term shelter, or find a room or apartment. The shelter has a positive impact on the homeless in that it provides for shelter in a safe and caring environment offering other basic needs such as clothing, household goods, and food. Additional services include keeping those Vernon residents in peril of losing housing with direct support and negotiations with their landlords and providing financial assistance to stay in their homes or find other apartments with the RRP program. In addition, Cornerstone is always one of the first agencies

that the town of Vernon contacts when local families suffer some type of emergency including fires or flooding. Cornerstone will provide services of food, clothing and assistance in finding shelter during these emergencies.

The Cornerstone Shelter currently has 4 part time workers who stay overnight from 5:30 p.m. to 8:00 a.m. on a rotating schedule. There are also three case managers who provide services to all shelter clients.

F. Projected unduplicated number of Vernon residents to be served:

Adults: 55 Youth/Children: 20 Families: 10

Actual unduplicated number of Vernon residents served in the past 3 fiscal years:

FY 2013-14 Adults: 47 Youth/Children: _____ Families: _____

FY 2014-15 Adults: 54 Youth/Children: _____ Families: _____

FY 2015-16 Adults: 55 Youth/Children: 20 Families: 10

From July 1, 2014- through June 2015 Cornerstone has provided services to 54 unduplicated Vernon clients. From July 1st to November 2015 we have already worked with 30 Vernon clients in the shelter as well as another 35 we assisted in the New Rapid Rehousing Program.

G. How do Vernon residents access services: Services can be accessed through referrals from Social Services, local agencies, churches, other Social Service agencies, and walk ins.

H. Budget Summary:

Total Agency Budget:	\$352,000 (with inkind donations 642,000)
Total Program Budget (shelter only)	\$135,000.00
Total Board Fund-raising:	\$100,000.00

List revenue by source:

(Example of possible sources: federal, state, municipal, foundation, fund raising)

SOURCE	AGENCY	PROGRAM
Fundraising	\$28,400.00	\$15,000.00
Foundations	\$100,000.00	\$23,000.00
Municipal	\$4,200.00	\$4,200.00
Private Donations	\$139,600.00	\$81,000.00
Rental income	\$33,000.00	\$0.00
Insurance settlement	\$24,800.00	\$24,800.00
Corporate Donations	\$22,000.00	\$
	\$	\$
Total	\$352,000.00	\$135,000.00

I. What is the percentage increase in your Agency expenses this year versus last year? 10 %

J. What is the percentage increase in your Agency revenue this year versus last year? 10 %

K. What new revenue sources is your agency seeking this year?

Cornerstone was successful in obtaining some funding from the town of Ellington. We will again seek funding from CHEFA in the next fiscal year. We were successful in obtain additional funding from the Hartford Foundation and plan to continue seeking more funding for our new expanded pantry.

L. What other municipalities provide funding to your organization?

Town	Amount
Ellington	\$500.00
	\$
	\$

Town of Vernon Grant Application

Fiscal Year July 1, 2016 – June 30, 2017

RESULT BASED ACCOUNTABILITY DATA

ATTACHMENT B

Utilizing a Results Based Accountability measure outcomes is a requirement to receive funding from the town of Vernon

- **Goal Statement for the Cornerstone Shelter**

Cornerstone Foundation Shelter provides a safe, non-threatening housing for adults who are homeless and assist them in finding referrals to other services including housing, education, employment, medical care, etc. In addition, the shelter residents also have access to 3 meals a day at our Soup Kitchen, and clothes from our Clothing Bank.

- **Copy of Questionnaire used. See Attached.**
- **RBA data for Shelter Clients—See attached.**
- **Time Period of the Survey Data—3 months**
- **Total of Vernon Clients served and percentage of clients who participated in the survey.**

54 Vernon Residents served in program. 16 or 30 % filled out the survey

- **Briefly explain how you administered the survey. Survey was filled out by clients on their own and passed in to staff.**
- **Summary of those participating in the survey**

Sixteen clients turned in surveys. The top score for each question for 16 respondents would be 160 points or an overall rating of 100%. We received an overall rating of 93.26 by all those taking the survey.

How much did you do? 54 Clients received emergency overnight shelter and other services such as case management, 3 meals a day, clothing, etc.

- **How well did you do it. Based on the surveys, we received an average of 93.29 out of a maximum of 100 points score for the 10 questions.**
- **How are the Vernon Clients better off (what positive changes do clients report via the client surveys?)**

The majority of the clients reported that they were safe both physically and emotionally, were supported by staff, were referred to needed services, and were well-fed.

To better understand how the Cornerstone Foundation, Inc. can serve those who come to us in need, please assist us for by answering the following questions.

On a scale from 1-10 please circle the appropriate numeral as to how satisfied you are/were in the following areas? Please use the back to explain in more detail if desired. **THANK YOU!!!!**

Q1- I am/was satisfied with the services I received at Cornerstone Shelter.

1 2 3 4 5 6 7 8 9 10

Not Satisfied At All

Somewhat Satisfied

Completely Satisfied

Q2- The staff is/was friendly, respectful and helpful.

1 2 3 4 5 6 7 8 9 10

Not Satisfied At All

Somewhat Satisfied

Completely Satisfied

Q3- The staff is/was sensitive to my race, ethnicity, gender, religious preference, economical status, sexual orientation, or other special needs.

1 2 3 4 5 6 7 8 9 10

Not Satisfied At All

Somewhat Satisfied

Completely Satisfied

Q4- Religious and spiritual activities that are/were offered to me are/were optional.

1 2 3 4 5 6 7 8 9 10

Not Satisfied At All

Somewhat Satisfied

Completely Satisfied

Q5- The staff are/were supportive and understood my needs.

1 2 3 4 5 6 7 8 9 10

Not Satisfied At All

Somewhat Satisfied

Completely Satisfied

Q6- Staff are/were prepared to respond to my needs.

1 2 3 4 5 6 7 8 9 10

Not Satisfied At All

Somewhat Satisfied

Completely Satisfied

Q7- I feel/felt safe while at the Shelter.

1 2 3 4 5 6 7 8 9 10

Not Satisfied At All

Somewhat Satisfied

Completely Satisfied

Q8- The rules make/made sense, based on the circumstances.

1 2 3 4 5 6 7 8 9 10

Not Satisfied At All

Somewhat Satisfied

Completely Satisfied

Q9- Staff refer/referred me to needed services we identified as helpful.

1 2 3 4 5 6 7 8 9 10

Not Satisfied At All

Somewhat Satisfied

Completely Satisfied

Q10- As a result of staying at Cornerstone, I am/was safe and well-fed.

1 2 3 4 5 6 7 8 9 10

Not Satisfied At All

Somewhat Satisfied

Completely Satisfied

Vernon connections (FY 2014-15) that filled out a survey	Out of the 54 (Vernon, CT) discharges, 16 clients filled out surveys																SUM	AVG
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
<p>To better understand how the Cornerstone Foundation, Inc. can serve those who come to us in need, please assist us for by answering the following questions.</p> <p>On a scale from 1-10 please circle the appropriate numeral as to how satisfied you are/were in the following areas?</p> <p>Please use the back to explain in more detail if desired.</p> <p>THANK YOU!</p> <p>1= Not Satisfied At All 10= Completely Satisfied</p>																		
Q1- I am/was satisfied with the services I received at Cornerstone Shelter.	10	8	10	10	10	10	10	8	10	8	10	8	9	10	8	10	149	9.31
Q2- The staff is/was friendly, respectful and helpful.	10	9	10	10	10	10	10	8	10	9	10	10	10	10	10	10	166	9.75
Q3- The staff is/was sensitive to my race, ethnicity, gender, religious preference, economical status, sexual orientation, or other special needs.	10	7	4	10	10	10	10	10	10	9	10	10	10	10	7	10	147	9.19
Q4- Religious and spiritual activities that are/were offered to me are/were optional.	10	8	NA	10	10	10	10	10	NA	8	9	10	10	NA	7	10	-	9.38
Q5- The staff are/were supportive and understood my needs.	10	8	8	10	10	10	10	10	10	8	10	10	10	10	8	10	160	9.38
Q6- Staff are/were prepared to respond to my needs.	10	7	5	10	10	10	10	10	10	8	10	10	10	10	8	10	149	9.31
Q7- I feel/felt safe, (physically & emotionally) while at the Shelter.	10	8	8	10	10	10	10	8	10	9	10	10	10	10	8	9	145	9.06
Q8- The rules make/made sense, based on the purpose of an emergency shelter.	10	8	10	10	10	10	10	8	10	8	10	8	10	NA	10	10	-	9.47
Q9- Staff refer/referred me to needed services we mutually identified as helpful.	10	8	3	10	10	10	10	8	10	7	10	7	10	10	9	10	139	8.69
Q10- As a result of staying at Cornerstone, I have been safe and well-fed.	10	9	10	10	10	10	10	10	10	9	10	10	10	9	10	9	166	9.75
	100	80	-	100	100	100	100	88	-	83	99	93	99	-	84	98		93.25 ¹ Avg

1- Everyone at the Cornerstone faculty and staff are so very nice + helpful. Friends and relatives ask me if I'm OK. I tell them it's excellent to be temporarily staying here because of the "love" I see and feel from the clients, staff and community. Especially staff, OUTSTANDING! Thank you so much I'll never forget the Foundation - MWP

# of clients discharged	Weeks Sheltered
7	1
8	2
6	3
3	4
3	5
3	7
1	8
2	10
4	11
1	13
2	16
1	18
4	20
1	21
1	27
1	30
1	31
1	33
1	36
1	44
1	60
1	76
54	
54 Vernon clients discharged, FY 2014-2015	

Cornerstone Shelter Discharges with a Vernon, CT Connection

Month	Date	Days	Wks	1 client per line
2014-July	3	47	7	Own Apt.
	20	146	20	Own Apt.
	20	71	10	Friend's
2014-August	11	117	16	Long-term program
	24	128	18	Own Apt.
	26	13	2	?
2014 - September	4	78	11	Family
	4	5	1	Friend's
	5	91	13	Own Apt.
	20	22	3	?
	21	78	11	?
	25	20	3	woods
	30	143	20	?
	30	142	20	?
	30	146	21	Soromundi
	30	15	2	Out of State
2014-October	2	530	76	Own Apt.
	18	136	20	?
	28	32	4	?
	31	3	1	?
2014-November	2	33	5	?
	9	5	1	?
2014-December	1	13	2	Friend's
	1	13	2	Friend's
	2	8	1	T. T. S.
	4	16	2	Hartford Shelter
	5	75	11	Hartford Shelter
	7	24	3	Police
	11	212	30	?
2015-January	4	188	27	Own Apt.
	13	112	16	Soromundi
	15	219	31	Own Apt.

	17	249	36	?
	19	32	4	?
	20	77	11	?
	20	73	10	?
	23	24	4	?
	29	8	1	?
2015-February	10	38	5	Friend's
	23	25	3	Own Apt.
2015-March	14	19	3	Friend's
	14	18	2	Friend's
	20	52	7	?
	25	4	1	?
2015-April	4	4	1	?
	9	16	2	Long-term Program
	9	25	3	Family
2015-May	2	420	60	Family
	8	17	2	?
	17	305	44	Family
	21	59	8	Family
2015-June	2	229	33	Police
	21	51	7	Own Apt.
	26	36	5	?
		2,300		54 + E.O's Average 43 days w/o E.O. counted
Month	Date	Days	Wks	
(E. O.) Emergency Overnights are people who stay just one night, sometimes a couple when we are at capacity, but they have nowhere to go and they were brought to Cornerstone by the Vernon Police or showed up at our doors extremely late at night and no alternatives exist. We allow them to sleep the night, shower, etc. and have meals at the Soup Kitchen and clothes at the Clothing Bank the next day. We assist them to call 2-1-1 to get into another shelter. Sometimes they are accepted as longer term clients if beds become available at Cornerstone.				

Connecticut Legal Services
Account #10456229

Department Summary:							
Account Code	Account Classification	Actual 2014-2015 Expended	Adopted 2015-2016 Budget	Department's 2016-2017 Request	Town Council 2016-2017 Approved	\$ Increase (Decrease)	% Increase (Decrease)
51000	Salaries & Wages	-	-	-	-	-	0.00%
52000	Employee Benefits	-	-	-	-	-	0.00%
53000	Professional & Tech. Services	-	-	-	-	-	0.00%
54000	Property Services	-	-	-	-	-	0.00%
55000	Other Purchased Services	-	-	-	-	-	0.00%
56000	Supplies & Materials	-	-	-	-	-	0.00%
57000	Capital Outlay	-	-	-	-	-	0.00%
58000	Other/Sundry	\$ 2,000	\$ 2,000	\$ 4,000	\$ -	\$ (2,000)	-100.00%
				-			
	Total:	\$ 2,000	\$ 2,000	\$ 4,000	\$ -	\$ (2,000)	-100.00%
	Total Excluding Wages:	\$ 2,000	\$ 2,000	\$ 4,000	\$ -	\$ (2,000)	-100.00%

TOWN OF VERNON
FISCAL YEAR 2016 - 2017 BUDGET SUMMARY
DEPARTMENT - CONNECTICUT LEGAL SERVICES

	FISCAL YEAR 2015-2016							FISCAL YEAR 2016-2017		
2014- 2015 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2015-2016	EST EXP 2015-2016	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL	
2,000	2,000	2,000	2,000	2,000	10456229	58700	GRANTS - HUMAN SERVICES	4,000	2,000	-
2,000	2,000	2,000	2,000	2,000			58000 SUB TOTAL	4,000	2,000	-
2,000	2,000	2,000	2,000	2,000			DEPARTMENT TOTAL	4,000	2,000	-

**TOWN OF VERNON 2016-2017
BUDGET REQUEST DETAIL**

			DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
10456229	CONNECTICUT LEGAL SERVICES				
58700	GRANTS - HUMAN SERVICES				
	GRANTS - HUMAN SERVICES		4,000	2,000	0
		Total Object	4,000	2,000	0
Grand Total	10456229	CONNECTICUT LEGAL SERVICES	4,000	2,000	0

**Town of Vernon Grant Application
Fiscal Year July 1, 2016 - June 30, 2017
ATTACHMENT A**

Program Description

Complete this form for each program for which you are requesting funds. Please keep descriptions brief and be specific.

A. Program Title: Connecticut Legal Services, Inc. (CLS)

B. Name of program contact person: Joelen Gates Managing Attorney
Name Title
860 786-6372

C. Name of fiscal contact person: Linda C. Spada Comptroller
Name Title
860 975-3903

D. Statement of Need program will address:

Connecticut Legal Services, Inc. (CLS) requests \$4,000 in funding from the Town of Vernon to support its provision of much needed civil legal services to Vernon residents. According to the 2010 Census, there are over 2000 Vernon residents living in poverty whose households will face at least four civil legal issues needing the assistance of a lawyer in the next year (2008 UCONN study). Connecticut Legal Services helps these residents address these legal issues, improve their lives, and find stability. By providing the legal assistance described in Section E below, we will help our clients gain access to the justice system thereby helping them secure the protection, privileges, benefits, rights and opportunities that the civil law provides.

Nothing demonstrates the need for the services we provide better than the increasingly large number of people seeking help from us each year—the battered woman who needs help finding safety and stability for her and her children; the family who faces homelessness because their landlord has lost the premises in a foreclosure; the scared elderly person who is being harassed by creditors for a debt she doesn't owe; the disabled young person who cannot work, access medical services, or make ends meet; the family who can't meet their basic needs. These are just a fraction of the low-income people who desperately need our help. Sometimes our cases are dramatic, sometimes routine, but they always push the legal system, to honor its commitment to provide equal justice to all people regardless of income.

Although thousands of people reach out to CLS for help each year, CLS has never had enough resources to meet fully all the serious legal needs of its client population. This constant shortfall has challenged us to maximize our effectiveness and we continuously adjust our service priorities to keep them in sync with the emerging legal needs of the low-income community. We want the cases we handle and the preventative education and client outreach we provide to be responsive to the most important and emergent legal and life needs of our client population. No other agency in the Vernon/Rockville area duplicates the services we provide to the low-income community and we request the Town of Vernon's help in meeting the legal needs of its low-income residents.

E. Services to be provided:

With funds from the Town of Vernon, our advocates will represent and advise clients in court, administrative, community, legislative, and other contexts. We will provide education and information to both clients and the social services agencies that serve them. We will use the law to help indigent clients meet important life needs—the need for a job, or income and other livelihood support when they are incapable of working or cannot find a job; decent, safe, and affordable housing; safety from domestic violence and other forms of abuse; a stable, integrated family; medical and behavioral health care; a good education, especially for children with disabilities; autonomy and dignity, especially for persons who are elderly or coping with disabilities; protection against consumer scams, especially those that target the elderly and disabled; and protection against illegal discrimination based on race, ethnicity, disability, or source of income.

Our specific activities include:

- Legal representation in court, at hearings, and in appeals;
- Legal counseling regarding client's legal rights and options;
- Consultation and advice to community agencies regarding the civil legal problems of their clients,
- Advocacy, on behalf of low-income individuals and groups, in government decision-making processes (administrative and legislative) that affect basic needs of low-income people; Community education and outreach services including legal education seminars, meetings with client groups, and dissemination of printed materials regarding various legal issues and how to address those issues.

F. Projected unduplicated number of Vernon residents to be served:

Adults: 59 Youth/Children: 45 Families: 42

Please note that the projected numbers for adults and children expected to be served represent the number of Vernon household members we anticipate helping in the upcoming Fiscal year 2016-2017.

Actual unduplicated number of Vernon residents served in the past 3 fiscal years:

FY 2013-14 Adults: 70 Youth/Children: 51 Families: 40

FY 2014-15 Adults: 49 Youth/Children: 38 Families: 44

FY 2015-16 Adults: 59 Youth/Children: 45 Families: 42

G. How do Vernon residents access services?:

Vernon residents needing legal assistance may access services in three ways; by calling Statewide Legal Services at 800-453-3320, applying with Statewide Legal Services online at <http://apply.slsct.org>, or via the internet at www.ctlawhelp.org by clicking on "Get Help". Statewide Legal Services reviews the case related information, provides initial advice over the telephone, and makes appropriate referrals to our offices.

H. Budget summary:

The numbers in the following two tables are our projected budget numbers for fiscal year 2016-2017

Total Agency Budget: (see attached for details)	\$ 10,487,988
Total Program Budget:	\$ 126,754
Total Board Fund-raising:	\$ 14,465

List revenue by source:

(Example of possible sources: federal, state, municipal, foundations, fund raising)

SOURCE	AGENCY	PROGRAM
State and Federal Grants	\$ 7,475,873	\$ 92,621
Municipalities	\$ 106,820	\$ 4000
Foundations/Corporations	\$ 1,422,911	\$ 17,629
United Ways	\$ 157,293	\$ 6,250
Fundraising	\$ 301,050	\$ 3,730
Program Service Fees	\$ 201,000	\$ 2,490
Interest Earned	\$ 2,475	\$ 31
Miscellaneous	\$ 250	\$ 3
Total	\$ 9,667,672	\$ 126,754

- I. What is the percentage increase in your Agency expenses this year versus last year?
7.5% decrease in expenses from FY14-15 to projected FY15-16

- J. What is the percentage increase in your Agency revenue this year versus last year?
10% decrease in revenue from FY14-15 to projected FY15-16

- K. What new revenue sources is your agency seeking this year?

We continuously submit grant applications to various but appropriate funding sources. We continue our fundraising efforts which are directed at raising funds to maintain current levels of services (meeting ongoing cost increases), as well as finding funds to expand services. We actively pursue foundation funding for specific projects, work toward increasing the number of contributors to our annual fund raising drive (*Campaign for Justice*), advocate for continuation of our government grants, and seek increased levels of funding from our local contributors. We continue to diversify our funding base in a way that strengthens our long-term funding stability, allowing us to prevent cuts in staff and services.

We pursue every appropriate funding opportunity in order to continue to provide urgently needed legal services to those in great need and whose situations require the services of a lawyer to avert a crisis. *We have attached a table that lists all of the funding sources to which we have or will apply and the status of those applications.* We hope that we can count on the support of the Town of Vernon to help us provide much needed services to the low-income clients in Vernon that need our assistance now more than ever.

L. What other municipalities provide funding to your organization?

Town	Amount
Mansfield	\$ 6,500
Middletown	\$ 10,000
Groton	\$ 10,000
Ellington	\$ 2,200
Ashford	\$ 1,000
Coventry	\$ 925
Total	\$ 32,625

With any questions pertaining to this form, please contact: Marina Rodriguez, Tel. 860-870-3567 / mrodriguez@vernon-ct.gov; or Michelle Hill ,Tel. 860-870-3558 / mhill@vernon-ct.gov

Fiscal Year July 1, 2016 – June 30, 2017

**RESULT BASED ACCOUNTABILITY DATA
ATTACHMENT B**

Utilizing a Results Based Accountability format to measure outcomes is a requirement to receive funding from the Town of Vernon

- **Please provide a brief, defined, measurable Goal Statement for the particular program that you are requesting grant funds.**
CLS' goal statement for the work we do in all of our service areas, including Vernon/Rockville, is as follows:

95% of clients to whom we provide services will know their rights and how to enforce their rights.

85% of clients to whom we provide services and close their file will have achieved a positive substantive outcome to their civil legal problem.

- **Please provide a copy of the questionnaire that you use.**
Survey/Questionnaire attached.

We have implemented a client survey for all of our clients as of July 1, 2015. In addition to achieving their case related goals and tracking the outcomes in their cases, we are measuring our clients' satisfaction with the various aspects of our representation.

- **Please provide RBA data only for the particular program for which you are requesting grant funds and only for the Vernon clients that you serve in that program**
During the past fiscal year, our advocates opened 44 new case files for Vernon residents, enabling us to provide legal counseling/advise and /or individual legal representation to 87 individuals including 38 children. CLS advocates continued to work on 26 active cases brought into the fiscal year from the previous year.

CLS advocates made three separate presentations of information to the Vernon Multi-Disciplinary Team during our last completed fiscal year. On July 15, 2014, we provided information on the various electric suppliers, energy costs, and the rights that consumer have in securing electric service. On April 1, 2015, we provided information on securing criminal pardons that would allow low-income to access public housing and other benefits that they are currently being denied because of long past criminal convictions for minor offenses. On June 16, 2015, we provided information about social security and disability benefits emphasizing the application and appeal process. Through these events we provided information to over 60 Vernon service providers and distributed over 60 pieces of legal educational materials.

In addition to the work described above, we worked on and closed 60 household files for Vernon residents. Of those 60 households to whom we provided services; 95% received information about their rights and how to enforce those rights and 91% achieved a positive substantive outcome in their case.

The chart below contains the demographic information for the clients for whom we opened a new case file between July 1, 2014 and June 30, 2015 in the town of Vernon.

Age	Race	Gender	Case Type
under 18 = 0	White = 29	Female = 39	Housing = 10
18-29 = 6	Hispanic = 4	Male = 3	Income Maintenance = 5
30-45 = 10	Black = 7	Not Indicated = 2	Health = 4
46-59 = 15	Other = 2		Family = 11
60 + = 13	Not Indicated = 2		Consumer/Finance = 13
			Miscellaneous = 1
Total = 44	Total = 44	Total = 44	Total = 44

- **What is the time period of the survey data you are providing (e.g. 12 months, 6 months, 3 months, other)?**

We implemented our survey on July 1, 2015. We anticipate that we will be able to provide survey data at the end of the current fiscal year. The outcome data provided above is from our database and covers the twelve month period between July1, 2014 and June 30, 2015.

- **Provide the sum total of Vernon clients served in the program for which you are requesting grant funds. Provide the total number and percentage of those clients who participated in the survey.**

As noted above, we implemented our survey on July 1, 2015 and do not have meaningful data to share as of yet. Over the last fiscal year, however, we have worked with ours clients to define their case goals and track whether their case resulted in a positive outcome based on those goals. That outcome data is reported above.

- **Briefly explain how you administered the survey (e.g. by phone, personal interviews, client fill out survey on their own, other)?**

Although CLS has only recently implemented its general client surveys and does not yet have meaningful statistical results from those surveys, CLS for years has used client surveys and/or evaluations for the services we provide to elderly clients in collaboration with the Area Agencies on Aging (AAA). We compile the results and provide them to the various AAA agencies that help us fund our elder work. From these surveys we have found that, on average, 97% of the respondents have been satisfied with the assistance we provided.

All of the surveys we use are mailed directly to the client (in Spanish and in English) and filled out by them without our input. We do not mail surveys to clients for whom it would be dangerous (e.g. victim of domestic violence who resides with abuser) or otherwise inappropriate. We note on the survey that answers to the survey may be done on-line and provide a link to that on-line survey.

- **Please summarize the results for the Vernon clients who participated in the survey.**
We do not have meaningful data information to share at this time. The following outcome data information is for all Vernon clients we have served as tracked in our client database.

Please attach the outcome measurements that answer the following questions:

1. How much did you do, i.e., how many Vernon clients received services?

We provided legal assistance to 44 Vernon households affecting legal representation to 87 individuals including 38 children. CLS advocates continued to work on 26 active cases brought into the fiscal year from the previous year.

2. How well did you do it, (this can be captured by client satisfaction surveys)?

We track outcomes in our database when we have completed our services and have closed the household's file. We worked on and closed 60 household files for Vernon residents during the last fiscal year. Of those 60 households, 95% received information about their rights and how to enforce those rights and 91% achieved a positive outcome in their case.

3. How are the Vernon Clients better off (what positive changes do clients report via the client surveys)?

The positive substantive outcomes that we are able to achieve for our clients include improved access to medical care, access to or preservation of urgently needed subsistence benefits, preservation of housing or housing rights, access to appropriate special education and/or medical and mental health treatment for disabled children, protection of elder rights, improved family stability, and improved protection from abuse. The results we achieve for our clients make it possible for them to achieve solutions to critical life problems which, in the end, improves their lives. Nothing demonstrates our affect on our clients' lives more than their own stories.

One such story is Cindy's (Our Attorney first met Cindy in a locked mental health unit in a local hospital):

Cindy is an adult woman who happens to have an intellectual disability. She had lived in Vernon, CT with her husband for over ten years. Her life began to unravel when her marriage deteriorated and her guardian (her older sister) became ill and could no longer provide sufficient care and oversight for Cindy. Cindy began acting out behaviorally which led to numerous problems with her neighbors and eventually the Vernon police.

While Cindy was in the hospital her husband filed for divorce. Cindy and her family members feared she would be homeless in a matter of weeks. The first thing CLS did for Cindy was to assign a family law attorney to represent her in the divorce. The attorney immediately filed the necessary paperwork to allow Cindy to continue living in her home where she remained for another eight months. When the divorce was finalized, Cindy received a fair settlement and sufficient alimony payments to allow her to afford her own apartment. CLS then secured residential and day program funds from the Department of Developmental Services (DDS) to make sure her housing was secure and she had supervision and activities in place during the day.

With the help of in-home support services (paid for by DDS), Cindy is living safely and successfully in her own home with her two cats.

**CONNECTICUT LEGAL SERVICES
CLIENT SATISFACTION SURVEY**

Connecticut Legal Services, Inc. would like to know about your experience. Please take a moment to answer the following questions and mail this survey back to us in the enclosed envelope. (Please note that you are not required to do this to receive our help).

The goal of Connecticut Legal Services is to provide high quality legal assistance. Your answers will help us judge how well our program is working for our clients. Your answers are important to us. Thank you.

1. Are you satisfied (that):

- a. You were treated respectfully and with dignity?
☐ Very Satisfied ☐ Satisfied ☐ Not Satisfied
- b. Things were clearly explained?
☐ Very Satisfied ☐ Satisfied ☐ Not Satisfied
- c. You were given useful information and/or legal advice?
☐ Very Satisfied ☐ Satisfied ☐ Not Satisfied

If you prefer to answer
online, visit

<http://bit.ly/1JxhhE>

or scan this code



Answer the following questions if they apply to your case:

- d. Are you satisfied (that): You were kept informed about the case?
☐ Very Satisfied ☐ Satisfied ☐ Not Satisfied
- e. You were allowed to participate in making important case decisions?
☐ Very Satisfied ☐ Satisfied ☐ Not Satisfied
- f. Your telephone calls were answered in a timely manner?
☐ Very Satisfied ☐ Satisfied ☐ Not Satisfied
- g. As to the results of your case (so far), you are:
☐ Very Satisfied ☐ Satisfied ☐ Not Satisfied

2. What did CLS do for you?

- 3. Can we make our services better?** ☐ Yes ☐ No

If yes: tell us how:

- 4. Would you like a follow-up telephone call regarding how satisfied you are with our services?**

☐ Yes Telephone number _____ ☐ No

Name (if you want us to call): _____

(Vea al otro lado para Español)

**SERVICIOS LEGALES DE CONNECTICUT
ENCUESTA DE SATISFACCIÓN DE CLIENTE**

Los servicios legales de Connecticut quiere saber sobre su experiencia. Por favor toma unos minutos para contestar las siguientes preguntas y devuelvalas en el sobre pre-dirigido. (No es requerido llenar este formulario para recibir nuestros servicios legales.)

El objetivo de los servicios legales de Connecticut es proporcionar ayuda legal de alta calidad. Sus respuestas nos ayudarán a juzgar como nuestro programa trabaja para nuestros clientes, por tal razón sus respuestas son muy importantes. Gracias.

1. Está usted satisfecho/a que:

- a. usted fue tratado/a respetuosamente y con dignidad
☐ muy satisfecho/a ☐ satisfecho/a ☐ no satisfecho/a
- b. las cosas fueron claramente explicadas
☐ muy satisfecho/a ☐ satisfecho/a ☐ no satisfecho/a
- c. la información y/o consejo legal que le dieron fue útil
☐ muy satisfecho/a ☐ satisfecho/a ☐ no satisfecho/a

Conteste las siguientes preguntas si aplicuen a su caso:

- d. le mantuvieron a usted informado/a sobre su caso
☐ muy satisfecho/a ☐ satisfecho/a ☐ no satisfecho/a
- e. le dejaron a usted participar en las decisiones importantes tomadas en su caso
☐ muy satisfecho/a ☐ satisfecho/a ☐ no satisfecho/a
- f. sus llamadas telefónicas fueron contestadas debidamente
☐ muy satisfecho/a ☐ satisfecho/a ☐ no satisfecho/a
- g. en relación al resultado de su caso, quedó usted:
☐ muy satisfecho/a ☐ satisfecho/a ☐ no satisfecho/a

Si usted prefiere
contestar en línea,
puede visitar

<http://bit.ly/1JjxhhE>

o escanear este código



2. ¿Qué servicio le proporcionamos?

3. ¿Podríamos mejorar nuestro servicio? ☐ Sí ☐ No

Si su respuesta es sí, díganos como:

4. ¿Quisiera usted una llamada telefónica para hablar sobre su satisfacción con los servicios legales que le proporcionamos?

☐ Sí Número de teléfono _____ ☐ No

Nombre (si usted quiere que le llamemos): _____

(See other side for English)

Hartford Interval House
Account Code #10456232

Department Summary:							
Account Code	Account Classification	Actual 2014-2015 Expended	Adopted 2015-2016 Budget	Department's 2016-2017 Request	Town Council 2016-2017 Approved	\$ Increase (Decrease)	% Increase (Decrease)
51000	Salaries & Wages	-	-	-	-	-	0.00%
52000	Employee Benefits	-	-	-	-	-	0.00%
53000	Professional & Tech. Services	-	-	-	-	-	0.00%
54000	Property Services	-	-	-	-	-	0.00%
55000	Other Purchased Services	-	-	-	-	-	0.00%
56000	Supplies & Materials	-	-	-	-	-	0.00%
57000	Capital Outlay	-	-	-	-	-	0.00%
58000	Other/Sundry	\$ 2,500	\$ 2,500	\$ 2,500	\$ 2,500	\$ -	0.00%
Total:		\$ 2,500	\$ 2,500	\$ 2,500	\$ 2,500	\$ -	0.00%
Total Excluding Wages:		\$ 2,500	\$ 2,500	\$ 2,500	\$ 2,500	\$ -	0.00%

TOWN OF VERNON
FISCAL YEAR 2016 - 2017 BUDGET SUMMARY
DEPARTMENT - HARTFORD INTERVAL HOUSE

FISCAL YEAR 2015-2016					FISCAL YEAR 2016-2017				
2014- 2015 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2015-2016	EST EXP 2015-2016	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
2,500	2,500	2,500	-	2,500	10456232	58700 GRANTS - HUMAN SERVICES	2,500	2,500	2,500
2,500	2,500	2,500	-	2,500		58000 SUB TOTAL	2,500	2,500	2,500
2,500	2,500	2,500	-	2,500		DEPARTMENT TOTAL	2,500	2,500	2,500

**TOWN OF VERNON 2016-2017
BUDGET REQUEST DETAIL**

			DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
10456232	HARTFORD INTERVAL HOUSE				
58700	GRANTS - HUMAN SERVICES				
	GRANTS - HUMAN SERVICES		2,500	2,500	2,500
	Total Object		2,500	2,500	2,500
Grand Total	10456232	HARTFORD INTERVAL HOUSE	2,500	2,500	2,500

Town of Vernon Grant Application
Fiscal Year: July 1, 2016-June 30, 2017
ATTACHMENT A

Program Description:

Complete this form for each program for which you are requesting funds. Please keep descriptions brief and be specific.

A. Program Title: Hartford Interval House, Inc. Domestic Violence service for Vernon residents

B. Name of program contact person: Cecile Enrico Executive Director
Name Title
Tel #: 860-246-9149 x312

C. Name of fiscal contact person: Cecile Enrico Executive Director
Name Title
Tel #: 860-246-9149 x312

D. Statement of Need program will address:
Interval House works directly with victims of domestic abuse, to ensure their safety and present them with healthy relationship options.
For fiscal year 2014/2015 Interval House provided the services to 5,665 clients who received Direct Services, 13,135 Hotline Calls, 253 women & children Sheltered, 15,839 Safety Planning Services, 10,301 Advocacy & Support Services, and 29,000 Community Education & Trainings.

E. Services to be provided:
Interval House will provide the following services to Vernon residents: emergency shelter, safety planning, domestic violence education, advocacy with social service agencies and in civil courts to help victims obtain restraining orders. We also provided domestic violence counseling, support group services, children's services which include support groups and safety planning.

F. Projected unduplicated number of Vernon residents to be served:

Adults: 85 Youth/Children: _____ Families: _____

Actual unduplicated number of Vernon residents served in the past 3 fiscal years:

FY 2013-14	Adults: <u>80</u>	Youth/Children: _____	Families: _____
FY 2014-15	Adults: <u>80*</u>	Youth/Children: _____	Families: _____
FY 2015-16	Adults: <u>85*</u>	Youth/Children: _____	Families: _____

*The number of Vernon residents served in BOTH our Hartford and Interval House East offices. Attachment B statistics are for Vernon residents served at ONLY our Interval House East satellite office.

G. How do Vernon residents access services:

Through Interval House's 24-hour Hotline service, referrals from social service agencies, DCF, hospitals, friends and relatives of victims who have heard of Interval House through media and Interval House's own community education efforts and training. A satellite office is located in Manchester where many Vernon residents seek services.

H. Budget Summary:

Total Agency Budget:	\$1,874,483
Total Program Budget	\$85,980
Total Board Fund-raising:	\$330,000

List revenue by source:

(Example of possible sources: federal, state, municipal, foundation, fund raising)

SOURCE	AGENCY	PROGRAM
United Way	\$149,600	
Federal	\$225,955	
State	\$650,917	
Towns	\$102,192	
Fundraising	\$330,000	
Foundations and Corporations	\$314,287	
Local	\$101,532	
Total	\$1,874,483	

I. What is the percentage increase in your Agency expenses this year versus last year?

0%

J. What is the percentage increase in your Agency revenue this year versus last year?

0%

K. What new revenue sources is your agency seeking this year?

No new revenue services.

L. What other municipalities provide funding to your organization?

Town	Amount
Glastonbury	\$5000
South Windsor	\$3000
Ellington	\$2000
Simsbury	\$500
Avon	\$2500
Windsor	\$2000
Manchester	\$ 80,942
West Hartford	\$3000
Canton	\$750
Total	\$99,692

**Town of Vernon Human Services Grant Application
Fiscal Year July 1, 2016 - June 30, 2017**

**RESULT BASED ACCOUNTABILITY DATA
ATTACHMENT B**

AGENCY: Interval House

Utilizing a Results Based Accountability format to measure outcomes is a requirement to receive funding from the Town of Vernon.

- Please provide a brief, defined, measurable **Goal Statement for the particular program** that you are requesting grant funds.

Interval House East aims to improve each client's knowledge about domestic violence, safety planning, court and shelter services, victim rights, law enforcement, satisfaction with services provided by Interval House East, services available for children, and available community resources.

- Please provide a **copy of the questionnaire that you use.**

A copy of the pre-test and post-test questionnaire is attached.

- Please provide **RBA data only for the particular program for which you are requesting grant funds and only for the Vernon clients that you serve in that program.**

RBA data provided includes data only from Vernon clients served by Interval House East.

- What is the **time period of the survey data** you are providing (e.g. 12 months, 6 months, 3 months, other)?

The survey data provided covers a 12 month fiscal period.

- Provide the **sum total of Vernon clients served in the program** for which you are requesting grant funds. Provide the **total number and percentage of those clients who participated in the survey.**

15 new clients and 5 continued Vernon clients were served during the reporting period. All 5 continued clients (100%) participated in the survey.

- Briefly explain **how you administered the survey** (e.g. by phone, personal interview, clients fill out survey on their own, other)?

The Interval House Program Coordinator administered surveys to clients in person or via

phone. A pre-test is administered upon initial contact and the post-test is administered for clients that continue services.

- Please **summarize the results** for the Vernon clients who participated in the survey.

IHE Survey Results indicate the following:

- 20% increase in knowledge about domestic violence and effects on my life
- 20% increase regarding information staff provided about options and services in the community
- 100% of clients both pre and post-test indicated that IHE acknowledged their strengths, their family's strengths and felt they were listened to and respected.
- 40% increase of knowledge about my rights as a client of a domestic violence program.
- 20% increase about information received regarding domestic violence services and what to expect from staff concerning community services.
- 40% increase about information received regarding domestic violence services and what to expect from staff concerning court services.
- 40% increase about information received regarding domestic violence services and what to expect from staff concerning shelter services.
- 20% increase of participants indicating they learned ways to stay safe.
- 80% increase of participants indicating they have developed a safety plan.
- 40% increase of participants indicating that they learned methods to keep their children safe.
- 40% increase acknowledging receipt of information necessary for their children.
- 40% increase regarding improved knowledge of civil and criminal court processes and the police response to domestic violence.
- Results indicated 100% of participants were satisfied with Interval House East services in both the pre-test and post-test.

Additionally, 3 Vernon clients attended our Womenshare support group on a regular basis during this reporting period with a total of 29 units of participation.

20 Vernon clients received the following units of service from Interval House East during this reporting period:

Type of Service	Units of Service
Hotline Calls	90
Phone Counseling	127
Safety Planning	199
Advocacy	35
Information and Referrals	71
In Person Counseling	77

Please attach the outcome measurements that answer the following questions:

1. How much did you do, i.e., how many Vernon clients received services?
2. How well did you do it, (this can be captured by client satisfaction surveys)?
3. How are the Vernon clients better off (what positive changes do clients report via the client surveys)?

The outcome measurements regarding the above data are attached.

INTERVAL HOUSE EAST (IHE) SURVEY RESULTS

7/1/2014 TO 6/30/2015

IHE served 20 Vernon residents in this reporting period. Out of the 20 residents, 15 were new clients and 5 were continued clients. 100% of the continued clients participated in the survey. Results are below:

1. I know more about domestic violence and its effects on my life now than when I first called Interval House.

PRE-TEST	YES: 4 (80%)	NO: 1 (20%)
POST-TEST	YES: 5 (100%)	NO: 0 (0%)

**Results show a 20% increase*

2. The staff gave me information about services in the community and options available to me.

PRE-TEST	YES: 4 (80%)	NO: 1 (20%)
POST-TEST	YES: 5 (100%)	NO: 0 (0%)

**Results show a 20% increase*

3. I feel I was listened to, respected, and the staff recognized my family's strength and skills.

PRE-TEST	YES: 5 (100%)	NO: 0 (0%)
POST-TEST	YES: 5 (100%)	NO: 0 (0%)

**Results show all continued clients were satisfied with services pre and post-test.*

4. I received information about my rights as a client of a domestic violence program.

PRE-TEST	YES: 3 (60%)	NO: 2 (40%)
POST-TEST	YES: 5 (100%)	NO: 0 (0%)

**Results show a 40% increase*

5. I received information about domestic violence services and what to expect from program staff in the following areas:

Community Services PRE-TEST	YES: 4 (80%)	NO: 1 (20%)
Community Services POST-TEST	YES: 5 (100%)	NO: 0 (0%)

**Results show a 20% increase*

Court Services PRE-TEST	YES: 3 (60%)	NO: 2 (40%)
Court Services POST-TEST	YES: 5 (100%)	NO: 0 (0%)

**Results show a 40% increase*

Shelter Services PRE-TEST	YES: 2 (40%)	NO: 3 (60%)
Shelter Services POST-TEST	YES: 4 (80%)	NO: 1 (20%)

**Results show a 40% increase*

6. I learned ways to stay safe, I have a safety plan, and I learned methods to keep my children safe.

I learned ways to stay safe PRE-TEST	YES: 4 (80%)	NO: 1 (20%)
I learned ways to stay safe POST-TEST	YES: 5 (100%)	NO: 0 (0%)

**Results show a 20% increase*

I have a safety plan PRE-TEST	YES: 1 (20%)	NO: 4 (80%)
I have a safety plan POST-TEST	YES: 5 (100%)	NO: 0 (0%)

**Results show an 80% increase*

I learned methods to keep my children safe PRE-TEST	YES: 2 (40%)	NO: 3 (60%)
I learned methods to keep my children safe POST-TEST	YES: 4 (80%)	NO: 1 (20%)

**Results show a 40% increase (all clients did not have children)*

7. Are you getting the necessary information regarding the needs of your children?

PRE-TEST	YES: 2 (40%)	NO or N/A: 3 (60%)
POST-TEST	YES: 4 (80%)	NO or N/A: 1 (20%)

**Results show a 40% increase (all clients did not have children)*

8. I know more about the civil/criminal court process and the police response to domestic violence?

PRE-TEST	YES: 3 (60%)	NO: 2 (40%)
POST-TEST	YES: 5 (100%)	NO: 0 (0%)

**Results show a 40% increase*

9. Are you satisfied with the services received by Interval House East?

PRE-TEST	YES: 5 (100%)	NO: 0 (0%)
POST-TEST	YES: 5 (100%)	NO: 0 (0%)

**Results show all continued clients were satisfied with services pre and post-test.*

INTERVAL HOUSE EAST (IHE) SURVEY SYNOPSIS

7/1/2014 TO 6/30/2015

IHE Survey Results indicate the following:

- 20% increase in knowledge about domestic violence and effects on my life
 - 20% increase regarding information staff provided about options and services in the community
 - 100% of clients both pre and post test indicated that IHE acknowledged their strengths, their family's strengths and felt they were listened to and respected.
 - 40% increase of knowledge about my rights as a client of a domestic violence program
-
- 20% increase about information received regarding domestic violence services and what to expect from staff concerning community services
 - 40% increase about information received regarding domestic violence services and what to expect from staff concerning court services
 - 40% increase about information received regarding domestic violence services and what to expect from staff concerning shelter services.
-
- 20% increase of participants indicating they learned ways to stay safe.
 - 80% increase of participants indicating they have developed a safety plan.
 - 40% increase of participants indicating that they learned methods to keep their children safe.
 - 40% increase acknowledging receipt of information necessary for their children
 - 40% increase regarding improved knowledge of civil and criminal court processes and the police response to domestic violence.
 - Results indicated 100% of participants were satisfied with Interval House East services in both the pre-test and post-test.

Interval House East Pre Test

1. I know more about domestic violence and its effect on my life now, than when I first called Interval House.
2. The staff gave me information about services in the community and options available to me.
3. I feel I was listened to, respected, and the staff recognized my family's strength and skills.
4. I received information about my rights as a client of a domestic violence program?
5. I received information about domestic violence services and what to expect from program staff in the following areas:
Community:
Court services:
Shelter services:
6. I learned ways to stay safe, I have a safety plan, and I learned methods to keep my children safe.
7. Are you getting the necessary information regarding the needs of your children?
8. I know more about the civil/criminal court process and the police response to domestic violence?
9. Are you satisfied with the services received by Interval House East?

Client Signature	
Staff Signature	
Date	

Interval House East Pre Test

1. I know more about domestic violence and its effect on my life now, than when I first called Interval House.
2. The staff gave me information about services in the community and options available to me.
3. I feel I was listened to, respected, and the staff recognized my family's strength and skills.
4. I received information about my rights as a client of a domestic violence program?
5. I received information about domestic violence services and what to expect from program staff in the following areas:
Community:
Court services:
Shelter services:
6. I learned ways to stay safe, I have a safety plan, and I learned methods to keep my children safe.
7. Are you getting the necessary information regarding the needs of your children?
8. I know more about the civil/criminal court process and the police response to domestic violence?
9. Are you satisfied with the services received by Interval House East?

Client Signature	
Staff Signature	
Date	

YWCA Sexual Assault Services
Account Code #10456235

Department Summary:

Account Code	Account Classification	Actual 2014-2015 Expended	Adopted 2015-2016 Budget	Department's 2016-2017 Request	Town Council 2016-2017 Approved	\$ Increase (Decrease)	% Increase (Decrease)
51000	Salaries & Wages	-	-	-	-	-	0.00%
52000	Employee Benefits	-	-	-	-	-	0.00%
53000	Professional & Tech. Services	-	-	-	-	-	0.00%
54000	Property Services	-	-	-	-	-	0.00%
55000	Other Purchased Services	-	-	-	-	-	0.00%
56000	Supplies & Materials	-	-	-	-	-	0.00%
57000	Capital Outlay	-	-	-	-	-	0.00%
58000	Other/Sundry	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ -	0.00%
Total:		\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ -	0.00%
Total Excluding Wages:		\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ -	0.00%

TOWN OF VERNON
FISCAL YEAR 2016 - 2017 BUDGET SUMMARY
DEPARTMENT - YWCA SEXUAL ASSAULT SERVICES

	FISCAL YEAR 2015-2016							FISCAL YEAR 2016-2017		
2014- 2015 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2015-2016	EST EXP 2015-2016	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL	
2,000	2,000	2,000	2,000	2,000	10456235	58700	GRANTS - HUMAN SERVICES	2,000	2,000	2,000
2,000	2,000	2,000	2,000	2,000			58000 SUB TOTAL	2,000	2,000	2,000
2,000	2,000	2,000	2,000	2,000			DEPARTMENT TOTAL	2,000	2,000	2,000

**TOWN OF VERNON 2016-2017
BUDGET REQUEST DETAIL**

			DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
10456235	YWCA SEXUAL ASSAULT SERVICES				
58700	GRANTS - HUMAN SERVICES				
	HOTLINE & COUNSELING SERVICES & STAFF		2,000	2,000	2,000
	Total Object		<u>2,000</u>	<u>2,000</u>	<u>2,000</u>
Grand Total	10456235	YWCA SEXUAL ASSAULT SERVICES	<u><u>2,000</u></u>	<u><u>2,000</u></u>	<u><u>2,000</u></u>

Town of Vernon Grant Application

FY July 1, 2016- June 30, 2017

Attachment A

A. Program Title: YWCA New Britain Sexual Assault Crisis Service

B. Name of program contact person: Caitlin Sorge, SACS Director, 860-225-4681 Ext. 211

C. Name of fiscal contact person: Joanne Humen, Finance Director, 860-225-4681 Ext. 243

D. Statement of Need program will address: A 2000 report (1) by The CT Alliance to End Sexual Violence had the following findings:

"Nearly one in five Connecticut residents (19%) has experienced a sexual assault in their lifetime.

One in four (26%) Connecticut women are sexual assault survivors.

69% of Connecticut residents consider sexual violence to be a problem in their community."

(1) Source: <http://endsexualviolencect.org/resources/get-the-facts/sexual-assault-in-connecticut/>

The Rape, Abuse, and Incest National Network (2) states that sexual assault survivors suffer through emotional, physical, and psychological effects including Post-Traumatic Stress Disorder, self-harm, flashbacks, sexually transmitted infections, depression, substance abuse, eating disorders, sleep disorders, suicide, etc.

(2) Source: <https://www.rainn.org/get-information/effects-of-sexual-assault>

E. Services to be provided: We will serve 19 unduplicated Vernon residents, and respond to 100% of requests for service by Vernon residents. Services include:

- **24 hour crisis hotline in English and Spanish provided by state certified Advocates.**
- **Accompaniment, advocacy, and support through medical, court, and police procedures.**
- **Information and referrals**
- **Prevention education programming**
- **Individual counseling**
- **Support groups**

F. Projected unduplicated number of Vernon residents to be served:

Adults: 18 Children: 1 Families: 3

Actual unduplicated number of Vernon residents served in the past (3) fiscal years:

FY 2013-14 Adults: 10	Youth/Children: 0	Families: 1
FY 2014-15 Adults: 17	Youth/Children: 2	Families: 3
FY 2015-2016 Adults: 8	Youth/Children: 1	Families: 1

G. How do Vernon residents access services?

Vernon residents can access services by calling the toll free statewide CT sexual assault crisis hotline (888-999-5545), which is available 24/7. We accept physical walk-ins at our primary office at 19 Franklin Square in New Britain. We also can make appointments for counseling, support groups or any requests for service through our office at 860-225-4681.

**H. Budget
Summary:**

Total Agency Budget:	\$	4,498,517
Total Program Budget:	\$	552,312
Total Board Fund-Raising:	\$	92,300

List revenue by source: (Example of possible sources: federal; state; municipal; foundation; fund-raising)

SOURCE	AGENCY	PROGRAM
Contributions	\$ 92,300	\$ 2,000
Foundations - Trusts	\$ 193,400	\$ 40,000
United Way	\$ 192,505	\$ 81,000
Government Grants	\$ 2,267,421	\$ 413,812
Program Fees	\$ 1,524,440	\$ 5,000
Other	\$ 238,450	\$ 10,500
	\$	\$
	\$	\$
Total:	\$ 4,498,516	\$ 552,312

I. What is the percentage increase in your Agency's expenses this year versus last year? 1 %

J. What is the percentage increase in your Agency's revenue this year versus last year? 1 %

K. What new sources of revenue is your Agency seeking this year? We are approaching businesses in our territory to support us

in providing fundraising events for our program. We also continue to seek new revenue through foundation grants as they become available.

L. What other municipalities provide funding to your organization?

Town	Amount
Vernon	\$ 2,000
Ellington	\$ 800
Manchester	\$ 5,400
	\$
	\$
	\$
	\$
	\$
Total:	\$ 8,200

With any questions pertaining to this form, please contact: Marina Rodriguez, Tel. 860-870-3567 / mrodriguez@vernon-ct.gov; or Michelle Hill, Tel. 860-870-3558 / mhill@vernon-ct.gov

**Town of Vernon Human Services Grant Application
Fiscal Year July 1, 2016 - June 30, 2017
RESULT BASED ACCOUNTABILITY DATA**

ATTACHMENT B

Utilizing a Results Based Accountability format to measure outcomes is a requirement to receive funding from the Town of Vernon.

- Please provide a brief, defined, measurable Goal Statement for the particular program that you are requesting grant funds.

The Sexual Assault Crisis Service will respond to 100% of requests for service from Vernon residents for FY 2016-2017 and will serve a minimum of 19 unduplicated Vernon residents. Services include:

- 24 hour crisis hotline in English and Spanish provided by state certified Advocates.
- Accompaniment, advocacy, and support through medical, court, and police procedures.
- Information and referrals
- Prevention education programming
- Individual counseling
- Support groups

All services are free and confidential for sexual assault survivors and their loved ones.

- Please provide a copy of the questionnaire that you use.

See attachment.

- Please provide RBA data only for the particular program for which you are requesting grant funds and only for the Vernon clients that you serve in that program.

- What is the time period of the survey data you are providing (e.g. 12 months, 6 months, 3 months, other)?

12 months: Fiscal Year July 1, 2014 – June 30, 2015

- Provide the sum total of Vernon clients served in the program for which you are requesting grant funds. Provide the total number and percentage of those clients who participated in the survey.

100%

- Briefly explain how you administered the survey (e.g. by phone, personal interview, clients fill out survey on their own, other)?

Our client feedback survey is either completed in person by the clients or by interview via phone where staff records clients' answers. 15% of the surveys were completed from support group participants and the remaining 85% were completed from clients receiving counseling.

- Please summarize the results for the Vernon clients who participated in the survey.
Please attach the outcome measurements that answer the following questions:

1 How much did you do, i.e., how many Vernon clients received services? FY 14-15

Total # of Vernon clients served	Gender	Age	Ethnicity	Services provided
19	Female: 14 Male: 5	0-17: 2 18-99: 17	Caucasian: 15 Hispanic: 4	Crisis Hotline: 17 Hospital Accompaniment: 7 Police Accompaniment: 2 Court Accompaniment: 0 Info & referral by phone: 1 Info & referral in-person: 1 DCF referrals: 4

2 How well did you do it, (this can be captured by client satisfaction surveys)?

98% of clients felt their counselor or group facilitator were sympathetic to what they were going through.
 94% of clients felt their counselor or group facilitator helped them understand and/or manage their feelings.
 96% of clients felt their counselor or group facilitator helped them understand the effects of trauma and provided them with information about resources, options, and services available to them.
 85% of clients felt their counselor or group facilitator provided them with information or resources to help keep them or their families safe.
 98% of clients felt their counselor or group facilitator helped them to understand the criminal justice process.
 100% of clients felt their counselor or group facilitator explained to them how to access appropriate medical care.
 89% of clients felt their counselor or group facilitator provided information about the Victim Compensation Program.
 100% of clients felt their counselor or group facilitator would recommend the SACS agency.
 94% of clients felt they benefited from the services received.
 93% of clients felt participating in a support group increased their knowledge of abuse trauma and recovery, and felt supported and connected to the group.

3 How are the Vernon clients better off (what positive changes do clients report via the client surveys)?

The following are a sample of testimonies from clients served by SACS for FY 14-15:

"I feel that my sessions have been very helpful and they are leading me in a positive direction."

"SACS saved my life. They helped me when I had no one else and nowhere to go."

"I feel that working with my counselor made me feel a lot safer in my surrounding. If I ever had any occurring problems in my life I would recommend to tell her anything."

"You have really helped me feel supported when I've been faced with time where I felt no else did. Thank you."

"The resources provided to me have enhanced the time I spend here. The techniques for connecting to my feelings have made a huge impact on my life. Thank you."

Client Feedback Survey

Please answer the following questions from 1 (Not at all) to 4 (Very Much So) by marking the box with an "X". This form is machine readable.

Not At All Very Much So
1 2 3 4 N/A

I feel my counselor or group facilitator:

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1.) Is sympathetic to what I'm going through. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.) Helped me to understand and/or manage my feelings. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.) Helped me understand the effects of trauma and and provided me with information about resources, options and services available to me ... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.) Provided me with information or resources to help keep me (and/or my family) safe. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.) Helped me to understand the criminal justice process (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.) Explained to me how to access appropriate medical care (if applicable)... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.) Provided me information about the Victims Compensation Program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Questions About SACS Agency

- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 8.) If someone I know needed services I would recommend this agency..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.) I (or my family members) feel I (we) have benefited from the services received | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.) Participating in group has increased my knowledge of abuse trauma and recovery, and I feel supported and connected with the group | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

When I think about what I expected when I came here for services:

- | | |
|--|--|
| <input type="checkbox"/> It has exceeded my expectations | <input type="checkbox"/> It has met some of my expectations |
| <input type="checkbox"/> It has met my expectations | <input type="checkbox"/> It has met few or none of my expectations |

Notes or Comments: (Please write clearly with one letter per space.)

.....

.....

.....

.....

BPT ☐ DAN ☐ MER ☐ MIL ☐ NBH ☐ STA ☐ TOR ☐ WAT ☐ WIL ☐

Staff Name:

Date:

Case #:

Time: AM ☐ PM

☐ Hotline ☐ Accompaniment ☐ Individual ☐ Group

3467241361197

Hockanum Valley School Readiness
Account Code #10456236

Department Summary:

Account Code	Account Classification	Actual 2014-2015 Expended	Adopted 2015-2016 Budget	Department's 2016-2017 Request	Town Council 2016-2017 Approved	\$ Increase (Decrease)	%Increase (Decrease)
51000	Salaries & Wages	-	-	-	-	-	0.00%
52000	Employee Benefits	-	-	-	-	-	0.00%
53000	Professional & Tech. Services	-	-	-	-	-	0.00%
54000	Property Services	-	-	-	-	-	0.00%
55000	Other Purchased Services	-	-	-	-	-	0.00%
56000	Supplies & Materials	-	-	-	-	-	0.00%
57000	Capital Outlay	-	-	-	-	-	0.00%
58000	Other/Sundry	\$ 4,000	\$ 4,000	\$ -	\$ -	\$ (4,000)	-100.00%
Total:		\$ 4,000	\$ 4,000	\$ -	\$ -	\$ (4,000)	-100.00%
Total Excluding Wages:		\$ 4,000	\$ 4,000	\$ -	\$ -	\$ (4,000)	-100.00%

TOWN OF VERNON
FISCAL YEAR 2016 - 2017 BUDGET SUMMARY
DEPARTMENT - HOCK VALLEY SCHOOL READINESS

	FISCAL YEAR 2015-2016							FISCAL YEAR 2016-2017		
2014- 2015 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2015-2016	EST EXP 2015-2016		DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
4,000	4,000	4,000	4,000	4,000	10456236	58700	GRANTS - HUMAN SERVICES	-	-	.
4,000	4,000	4,000	4,000	4,000			58000 SUB TOTAL	-	-	.
4,000	4,000	4,000	4,000	4,000			DEPARTMENT TOTAL	-	-	-

Social Services Administration
Account Code #10456240

Narrative:

The Social Services Department strives to promote the social well-being of the community and improve the quality of life for Vernon residents while also supporting their efforts towards self-sufficiency.

Major Objectives:

- * Provide programs for residents such as Energy Assistance, Renter's Rebate, Volunteer Income Tax Assistance, CHOICES and benefits counseling, crisis intervention and information and referrals.
- * Manage State of Connecticut and Vernon Human Services grants.
- * Staff liaison for the Human Services Advisory Commission

Department Summary:

Account Code	Account Classification	Actual 2014-2015 Expended	Adopted 2015-2016 Budget	Department's 2016-2017 Request	Town Council 2016-2017 Approved	\$ Increase (Decrease)	%Increase (Decrease)
51000	Salaries & Wages	\$ 245,733	\$ 251,339	\$ 245,155	\$ 245,155	\$ (6,184)	-2.46%
52000	Employee Benefits	-	-	-	-	-	0.00%
53000	Professional & Tech. Services	-	120	120	120	-	0.00%
54000	Property Services	180	1,255	1,575	1,575	320	25.50%
55000	Other Purchased Services	1,673	1,340	1,535	1,535	195	14.55%
56000	Supplies & Materials	1,041	1,425	1,425	1,425	-	0.00%
57000	Capital Outlay	1,455	-	-	-	-	0.00%
58000	Other/Sundry	-	7,500	7,500	7,500	-	0.00%
Total:		\$ 250,082	\$ 262,979	\$ 257,310	\$ 257,310	\$ (5,669)	-2.16%
Total Excluding Wages:		\$ 4,349	\$ 11,640	\$ 12,155	\$ 12,155	\$ 515	4.42%

TOWN OF VERNON
FISCAL YEAR 2016 - 2017 BUDGET SUMMARY
DEPARTMENT - SOCIAL SERVICES ADMINISTRATION

	FISCAL YEAR 2015-2016							FISCAL YEAR 2016-2017		
2014- 2015 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2015-2016	EST EXP 2015-2016		DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
245,109	251,139	251,139	116,747	233,494	10456240	51010	REGULAR WAGES	244,955	244,955	244,955
-	-	-	-	-	10456240	51016	TEMPORARY/ACTING DIFFEREN	-	-	-
-	-	-	-	-	10456240	51020	OVERTIME WAGES	-	-	-
-	-	-	-	-	10456240	51030	PART-TIME WAGES	-	-	-
200	200	200	200	200	10456240	51060	LONGEVITY	200	200	200
-	-	-	-	-	10456240	51078	HIRING INCENTIVE/SIGNING BOI	-	-	-
-	-	-	-	-	10456240	51080	COMPENSATED ABSENCES - SI	-	-	-
-	-	-	-	-	10456240	51081	COMPENSATED ABSENCES-VAC	-	-	-
424	-	-	-	-	10456240	51083	EMPLOYEE MERIT PAY	-	-	-
245,733	251,339	251,339	116,947	233,694			51000 SUB TOTAL	245,155	245,155	245,155
-	120	120	70	120	10456240	53800	OTHER FEES	120	120	120
-	120	120	70	120			53000 SUB TOTAL	120	120	120
-	175	175	-	175	10456240	54320	MACHINERY & EQUIPMENT REP	175	175	175
-	-	-	-	-	10456240	54330	MAINTENANCE OFFICE EQUIPM	-	-	-
-	-	-	-	-	10456240	54445	RENTAL - MOVING EXPENSES	-	-	-
-	-	-	-	-	10456240	54460	RENTAL OF LAND/BUILDINGS	-	-	-
180	1,080	1,080	540	1,200	10456240	54490	COPIER RENTAL/LEASE	1,200	1,200	1,200
-	-	-	-	-	10456240	54491	COPIER - COPY SURCHARGE	200	200	200
180	1,255	1,255	540	1,375			54000 SUB TOTAL	1,575	1,575	1,575

TOWN OF VERNON
FISCAL YEAR 2016 - 2017 BUDGET SUMMARY
DEPARTMENT - SOCIAL SERVICES ADMINISTRATION

	FISCAL YEAR 2015-2016							FISCAL YEAR 2016-2017		
2014- 2015 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2015-2016	EST EXP 2015-2016	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL	
1,117	590	590	194	750	10456240	55010	MILEAGE	750	750	750
125	90	90	80	125	10456240	55320	COMMUNICATION RENTALS	125	125	125
-	-	-	-	-	10456240	55340	INTERNET ACCOUNT	-	-	-
-	150	150	-	150	10456240	55500	PRINTING & BINDING	150	150	150
430	510	510	225	510	10456240	55650	CONFERENCE FEES & MEMBER	510	510	510
-	-	-	-	-	10456240	55660	SUBSCRIPTIONS & MANUALS	-	-	-
-	-	-	-	-	10456240	55760	GENERAL ASSISTANCE	-	-	-
-	-	-	-	-	10456240	55761	WORKFARE ADMINISTRATION	-	-	-
-	-	-	-	-	10456240	55762	NON-REIMB. GENERAL ASSISTA	-	-	-
-	-	-	-	-	10456240	55763	CLIENT RECOVERIES	-	-	-
-	-	-	-	-	10456240	55764	EMPLOYABILITY PLAN ADMINIS	-	-	-
-	-	-	-	-	10456240	55766	CEIP - CASH INCENTIVES	-	-	-
-	-	-	-	-	10456240	55767	CEIP - TRANSPORT & INCIDENT,	-	-	-
1,673	1,340	1,340	499	1,535			55000 SUB TOTAL	1,535	1,535	1,535

TOWN OF VERNON
FISCAL YEAR 2016 - 2017 BUDGET SUMMARY
DEPARTMENT - SOCIAL SERVICES ADMINISTRATION

	FISCAL YEAR 2015-2016							FISCAL YEAR 2016-2017		
2014- 2015 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2015-2016	EST EXP 2015-2016	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL	
422	575	575	94	575	10456240	56010	OFFICE SUPPLIES	575	575	575
-	250	250	-	250	10456240	56020	ENVELOPES	250	250	250
194	300	300	48	300	10456240	56030	STATIONERY AND PAPER	300	300	300
424	300	300	128	300	10456240	56050	COMPUTER SUPPLIES	300	300	300
-	-	-	-	-	10456240	56060	CALCULATORS	-	-	-
-	-	-	-	-	10456240	56300	FOOD	-	-	-
1,041	1,425	1,425	271	1,425		56000 SUB TOTAL	1,425	1,425	1,425	
-	-	-	-	-	10456240	57710	COMPUTER HARDWARE	-	-	-
1,455	-	-	-	-	10456240	57810	OFFICE FURNITURE	-	-	-
-	-	-	-	-	10456240	57829	OTHER OFFIC EQUIP & MACHINI	-	-	-
1,455	-	-	-	-		57000 SUB TOTAL	-	-	-	
-	-	-	-	-	10456240	58700	GRANTS - HUMAN SERVICES	-	-	-
-	7,500	7,500	-	7,500	10456240	58800	OTHR FINANCNG USES-TRNSFE	7,500	7,500	7,500
-	7,500	7,500	-	7,500		58000 SUB TOTAL	7,500	7,500	7,500	
250,082	262,979	262,979	118,326	245,649		DEPARTMENT TOTAL	257,310	257,310	257,310	

**TOWN OF VERNON 2016-2017
BUDGET REQUEST DETAIL**

		DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
10456240	SOCIAL SERVICES ADMINISTRATION			
51010	REGULAR WAGES			
	DIRECTOR UNION E4-2	75,778	75,778	75,778
	SOCIAL WORKER UNION E2-8	67,086	67,086	67,086
	SOCIAL WORKER UNION E2-3	56,715	56,715	56,715
	ADMINISTRATIVE ASSISTANT N5-8	45,376	45,376	45,376
	Total Object	244,955	244,955	244,955
51060	LONGEVITY			
	ADMINISTRATIVE ASSISTANT	200	200	200
	Total Object	200	200	200
53800	OTHER FEES			
	NOTARY FEES	120	120	120
	Total Object	120	120	120
54320	MACHINERY & EQUIPMENT REPAIRS			
	REPAIR MACHINERY AND EQUIPMENT	175	175	175
	Total Object	175	175	175
54490	COPIER RENTAL/LEASE			
	COPIER RENTALS	1,200	1,200	1,200
	Total Object	1,200	1,200	1,200
54491	COPIER - COPY SURCHARGE			
	COPIER SURCHARGE	200	200	200
	Total Object	200	200	200
55010	MILEAGE			
	MILEAGE	750	750	750
	Total Object	750	750	750
55320	COMMUNICATION RENTALS			
	RENTER'S REBATE APPLICATION HOTSPOT	125	125	125
	Total Object	125	125	125
55500	PRINTING & BINDING			
	PRINTING AND BINDING	150	150	150
	Total Object	150	150	150
55650	CONFERENCE FEES & MEMBERSHIP			
	CLASS MEETINGS & CONFERENCE	510	510	510
	Total Object	510	510	510
56010	OFFICE SUPPLIES			
	OFFICE SUPPLIES	575	575	575
	Total Object	575	575	575
56020	ENVELOPES			
	ENVELOPES	250	250	250
	Total Object	250	250	250
56030	STATIONERY AND PAPER			
	STATIONERY AND PAPER	300	300	300
	Total Object	300	300	300
56050	COMPUTER SUPPLIES			
	COMPUTER SUPPLIES	300	300	300
	Total Object	300	300	300

**TOWN OF VERNON 2016-2017
BUDGET REQUEST DETAIL**

			DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
10456240	SOCIAL SERVICES ADMINISTRATION				
58800	OTHER FINANCING USES-TRANSFER OUT				
	TRANSFER OUT-SPECIAL FUND		7,500	7,500	7,500
	Total Object		<u>7,500</u>	<u>7,500</u>	<u>7,500</u>
Grand Total	10456240	SOCIAL SERVICES ADMINISTRATION	<u><u>257,310</u></u>	<u><u>257,310</u></u>	<u><u>257,310</u></u>

Youth Services
Account Code #10456241

Narrative:

Vernon Youth Services Bureau is a community-based municipal department dedicated to providing information and referral, prevention, intervention and crisis intervention services to Vernon youth and their families. A major goal of Vernon Youth Services Bureau is to coordinate both state and local resources for youth that includes but is not limited to: intervention services, juvenile justice diversion programs, substance abuse counseling, mental health services, Birth to Eight services and other services as requested. Core programming of the bureau includes: Peer to peer programs, after-school and summer programs and a variety of prevention programs operated within the context of multi-agency collaboration. The YSB Administrative Core Unit functions are defined under state statute sec. 10-19m-2(3)(c) that states: "A Bureau shall perform the 5 ACU functions of : Administration and Management; Research and Needs Assessment; Community Involvement; Advocacy and Resource Development."

Major Objectives:

- * Continue to increase regular school attendance in the elementary schools via the Truancy Intervention Program. Provide high quality after school programming. Oversee summer nutrition program.
- * Provide crisis intervention, early intervention and prevention services to Rockville High School students via the YSB office at RHS.
- * Coordinate services to youth and families per state statute via partnerships and collaborative efforts.

Department Summary:

Account Code	Account Classification	Actual 2014-2015 Expended	Adopted 2015-2016 Budget	Department's 2016-2017 Request	Town Council 2016-2017 Approved	\$ Increase (Decrease)	%Increase (Decrease)
51000	Salaries & Wages	\$ 214,066	\$ 193,772	\$ 190,059	\$ 190,059	\$ (3,713)	-1.92%
52000	Employee Benefits	-	-	-	-	-	0.00%
53000	Professional & Tech. Services	2,630	3,158	3,158	3,158	-	0.00%
54000	Property Services	14,234	13,968	13,968	13,968	-	0.00%
55000	Other Purchased Services	1,063	1,245	1,245	1,245	-	0.00%
56000	Supplies & Materials	548	1,150	1,150	1,150	-	0.00%
57000	Capital Outlay	-	-	-	-	-	0.00%
58000	Other/Sundry	-	-	-	-	-	0.00%
Total:		\$ 232,541	\$ 213,293	\$ 209,580	\$ 209,580	\$ (3,713)	-1.74%
Total Excluding Wages:		\$ 18,475	\$ 19,521	\$ 19,521	\$ 19,521	\$ -	0.00%

TOWN OF VERNON
FISCAL YEAR 2016 - 2017 BUDGET SUMMARY
DEPARTMENT - YOUTH SERVICES

	FISCAL YEAR 2015-2016							FISCAL YEAR 2016-2017		
2014- 2015 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2015-2016	EST EXP 2015-2016		DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
187,672	177,099	177,099	90,524	171,634	10456241	51010	REGULAR WAGES	171,634	171,634	171,634
-	-	-	-	-	10456241	51020	OVERTIME WAGES	-	-	-
24,820	16,473	16,473	18,284	29,550	10456241	51030	PART-TIME WAGES	18,175	18,175	18,175
200	200	200	200	200	10456241	51060	LONGEVITY	250	250	250
-	-	-	-	-	10456241	51078	HIRING INCENTIVE/SIGNING BOI	-	-	-
-	-	53,185	53,185	53,185	10456241	51080	COMPENSATED ABSENCES - SK	-	-	-
-	-	4,155	4,153	4,153	10456241	51081	COMPENSATED ABSENCES-VAC	-	-	-
1,375	-	-	-	-	10456241	51083	EMPLOYEE MERIT PAY	-	-	-
214,066	193,772	251,112	166,346	258,722			51000 SUB TOTAL	190,059	190,059	190,059
2,630	3,158	3,686	789	2,630	10456241	53090	CUSTODIAL FEES	3,158	3,158	3,158
-	-	-	-	-	10456241	53800	OTHER FEES	-	-	-
2,630	3,158	3,686	789	2,630			53000 SUB TOTAL	3,158	3,158	3,158
-	-	-	-	99	10456241	54330	MAINTENANCE OFFICE EQUIPM	-	-	-
439	500	561	-	500	10456241	54430	RENTAL OF VEHICLES	500	500	500
-	-	-	-	-	10456241	54445	RENTAL - MOVING EXPENSES	-	-	-
12,388	12,388	12,388	6,194	12,388	10456241	54460	RENTAL OF LAND/BUILDINGS	12,388	12,388	12,388
1,407	1,080	1,080	540	1,080	10456241	54490	COPIER RENTAL/LEASE	1,080	1,080	1,080
-	-	-	-	-	10456241	54491	COPIER - COPY SURCHARGE	-	-	-
14,234	13,968	14,029	6,734	14,067			54000 SUB TOTAL	13,968	13,968	13,968

TOWN OF VERNON
FISCAL YEAR 2016 - 2017 BUDGET SUMMARY
DEPARTMENT - YOUTH SERVICES

	FISCAL YEAR 2015-2016							FISCAL YEAR 2016-2017		
2014- 2015 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO BUDGET	EXP 2015-2016	EST EXP 2015-2016	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
745	745	745	-	745	10456241	55010	MILEAGE	745	745	745
-	-	-	-	-	10456241	55315	TELEPHONE - WIRELESS	-	-	-
-	-	-	-	-	10456241	55320	COMMUNICATION RENTALS	-	-	-
-	-	-	-	-	10456241	55400	ADVERTISING	-	-	-
-	-	-	-	-	10456241	55500	PRINTING & BINDING	-	-	-
284	300	300	134	300	10456241	55650	CONFERENCE FEES & MEMBER	300	300	300
34	200	200	-	200	10456241	55660	SUBSCRIPTIONS & MANUALS	200	200	200
-	-	-	-	-	10456241	55730	SECURITY SERVICES	-	-	-
1,063	1,245	1,245	134	1,245			55000 SUB TOTAL	1,245	1,245	1,245
50	200	200	8	200	10456241	56010	OFFICE SUPPLIES	200	200	200
-	50	50	-	50	10456241	56020	ENVELOPES	50	50	50
87	200	200	-	200	10456241	56030	STATIONERY AND PAPER	200	200	200
10	200	200	-	200	10456241	56174	AWARDS AND PRIZES	200	200	200
-	-	-	-	-	10456241	56190	OTHER OPERATING SUPPLIES	-	-	-
345	400	400	88	400	10456241	56300	FOOD	400	400	400
55	100	100	25	100	10456241	56600	ARTS AND CRAFTS	100	100	100
548	1,150	1,150	121	1,150			56000 SUB TOTAL	1,150	1,150	1,150

TOWN OF VERNON
FISCAL YEAR 2016 - 2017 BUDGET SUMMARY
DEPARTMENT - YOUTH SERVICES

FISCAL YEAR 2015-2016							FISCAL YEAR 2016-2017		
2014- 2015 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2015-2016	EST EXP 2015-2016	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
-	-	-	-	10456241	57710	COMPUTER HARDWARE	-	-	-
-	-	-	-	10456241	57810	OFFICE FURNITURE	-	-	-
-	-	-	-	10456241	57830	PHOTOCOPIERS	-	-	-
-	-	-	-			57000 SUB TOTAL	-	-	-
-	-	-	-	10456241	58800	OTHR FINANCNG USES-TRNSFE	-	-	-
-	-	-	-			58000 SUB TOTAL	-	-	-
232,541	213,293	271,222	174,123			DEPARTMENT TOTAL	209,580	209,580	209,580

**TOWN OF VERNON 2016-2017
BUDGET REQUEST DETAIL**

		DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
10456241	YOUTH SERVICES			
51010	REGULAR WAGES			
	DIRECTOR UNION E4-1	66,976	66,976	66,976
	YOUTH COUNSELOR UNION N6-8	53,742	53,742	53,742
	YOUTH PREVENTION SPECIALIST NON-UNION N6-8	50,916	50,916	50,916
	Total Object	171,634	171,634	171,634
51030	PART-TIME WAGES			
	AFTER SCHOOL PROGRAM WORKERS	8,985	8,985	8,985
	BIRTH-8 COORDINATOR	9,190	9,190	9,190
	Total Object	18,175	18,175	18,175
51060	LONGEVITY			
	PREVENTION SPECIALIST	250	250	250
	Total Object	250	250	250
53090	CUSTODIAL FEES			
	CUSTODIAL FEES	3,158	3,158	3,158
	Total Object	3,158	3,158	3,158
54430	RENTAL OF VEHICLES			
	RENTAL OF VEHICLES	500	500	500
	Total Object	500	500	500
54460	RENTAL OF LAND/BUILDINGS			
	RENTAL OF LAND/BUILDINGS	12,388	12,388	12,388
	Total Object	12,388	12,388	12,388
54490	COPIER RENTAL/LEASE			
	COPIER LEASE - RICOH COPIER	1,080	1,080	1,080
	Total Object	1,080	1,080	1,080
55010	MILEAGE			
	MILEAGE	745	745	745
	Total Object	745	745	745
55650	CONFERENCE FEES & MEMBERSHIP			
	CONFERENCE FEES AND MEMBERSHIP	300	300	300
	Total Object	300	300	300
55660	SUBSCRIPTIONS & MANUALS			
	SUBSCRIPTIONS AND MANUALS	200	200	200
	Total Object	200	200	200
56010	OFFICE SUPPLIES			
	OFFICE SUPPLIES	200	200	200
	Total Object	200	200	200
56020	ENVELOPES			
	ENVELOPES	50	50	50
	Total Object	50	50	50
56030	STATIONERY AND PAPER			
	STATIONERY AND PAPER	200	200	200
	Total Object	200	200	200
56174	AWARDS AND PRIZES			
	AWARDS AND PRIZES	200	200	200
	Total Object	200	200	200

**TOWN OF VERNON 2016-2017
BUDGET REQUEST DETAIL**

			DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
10456241	YOUTH SERVICES				
56300	FOOD				
	FOOD		400	400	400
	Total Object		<u>400</u>	<u>400</u>	<u>400</u>
56600	ARTS AND CRAFTS				
	ARTS AND CRAFTS		100	100	100
	Total Object		<u>100</u>	<u>100</u>	<u>100</u>
Grand Total	10456241	YOUTH SERVICES	<u><u>209,580</u></u>	<u><u>209,580</u></u>	<u><u>209,580</u></u>

Senior Center
Account Code #10457242

Narrative:

The Senior Center is committed to assisting Vernon seniors by providing programs and activities that meet their needs and address their concerns. The Center offers opportunities for socialization, recreation and learning, health and fitness programs, transportation, entertainment and trips, volunteering and information.

Major Objectives:

- * To offer stimulating and enjoyable programs and activities to encourage participation within the community.
- * To offer helpful information via presentations about various services and benefits that the elderly population may find useful.
- * To offer health and fitness programs that address diverse needs within the senior population.

Department Summary:

Account Code	Account Classification	Actual 2014-2015 Expended	Adopted 2015-2016 Budget	Department's 2016-2017 Request	Town Council 2016-2017 Approved	\$ Increase (Decrease)	% Increase (Decrease)
51000	Salaries & Wages	\$ 104,533	\$ 116,681	\$ 124,480	\$ 124,480	\$ 7,799	6.68%
52000	Employee Benefits	-	-	-	-	-	0.00%
53000	Professional & Tech. Services	6,538	9,463	9,463	9,463	-	0.00%
54000	Property Services	1,617	1,500	1,500	1,500	-	0.00%
55000	Other Purchased Services	425	490	490	490	-	0.00%
56000	Supplies & Materials	5,178	5,725	5,725	5,725	-	0.00%
57000	Capital Outlay	550	550	550	550	-	0.00%
58000	Other/Sundry	-	-	-	-	-	0.00%
Total:		\$ 118,841	\$ 134,409	\$ 142,208	\$ 142,208	\$ 7,799	5.80%
Total Excluding Wages:		\$ 14,308	\$ 17,728	\$ 17,728	\$ 17,728	\$ -	0.00%

TOWN OF VERNON
FISCAL YEAR 2016 - 2017 BUDGET SUMMARY
DEPARTMENT - SENIOR CENTER

FISCAL YEAR 2015-2016					FISCAL YEAR 2016-2017				
2014- 2015 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2015-2016	EST EXP 2015-2016	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
-	-	-	-	-	10457242	51010	REGULAR WAGES	-	-
-	-	-	-	-	10457242	51016	TEMPORARY/ACTING DIFFEREN	-	-
327	600	600	1,031	1,031	10457242	51020	OVERTIME WAGES	600	600
104,206	115,831	115,831	42,625	97,564	10457242	51030	PART-TIME WAGES	123,880	123,880
-	250	250	-	-	10457242	51060	LONGEVITY	-	-
-	-	-	-	-	10457242	51078	HIRING INCENTIVE/SIGNING BOI	-	-
-	-	-	2,850	2,850	10457242	51080	COMPENSATED ABSENCES - SK	-	-
-	-	-	536	536	10457242	51081	COMPENSATED ABSENCES-VAC	-	-
104,533	116,681	116,681	47,042	101,981		51000 SUB TOTAL	124,480	124,480	124,480
-	300	1,650	1,586	1,586	10457242	53010	CLERICAL FEES	300	300
-	-	-	-	-	10457242	53032	TRIP BOOKKEEPER	-	-
3,506	6,240	4,946	1,119	6,240	10457242	53090	CUSTODIAL FEES	6,240	6,240
-	-	-	-	-	10457242	53220	MEDICAL FEES	-	-
3,032	2,923	2,923	2,420	2,923	10457242	53410	INSTRUCTOR FEES	2,923	2,923
-	-	-	-	-	10457242	53500	SENIOR CENTER CONSULTANT	-	-
-	-	-	-	-	10457242	53520	SUBSTITUTE BUS DRIVER	-	-
-	-	-	-	-	10457242	53530	ELDERLY RENTAL REBATE	-	-
-	-	-	-	-	10457242	53800	OTHER FEES	-	-
6,538	9,463	9,519	5,125	10,749		53000 SUB TOTAL	9,463	9,463	9,463

TOWN OF VERNON
FISCAL YEAR 2016 - 2017 BUDGET SUMMARY
DEPARTMENT - SENIOR CENTER

FISCAL YEAR 2015-2016					FISCAL YEAR 2016-2017				
2014- 2015 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2015-2016	EST EXP 2015-2016	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
-	-	-	-	10457242	54330	MAINTENANCE OFFICE EQUIPM	-	-	-
250	250	250	-	10457242	54390	OTHER REPAIR AND MAINTENAI	250	250	250
1,367	1,250	1,250	540	10457242	54490	COPIER RENTAL/LEASE	1,250	1,250	1,250
-	-	-	-	10457242	54491	COPIER - COPY SURCHARGE	-	-	-
1,617	1,500	1,500	540			54000 SUB TOTAL	1,500	1,500	1,500
100	100	100	-	10457242	55010	MILEAGE	100	100	100
115	140	140	48	10457242	55315	TELEPHONE - WIRELESS	140	140	140
210	250	250	30	10457242	55650	CONFERENCE FEES & MEMBER	250	250	250
425	490	490	78			55000 SUB TOTAL	490	490	490

TOWN OF VERNON
FISCAL YEAR 2016 - 2017 BUDGET SUMMARY
DEPARTMENT - SENIOR CENTER

2014- 2015 ACTUAL	FISCAL YEAR 2015-2016										FISCAL YEAR 2016-2017		
	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2015-2016	EST EXP 2015-2016		DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL			
916	925	925	356	925	10457242	56010	OFFICE SUPPLIES	925	925	925			
75	75	75	72	72	10457242	56020	ENVELOPES	75	75	75			
123	125	125	98	125	10457242	56030	STATIONERY AND PAPER	125	125	125			
215	225	225	-	225	10457242	56040	COPY SUPPLIES	225	225	225			
-	-	-	-	-	10457242	56130	CUSTODIAL SUPPLIES	-	-	-			
-	-	-	-	-	10457242	56140	PAINTING SUPPLIES	-	-	-			
-	-	-	-	-	10457242	56143	ELECTRICAL FIXTURES	-	-	-			
-	-	-	-	-	10457242	56144	LUMBER & WOOD SUPPLIES	-	-	-			
-	-	-	-	-	10457242	56171	RECORDING SUPPLIES	-	-	-			
1,187	1,200	1,200	84	1,200	10457242	56174	AWARDS AND PRIZES	1,200	1,200	1,200			
1,077	1,300	1,300	740	1,300	10457242	56190	OTHER OPERATING SUPPLIES	1,300	1,300	1,300			
1,515	1,800	1,800	176	1,800	10457242	56300	FOOD	1,800	1,800	1,800			
-	-	-	-	-	10457242	56600	ARTS AND CRAFTS	-	-	-			
69	75	75	70	70	10457242	56610	SPORTING GOODS	75	75	75			
5,178	5,725	5,725	1,595	5,717			56000 SUB TOTAL	5,725	5,725	5,725			
-	-	-	-	-	10457242	57290	OTHER TOWN BLDGS & GROUN	-	-	-			
-	-	-	-	-	10457242	57710	COMPUTER HARDWARE	-	-	-			
550	550	550	435	550	10457242	57810	OFFICE FURNITURE	550	550	550			
550	550	550	435	550			57000 SUB TOTAL	550	550	550			

TOWN OF VERNON
FISCAL YEAR 2016 - 2017 BUDGET SUMMARY
DEPARTMENT - SENIOR CENTER

FISCAL YEAR 2015-2016					FISCAL YEAR 2016-2017				
2014- 2015 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2015-2016	EST EXP 2015-2016	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
118,840	134,409	134,465	54,815	120,987		DEPARTMENT TOTAL	142,208	142,208	142,208

**TOWN OF VERNON 2016-2017
BUDGET REQUEST DETAIL**

		DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
10457242	SENIOR CENTER			
51020	OVERTIME WAGES			
	OVERTIME WAGES	600	600	600
	Total Object	<u>600</u>	<u>600</u>	<u>600</u>
51030	PART-TIME WAGES			
	DIRECTOR E2-7	39,924	39,924	39,924
	SENIOR PROGRAM COORDINATOR	24,702	24,702	24,702
	SECRETARY N4-8	33,054	33,054	33,054
	PROGRAM COORDINATOR	16,200	16,200	16,200
	BUS DRIVERS	5,000	5,000	5,000
	SENIOR CAR DRIVERS	5,000	5,000	5,000
	Total Object	<u>123,880</u>	<u>123,880</u>	<u>123,880</u>
53010	CLERICAL FEES			
	CLERICAL FEES	300	300	300
	Total Object	<u>300</u>	<u>300</u>	<u>300</u>
53090	CUSTODIAL FEES			
	CUSTODIAL FEES	6,240	6,240	6,240
	Total Object	<u>6,240</u>	<u>6,240</u>	<u>6,240</u>
53410	INSTRUCTOR FEES			
	INSTRUCTOR FEES	2,923	2,923	2,923
	Total Object	<u>2,923</u>	<u>2,923</u>	<u>2,923</u>
54390	OTHER REPAIR AND MAINTENANCE			
	OTHER REPAIR AND MAINTENANCE	250	250	250
	Total Object	<u>250</u>	<u>250</u>	<u>250</u>
54490	COPIER RENTAL/LEASE			
	COPIER RENTALS	1,250	1,250	1,250
	Total Object	<u>1,250</u>	<u>1,250</u>	<u>1,250</u>
55010	MILEAGE			
	MILEAGE	100	100	100
	Total Object	<u>100</u>	<u>100</u>	<u>100</u>
55315	TELEPHONE - WIRELESS			
	TELEPHONE - WIRELESS	140	140	140
	Total Object	<u>140</u>	<u>140</u>	<u>140</u>
55650	CONFERENCE FEES & MEMBERSHIP			
	CONFERENCE FEES AND MEMBERSHIP	250	250	250
	Total Object	<u>250</u>	<u>250</u>	<u>250</u>
56010	OFFICE SUPPLIES			
	OFFICE SUPPLIES	925	925	925
	Total Object	<u>925</u>	<u>925</u>	<u>925</u>
56020	ENVELOPES			
	ENVELOPES	75	75	75
	Total Object	<u>75</u>	<u>75</u>	<u>75</u>
56030	STATIONERY AND PAPER			
	STATIONERY AND PAPER	125	125	125
	Total Object	<u>125</u>	<u>125</u>	<u>125</u>

**TOWN OF VERNON 2016-2017
BUDGET REQUEST DETAIL**

			DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
10457242	SENIOR CENTER				
56040	COPY SUPPLIES				
	COPY SUPPLIES		225	225	225
	Total Object		<u>225</u>	<u>225</u>	<u>225</u>
56174	AWARDS AND PRIZES				
	AWARDS AND PRIZES		1,200	1,200	1,200
	Total Object		<u>1,200</u>	<u>1,200</u>	<u>1,200</u>
56190	OTHER OPERATING SUPPLIES				
	OTHER OPERATING SUPPLIES		1,300	1,300	1,300
	Total Object		<u>1,300</u>	<u>1,300</u>	<u>1,300</u>
56300	FOOD				
	FOOD		1,800	1,800	1,800
	Total Object		<u>1,800</u>	<u>1,800</u>	<u>1,800</u>
56610	SPORTING GOODS				
	SPORTING GOODS		75	75	75
	Total Object		<u>75</u>	<u>75</u>	<u>75</u>
57810	OFFICE FURNITURE				
	REPLACE CHAIRS		550	550	550
	Total Object		<u>550</u>	<u>550</u>	<u>550</u>
Grand Total	10457242	SENIOR CENTER	<u><u>142,208</u></u>	<u><u>142,208</u></u>	<u><u>142,208</u></u>