

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 29,161 population

The request reflects an increase in population from 29,122 used for the prior year's calculation, the per capita rate at \$4.67 remains the same.

Department Summary:

Account Code	Account Classification	Actual 2013-2014 Expended	Adopted 2014-2015 Budget	Department's 2015-2016 Request	Town Council 2015-2016 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	\$ 130,251	\$ 136,000	\$ 136,182	\$ 136,182	\$ 182	0.13%
		-					
	Total:	\$ 130,251	\$ 136,000	\$ 136,182	\$ 136,182	\$ 182	0.13%
	Total Excluding Wages:	\$ 130,251	\$ 136,000	\$ 136,182	\$ 136,182	\$ 182	0.13%

TOWN OF VERNON
FISCAL YEAR 2015 - 2016 BUDGET SUMMARY
DEPARTMENT - NORTH CENTRAL DISTRICT HEALTH

FISCAL YEAR 2014-2015					FISCAL YEAR 2015-2016					
2013- 2014 ACTUAL	ORIGINAL BUDGET	REVISED BUDGET	6 MO EXP 2014-2015	EST EXP 2014-2015	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
130,251	136,000	136,001	68,000	136,000	10455220	58700	GRANTS - HUMAN SERVICES	136,182	136,182	136,182
130,251	136,000	136,001	68,000	136,000			58000 SUB TOTAL	136,182	136,182	136,182
130,251	136,000	136,001	68,000	136,000			DEPARTMENT TOTAL	136,182	136,182	136,182

**TOWN OF VERNON 2015-2016
BUDGET REQUEST DETAIL**

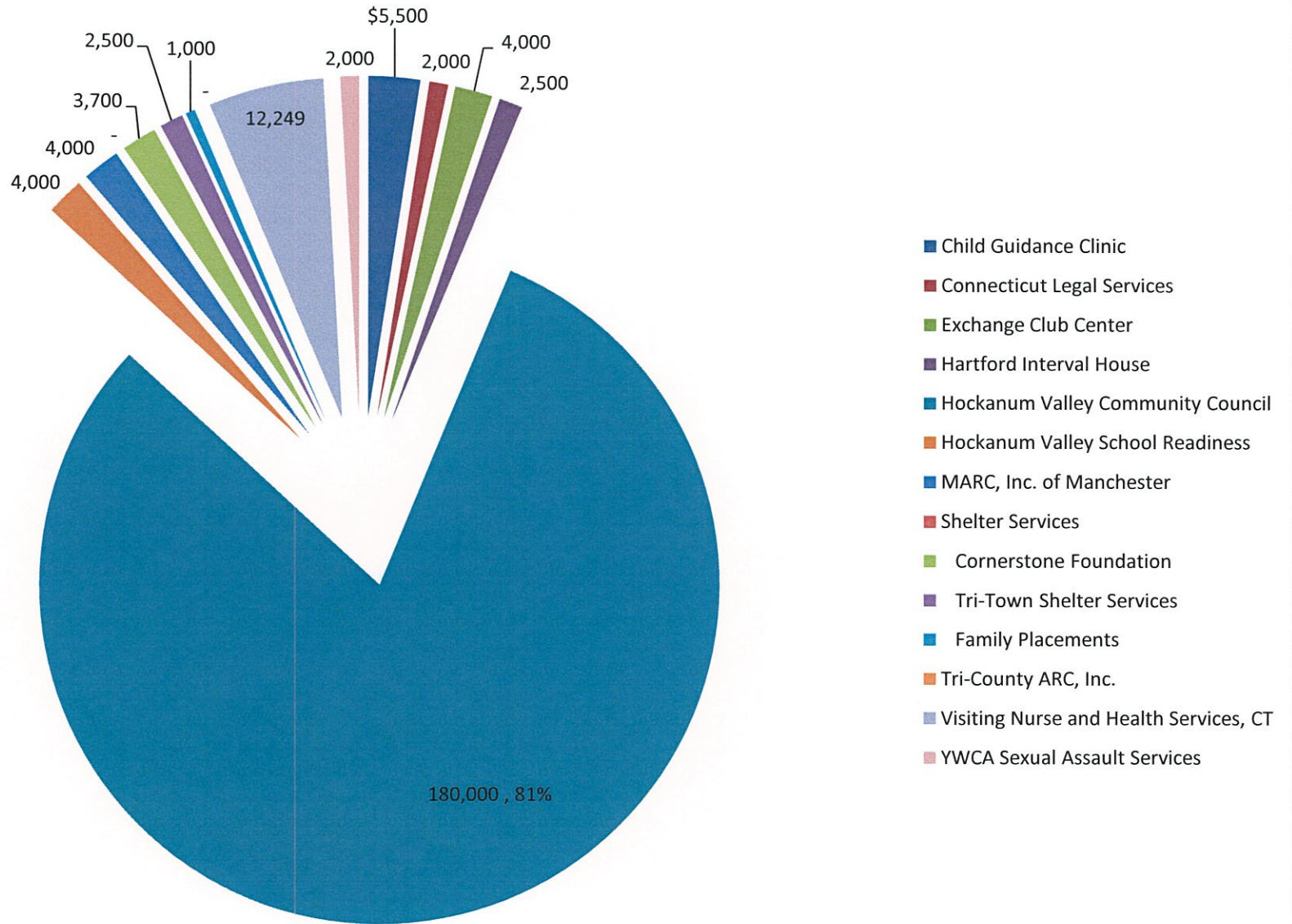
			DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
10455220	NORTH CENTRAL DISTRICT HEALTH				
58700	GRANTS - HUMAN SERVICES				
	POPULATION OF 29,161 @ \$4.67; PRIOR RATE WAS 29,122 @ \$4.67		136,182	136,182	136,182
	Total Object		<u>136,182</u>	<u>136,182</u>	<u>136,182</u>
Grand Total	10455220	NORTH CENTRAL DISTRICT HEALTH	<u><u>136,182</u></u>	<u><u>136,182</u></u>	<u><u>136,182</u></u>

HUMAN SERVICES ADVISORY COMMISSION

FISCAL YEAR 2015 - 2016 BUDGET SUMMARY

Agency	Budget FY 2013-2014	Adopted FY 2014-2015	Fiscal Year 2015 - 2016						
			Agency Request FY 2015-2016	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	\$ 11,000	\$ 5,042,308	0.22%	\$ 5,500	\$ 5,500	\$ 5,500	\$ -
Connecticut Legal Services	1	2,000	4,000	10,743,673	0.04%	2,000	2,000	2,000	-
Exchange Club Center	4,000	4,000	4,000	705,929	0.57%	4,000	4,000	4,000	-
Hartford Interval House	2,500	2,500	2,500	1,869,001	0.13%	2,500	2,500	2,500	-
Hockanum Valley Community Council	165,000	180,000	200,000	3,688,206	5.42%	180,000	180,000	180,000	-
Hockanum Valley School Readiness	4,000	4,000	4,000	509,508	0.79%	4,000	4,000	4,000	-
MARC, Inc. of Manchester	2,000	4,000	4,000	8,767,259	0.05%	4,000	4,000	4,000	-
Shelter Services									-
Cornerstone Foundation	3,700	3,700	4,000	342,000	1.17%	3,700	3,700	3,700	-
Tri-Town Shelter Services	4,500	2,500	5,000	316,450	1.58%	2,500	2,500	2,500	-
Family Placements	6,000	1,000	1,000	1,000	100.00%	1,000	1,000	1,000	-
Tri-County ARC, Inc.	3,500	3,500	-	-		-	-	-	(3,500)
Visiting Nurse and Health Services, CT	12,249	12,249	12,249	22,861,315	0.05%	12,249	12,249	12,249	-
YWCA Sexual Assault Services	2,000	2,000	2,000	4,261,702	0.05%	2,000	2,000	2,000	-
North Central Reg. Mental Health Bd.	-	-	-	-					
TOTALS	\$ 214,950	\$ 226,949	\$ 253,749			\$ 223,449	\$ 223,449	\$ 223,449	\$ (3,500)

Human Services - Town Council Approved - Fiscal Year 2015 - 2016



Visiting Nurse & Health Services of CT
Account Code #10455221

Department Summary:							
Account Code	Account Classification	Actual 2013-2014 Expended	Adopted 2014-2015 Budget	Department's 2015-2016 Request	Town Council 2015-2016 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	\$ 12,249	\$ 12,249	\$ 12,249	\$ 12,249	\$ -	0.00%
	Total:	\$ 12,249	\$ 12,249	\$ 12,249	\$ 12,249	\$ -	0.00%
	Total Excluding Wages:	\$ 12,249	\$ 12,249	\$ 12,249	\$ 12,249	\$ -	0.00%

TOWN OF VERNON
FISCAL YEAR 2015 - 2016 BUDGET SUMMARY
DEPARTMENT - VISITING NURSE& HEALTH SERVICE

	FISCAL YEAR 2014-2015							FISCAL YEAR 2015-2016		
2013- 2014 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2014-2015	EST EXP 2014-2015	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL	
12,249	12,249	12,249	-	12,249	10455221	58700	GRANTS - HUMAN SERVICES	12,249	12,249	12,249
12,249	12,249	12,249	-	12,249			58000 SUB TOTAL	12,249	12,249	12,249
12,249	12,249	12,249	-	12,249			DEPARTMENT TOTAL	12,249	12,249	12,249

**TOWN OF VERNON 2015-2016
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 PER VISIT)	6,546	6,546	6,546
	COMMUNITY-ELDER WELLNESS (70 @ \$48/HR.)	3,360	3,360	3,360
	IN-HOME SUPPORT - HOME HEALTH AID (31 @ \$29.48/HR)	913	913	913
	IN-HOME SUPPORT-HOMEMAKERS (34 @ \$16.32/HR)	555	555	555
	IN-HOME SUPPORT - MEALS-ON-WHEELS (100 @ \$8.75 / 2 MEAL 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><u>12,249</u></u>	<u><u>12,249</u></u>	<u><u>12,249</u></u>

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

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: Visiting Nurse & Health Services of Connecticut, Inc.

B. Name of program contact person: Todd Rose President/CEO
Name Title
Tel #: 860-870-2307

C. Name of fiscal contact person: Christine McGuire CFO
Name Title
Tel #: 860-870-2471

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, Homemakers, and Meals-On-Wheels; 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 Meals-On-Wheels
Flu Immunizations Homemaker
Home Health Aide

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 3 fiscal years:

FY 2012-13 Adults: 955 Youth/Children: _____ Families: _____

FY 2013-14 Adults: 882 Youth/Children: _____ Families: _____

FY 2014-15 Adults: 900 est. 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:	\$22,861,315
Total Program Budget	\$22,749,419
Total Board Fund-raising:	\$58,000
Amount requested from Town of Vernon	\$12,249

List revenue by source:

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

SOURCE	AGENCY	PROGRAM
Federal	15,260,677	15,260,677
State	2,523,025	2,523,025
Private Insurance	2,672,911	2,672,911
Private Pay	1,979,911	1,979,911
Municipal	122,895	122,895
Grants	190,000	190,000
Fundraising	58,000	
Non-Operating Revenue	53,896	
Total	22,861,315	22,749,419

- I. What is the percentage increase in your Agency **expenses** this year versus last year? .65%
- J. What is the percentage increase in your Agency **revenue** this year versus last year? 1.30%
- K. What new revenue sources is your agency seeking this year?
- a. We have hired a 20 hour grant writer. Currently, we have been successful in obtaining a three year technology grant through the Hartford Foundation. We are also working 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
Ellington	\$ 3,500
South Windsor	\$ 15,575
Tolland	\$ 8,320
Coventry	\$ 0
Bolton	\$ 5,500
East Windsor	\$ 5,740
Enfield	\$ 0
Total	\$122,895

Please contact Alan Slobodien with any questions on this form: aslobodien@vernon-ct.gov : 860-870-3557

Fiscal Year: July 1, 2015-June 30, 2016

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 overall patient satisfaction of 90% which is above the state benchmark of 85%. There were 199 patients surveyed in the most recent quarter with 84 respondents (42% 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.



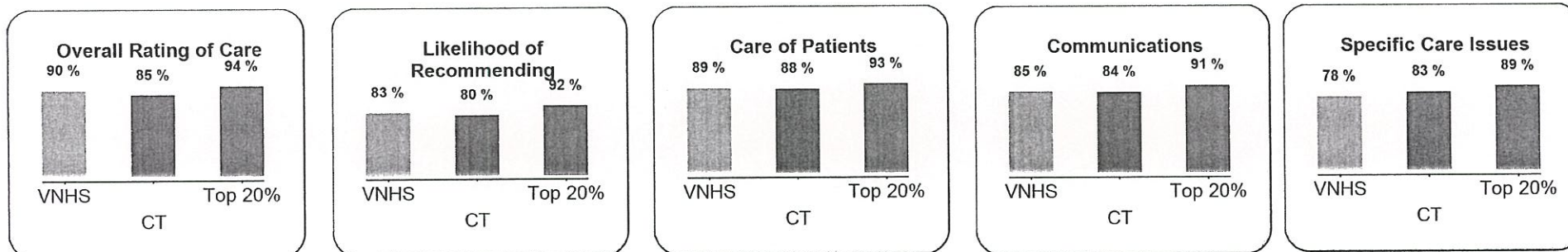
National Patient Satisfaction Benchmark System

Executive Dashboard

Three month period ending September 2014 / Publicly Reported Results

Visiting Nurse and Health Services of Connecticut

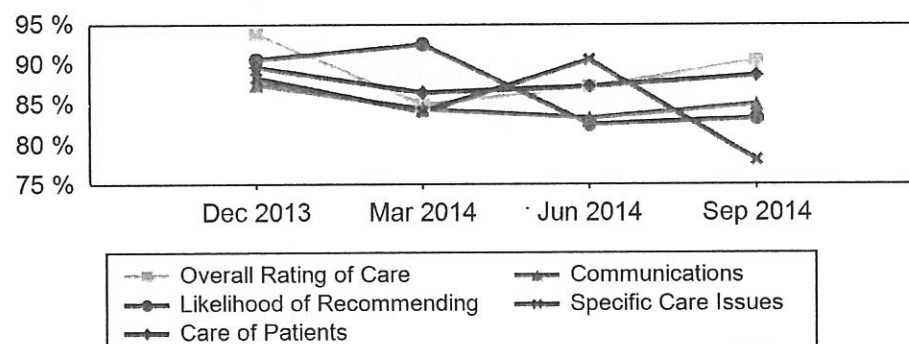
Completed Surveys = 84
 Patients Surveyed = 199
 Return Rate = 42 %



Your Agency Percentile Rank

	CT	Top 20%
Overall Rating of Care	N/A	N/A
Likelihood of Recommending	N/A	N/A
Care of Patients	N/A	N/A
Communications	N/A	N/A
Specific Care Issues	N/A	N/A

Agency Trend for Publicly Reported Outcomes



Visiting Nurse & Health Services of Connecticut, Inc.

Q4 Reporting 2013-2014 - (July/August/September)

Source: Home Health Compare at Medicare.gov

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

Quality Measures	Data Collection Period July 2013 thru June 2014						State Average	National Average
	VNSHC	Masonicare	VNA Health Care	Home & Community	Gentiva	Interim HC Hartford	Q4 2013-2014	Q4 2013-2014
HIGHER PERCENTAGES ARE BETTER								
Managing Daily Activities								
How often patients got better at walking or moving around.	58%	64%	61%	51%	60%	60%	59%	62%
How often patients got better at getting in and out of bed.	62%	57%	55%	42%	48%	53%	54%	58%
How often patients go better at bathing.	69%	68%	65%	60%	63%	68%	63%	68%
Managing Pain & Treating Symptoms								
How often home health team checked patients for pain	100%	98%	98%	100%	99%	99%	97%	99%
How often home health team treated their patients pain	87%	95%	99%	97%	99%	100%	97%	98%
How often patients had less pain when moving around.	66%	56%	63%	54%	61%	68%	65%	68%
How often home health team treated heart failure (weakening of the heart) patient's symptoms	96%	95%	99%	100%	99%	98%	97%	98%
How often patients breathing improved.	61%	55%	66%	63%	67%	72%	64%	65%
Treating Wounds & Preventing Pressure Sores (Bed Sores)								
How often patients' wound improved or healed after an operation.	87%	88%	86%	90%	92%	93%	90%	89%
How often the home health team checked patients for the risk of developing pressure sores (bed sores)	100%	99%	99%	100%	99%	99%	97%	99%
How often the home health team included treatments to prevent pressure sores (bed sores) in the Plan of Care	99%	90%	100%	90%	96%	100%	94%	98%
How often the home health team took doctor-ordered action to prevent pressure sores (bed sores)	92%	92%	98%	91%	97%	99%	95%	97%
Preventing Harm								
How often the home health team began their patients care in a timely manner	90%	95%	95%	92%	90%	93%	93%	92%
How often the home health team taught patients (or their family caregivers) about their drugs	98%	92%	92%	97%	88%	99%	92%	93%
How often patients got better at taking their drugs correctly by mouth.	53%	54%	50%	45%	49%	56%	50%	52%
How often the home health team checked patients risk of falling	100%	100%	99%	100%	100%	99%	98%	98%
How often the home health team checked patient for depression	98%	99%	98%	99%	99%	99%	97%	98%
How often the home health team determined whether patients received a flu shot for the current flu season	80%	69%	76%	78%	69%	79%	70%	72%
How often the home health team determined whether patients received a pneumococcal vaccine (pneumonia shot)	69%	61%	76%	76%	59%	69%	66%	72%
For patients with diabetes, how often the home health team got doctors orders, gave foot care, and taught patient about foot care.	91%	90%	97%	96%	96%	99%	94%	94%
Preventing Unplanned Hospital Care (Lower Percentages Are Better)								
(Data Collection April 2013 thru March 2014)								
Percentage of patients who need urgent, unplanned medical care w/out being admitted.	11%	10%	13%	13%	12%	10%	13%	12%
Percentage of patients who had to be admitted to the hospital.	18%	16%	16%	17%	17%	15%	17%	16%

Hockanum Valley Community Council
Account Code #10456222

Department Summary:							
Account Code	Account Classification	Actual 2013-2014 Expended	Adopted 2014-2015 Budget	Department's 2015-2016 Request	Town Council 2015-2016 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	\$ 165,000	\$ 180,000	\$ 200,000	\$ 180,000	\$ -	0.00%
	Total:	\$ 165,000	\$ 180,000	\$ 200,000	\$ 180,000	\$ -	0.00%
	Total Excluding Wages:	\$ 165,000	\$ 180,000	\$ 200,000	\$ 180,000	\$ -	0.00%

TOWN OF VERNON

FISCAL YEAR 2015 - 2016 BUDGET SUMMARY

DEPARTMENT - HOCKANUM VALLEY COMMUNITY COUN

FISCAL YEAR 2014-2015					FISCAL YEAR 2015-2016					
2013- 2014 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO BUDGET	EXP 2014-2015	EST EXP 2014-2015	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
165,000	180,000	180,000	87,446	180,000	10456222	58700	GRANTS - HUMAN SERVICES	200,000	180,000	180,000
165,000	180,000	180,000	87,446	180,000			58000 SUB TOTAL	200,000	180,000	180,000
165,000	180,000	180,000	87,446	180,000			DEPARTMENT TOTAL	200,000	180,000	180,000

**TOWN OF VERNON 2015-2016
BUDGET REQUEST DETAIL**

			DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
10456222	HOCKANUM VALLEY COMMUNITY COUN				
58700	GRANTS - HUMAN SERVICES				
	BASIC MATERIAL NEEDS 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 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, 2015 - June 30, 2016

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 specific.

A. Program Title: Basic Needs

B. Name of program contact person: David O'Rourke Chief Operating Officer
 Name Title
 Tel #: 860-872-9825

C. Name of fiscal contact person: David Fowler Chief Financial Officer
 Name Title
 Tel #: 860-872-7727

D. Statement of Need program will address:

The food pantry provides emergency food for thousands of residents (1,425 families) 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 1,000 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 Mgmt. 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 homebound clients, educational and nutrition programs, comprehensive case management services, holiday baskets for Thanksgiving and Christmas, community service program, volunteer opportunities, assessment and referral

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

Adults: 1,840 Youth/Children: 1,752 Families: 1,425

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

FY 2012-13	Adults: <u>2,674</u>	Youth/Children: <u>1,401</u>	Families: <u>1,345</u>
FY 2013-14	Adults: <u>2,753</u>	Youth/Children: <u>1,253</u>	Families: <u>1,402</u>
FY 2014-15	Adults: <u>1,830</u>	Youth/Children: <u>1,605</u>	Families: <u>1,435</u>

G. How do Vernon residents access services?:

1. Registration with a Case Manager for Case Management services via walk in, referral from local and state agencies
2. Food pantry: registration with proof of residency and income. All food pantry clients must meet income requirements based upon the state of Connecticut's food stamp guidelines.

H. Budget Summary:

Total Agency Budget:	\$	3,688,206	
Total Program Budget:	\$	572,469	
Total Board Fund-Raising:	\$	544,747	

Town of Vernon Grant Application
Fiscal Year July 1, 2015 - June 30, 2016
ATTACHMENT A

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

SOURCE	AGENCY	PROGRAM
Municipal	\$ 754,605.00	\$ 25,000.00
Federal (NCAAA & GHTD)	\$ 79,707.00	\$
State	\$ 316,446.00	\$
Fees	\$ 1,450,801.00	\$
United Way	\$ 50,300.00	\$
Foundations	\$ 77,500.00	\$ 59,250.00
Retail / Rental	\$ 12,100.00	\$
Donations / Fundraising / In Kind	\$ 946,747.00	\$ 488,219.00
Total:	\$ 3,688,206.00	\$ 572,469.00

- I. What is the percentage increase in your Agency's expenses this year versus last year? 10.00%
- J. What is the percentage increase in your Agency's revenue this year versus last year? 10.00%
- K. What new revenue sources 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 fundraising events, donations, food drives, and an Annual Appeal are conducted throughout the year.
- L. What other municipalities provide funding to your organization?

Town	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total:	\$ -

With any questions pertaining to this form, please contact: Marina Rodriquez, Tel. 860-870-3567 / mrodriguez@vernon-ct.gov;
 or Alan Slobodien , Tel. 860-870-3558 / aslobodien@vernon-ct.gov

Hockanum Valley Community Council, Inc.

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

Introduction:

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

Individuals come to the pantry through referrals from the town of Vernon, Churches, Schools, VNA, RGH, other Community Agencies and businesses, walk-ins and also other towns.

An individual requests assistance for the first time through the following steps:

1. Face-to-face interview. Information is taken regarding family income, housing, employment, and other social service issues families may have.
2. Clients are assisted in accessing needed services; such as, energy assistance, basic needs, baby items, and clothing.

Highlights

1. Provides educational workshops on nutrition, Managed Care, budgeting, safety and other appropriate topics. Subjects vary.
2. Distributes holiday baskets and gifts at Christmas and Thanksgiving serving as the community's focal point for distribution. Communicating with other agencies on clients each is serving for no over lapping of services.
3. HVCC's pantry secures and distributes school supplies in the fall.
4. Services as work site for court referred Community Service Workers providing the agency with educating the public to the needs of the poor.
5. Distribution of hats, gloves and scarves free to low-income clients contributed by churches, scouts, schools, local businesses and individuals.
6. Snack packs to families of school children who come into the pantry.
7. Provides home delivery services to 24 home bound clients weekly.
8. Distribution of baby formula and new baby clothing to low-income moms donated by local churches.
9. Efforts to increase foods have resulted in alliances with local stores, businesses and farmers.
10. Food drives at local grocery stores.
11. Free haircuts offered through Cut Ups Hair Salon located in Vernon Connecticut.
12. Free spading and neutering of pets through Town and Country Veterinarian located in Vernon, Connecticut.
13. Medication assistance to over 100 clients in need of psychiatric medications
14. Participation in VCN, Hunger Action Committee and other community councils addressing hunger in the community.
15. Creation of and chairmanship of the Vernon Multi Disciplinary Team. A volunteer committee comprised of community leaders whose mission is to coordinate services for Vernon residents.

HOCKANUM VALLEY COMMUNITY COUNCIL

Results Based Accountability for Food Pantry

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 is distributed. Food is donated by community groups, collected at food drives, or purchased at a discount at Foodshare a regional warehouse. In conjunction with our Case Management program, we connect them to other resources, arrange nutritional workshops, and collaborate with outside organizations to support our clients in a variety of other ways.

See attached copy of survey

How Well Do We Do It?

A random survey was conducted in the food pantry which polled answers from 142 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 to 142.

How Much Did We Do?

Families served	1,435
Individuals served	3,435
Total visits	17,926
Monthly Shopping visits for the year 2014	6,869
Weekly Shopping visits	9,681
Holiday Baskets Nov. and Dec.	1,319
Snack Packs for the year 2014	5,357

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.

Only two clients claimed that the pantry was not open during their posted hours. Only two responders claimed that they were not satisfied with the overall quality of the food pantry. They gave no reasons why this is.

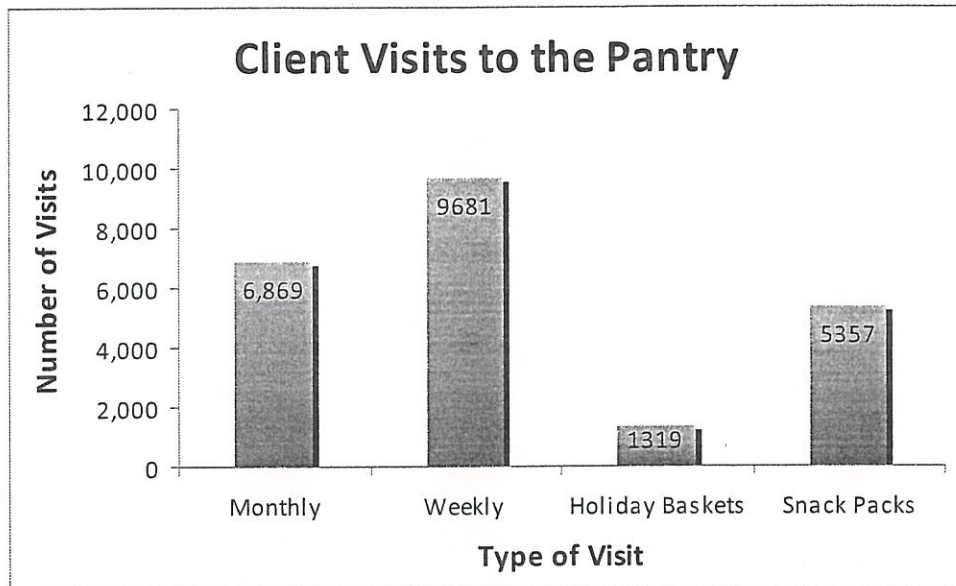
The majority of clients had no suggestions for improvements. In fact the question (question # 27 on the survey) was one of the least answered questions in the survey. However the following were the most common suggestions:

- Longer hours
- More space
- Better quality control of meat and produce

- Allow a client to shop for a set number of items, where they can choose anything they wish instead of having a set shopping list.
- Check out the weekly shoppers first so the lines go faster.

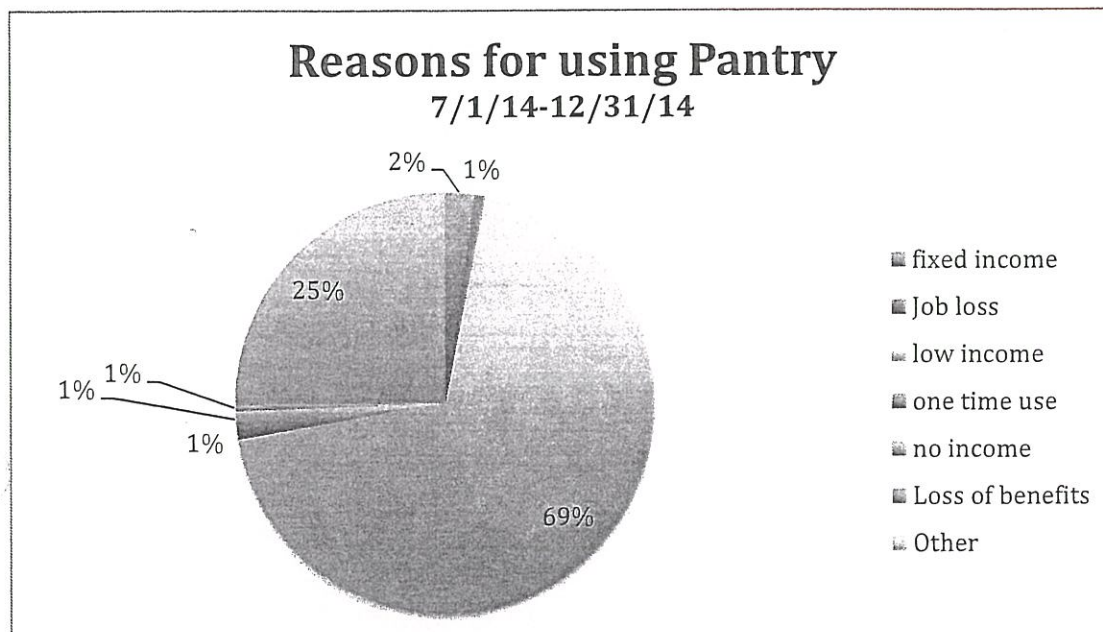
Who Is Better Off?

More than 3,400 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.

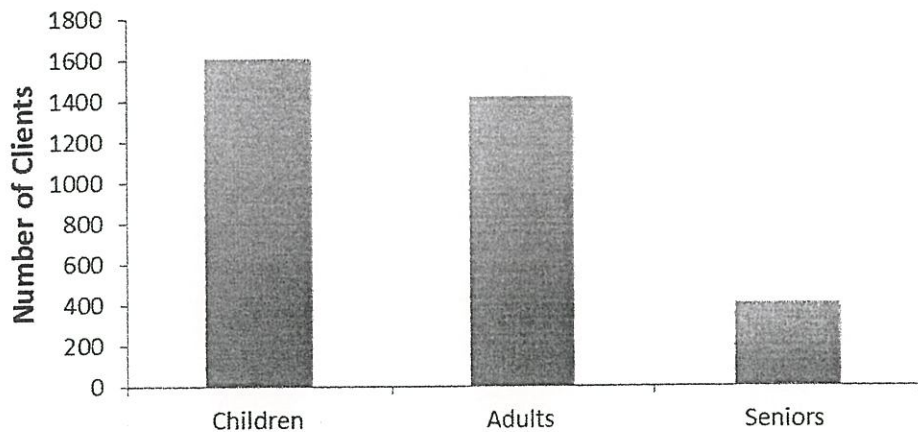


Per HVCC policy, clients can shop monthly for food estimated to last 3 days.

For a family of four, food is valued at \$92 retail.



Age Breakdown of Pantry Clients 1/1/14-12/31/14

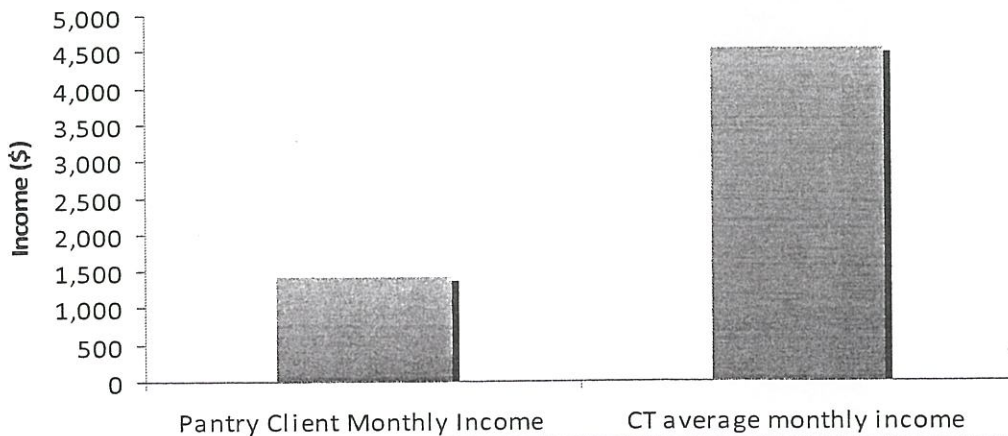


Children (0-18) 1605

Adults (19-59) 1422

Seniors (60+) 408

Household income of Average Pantry Household 1/1/14-12/31/14

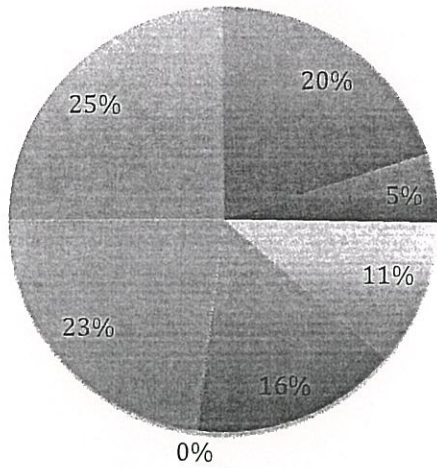


Pantry Client Monthly Income \$1,425

CT average monthly income \$4,534.20*

*Source: http://www.bls.gov/oes/current/oes_ct.htm#00-0000

Employment Status- Data Collected 7/1/14-12/31/14



- disabled
- full time
- part time
- retired
- self employed
- unemployd
- Currently unevaluated

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?
- Yes, where? _____
 - No
9. Are you relying less on a Food Pantry now than you were two years ago?
- Yes
 - No
10. How long does the food last that you receive from the HVCC Food Pantry if you don't go grocery shopping?
- Less than 3 days
 - Between 3 days and a week
 - Between 1 and 2 weeks
 - Between 2 weeks and a month
11. Are you able to use all of the food you receive from this Pantry?
- Yes
 - No, some of the food is no good when I receive it.
 - 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?
- Yes
 - No
 - This pantry doesn't give these out.
13. If you called for information, did you get the information you needed?
- Yes
 - No
14. Do you know people who need food but can't get it at this Pantry?
- No
 - Yes, but they don't qualify
 - Yes, but there is not enough food
 - 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)
- Yes
 - No, I am not eligible
 - No, I am eligible, but don't get them.
 - I do not know if I am eligible.
16. Is this Pantry open during posted hours?
- Yes
 - 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.**

HVCC Food Pantry Survey Results

The survey randomly polled answers from 142 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 to 142.

To increase participation in the survey, a raffle of two \$25 Stop and Shop gift cards was held for all clients who participated in the survey. Two winners were chosen randomly after the survey was held. While it was clear that answers to the survey had no bearing on chances of winning the raffle, it is possible that the giveaway positively affected the clients' answers. Clients may have also been swayed to answer positively out of misplaced fear that negative answers would somehow result in their not being allowed to receive service from us. However, it is unlikely that all participants shared this mindset and it is also unlikely that these factors would have prevented any serious issues or concerns from being expressed.

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.

Only two clients claimed that the pantry was not open during their posted hours. This may be due to an experience with the staff's policy of giving away pre-made food bags to clients who come during the last 15 minutes. Sometimes the door is locked at this time, making the pantry seem closed.

Only two responders claimed that they were not satisfied with the overall quality of the food pantry. They gave no reasons why this is.

The majority of clients had no suggestions for improvements. In fact the question (question # 27 on the survey) was one of the least answered questions in the survey. However the following were the most common suggestions:

Longer hours

More space

Better quality control of meat and produce

Allow a client to shop for a set number of items, where they can choose anything they wish instead of having a set shopping list.

Check out the weekly shoppers first so the lines go faster.

Data Tables

How did you hear about the pantry?

FRIEND	97
OTHER	23
AGENCY	16
CHURCH	4

How Many Year Have you received food at a Food Pantry?

FIRST TIME	3
LESS THAN 1 YR	32
BTW 1 AND 2 YRS	49
BTW 2 AND 5 YRS	38
MORE THAN 5 YRS	17

What is the average amount of time after the pantry opens
that you wait in line for your food?

5 MIN	98
15 MIN	35
30 MIN	6
MORE THAN AN HR	1

How far away do you live from HVCC Food Pantry?

LESS THAN 1 MI	12
BTW 1 AND 2 MI	42
BTW 2 AND 5 MI	65
MORE THAN 5 MI	21

How do you get to HVCC Food Pantry?

RIDE W/ FRIEND/NEIGHBOR	30
DRIVES OWN CAR	98
WALK, BIKE	3
PUBLIC TRANSPORTATION	5
OTHER	4

How easy is it for you to enter and exit the pantry?

EASY, NO PROBLEMS	121
DIFFICULT	21

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

YES	17
NO	89

Are you relying less on a food pantry now than you were two years ago?

YES	41
NO	93

How long does the food that you receive from the pantry last?

LESS THAN 3 DAYS	25
BTW 3 DAYS AND A WEEK	67
BTW 1 AND 2 WEEKS	40
BTW 2 WEEKS AND A MONTH	4

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

NO	85
OPEN EARLIER	13
OPEN LATER	36
OPEN EARLIER & LATER	4

Are you able to use all of the food that you receive from the pantry?

Yes	117
Goes bad before use	10
Spoiled when received	11

Do you find useful information posted in this pantry? Can you call for information if needed?

Yes	127
Doesn't give these out	5
Can call for info	9
No to both in pantry and calling	2
No useful info in Pantry	4

Do you know anyone who needs food but can't get to this food pantry?	
NO	85
Don't Qualify	36
Can't get to Pantry	19
Isn't enough food	3
Do you receive food stamps?	
Yes	78
No, but eligible	7
Not eligible	31
Don't Know if eligible	15
No longer eligible	1
Is the Pantry open during posted hours?	
Yes	135
No	2
In general, are you satisfied with the quality of food you receive from the pantry?	
Yes	133
No	2
When changes are made, are you informed? If so how?	
Yes	98
No	31
Yes-Posted	36
Yes-Phone	3
Yes-Email	2
Yes-staff	19
Yes-Facebook	1
Yes-other	3
Do you believe that because you receive food from the pantry you have more money available for other monthly expenses?	
Yes	110
No	23
Do you believe that because you receive food from this pantry your family's health has improved?	
Yes	114
No	18

What items do you enjoy the most?

Fruits	43
Vegetables	70
Meat	31
Bread	27
Pastry	24
Frozen Goods	7
Canned goods	5
Everything	11
Other	30

What items do you enjoy the least?

Nothing	45
Pastry	12
Vegetables	13
Fruit	7
Meat	3
Bread	4
Dry goods	9
Beans	6
Canned Goods	11
Other	7

What food or non-food items would you like to see HVCC
food pantry carry?

Paper Products/ toiletries	18
Dairy	19
Nothing new needed	34
More Meat	7
More produce	6
More beverages	6
Pet food	6
Other	11

What issues do you face when getting food from the pantry?

None	83
Transportation issues	6
Crowded	6

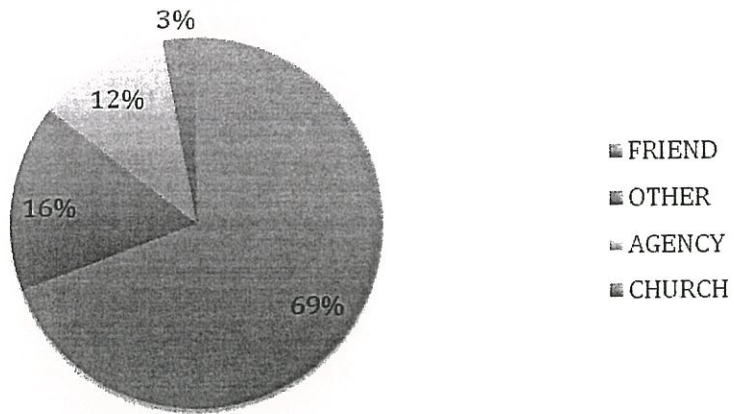
Food freshness	5
Not enough food	6
Other	3

How were you treated by the staff at HVCC food pantry?

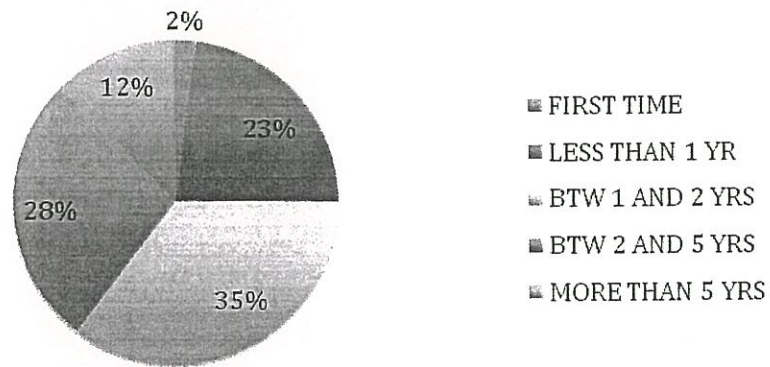
Treated courteously and with respect	129
Staff person helped me with anything I needed	51
I had a hard time finding who I needed to talk to	1

Charts

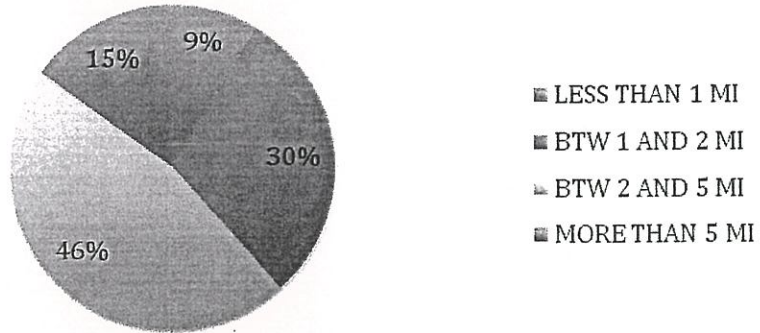
How clients hear about the pantry



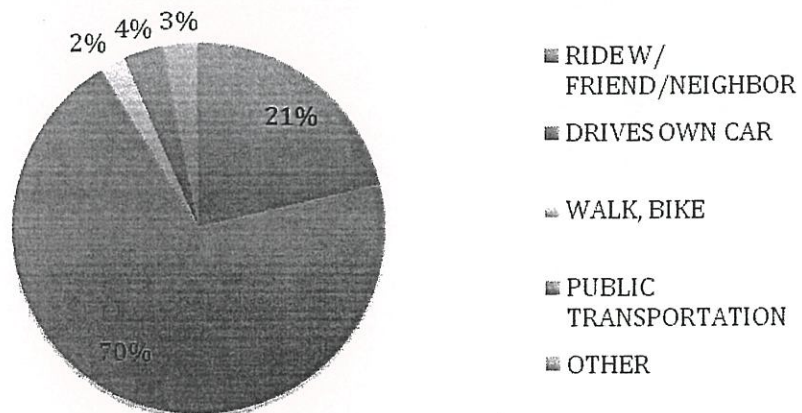
Average years using the food pantry



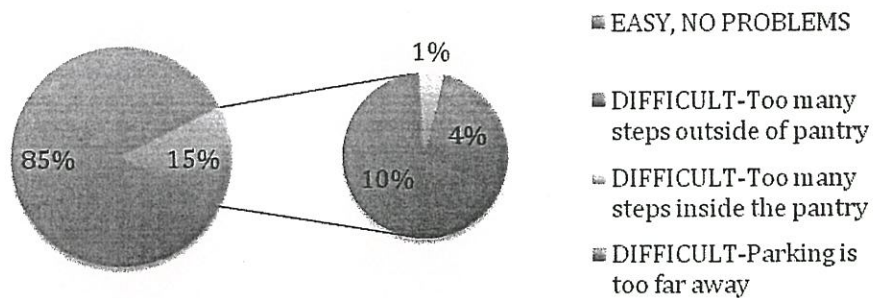
Average distance of residence from the food pantry



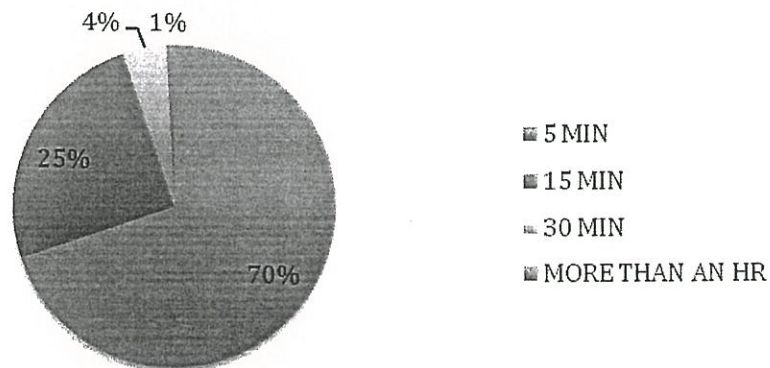
Modes of access to the pantry



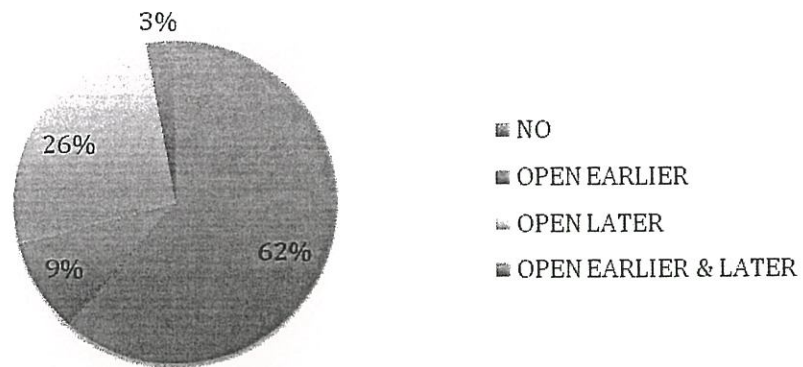
Ease of entry and exit to the pantry



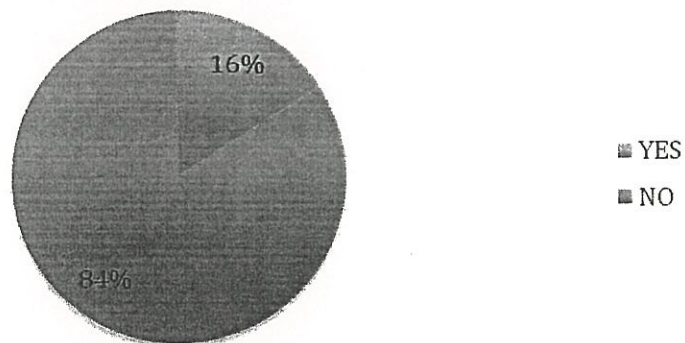
Average wait time for food after pantry opens



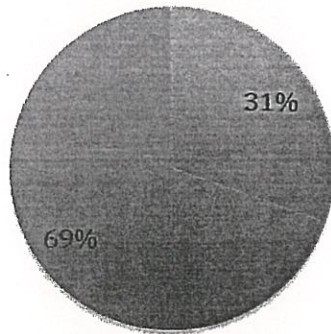
Client's requests for new pantry hours



Clients who are unable to obtain food from other sources than the pantry

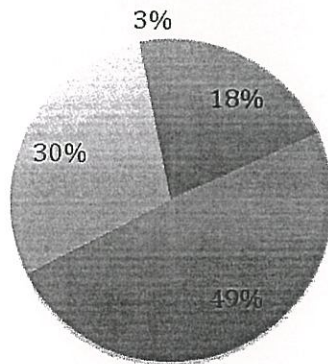


Clients relying less on the Pantry now than two years ago



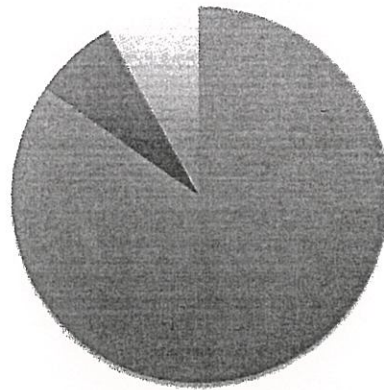
■ YES
■ NO

Average length of time food from the pantry lasts a client



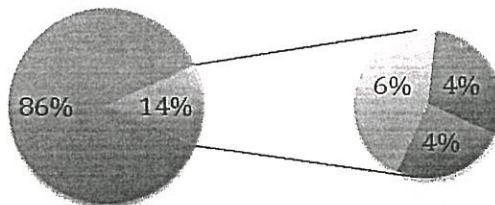
■ LESS THAN 3 DAYS
■ BTW 3 DAYS AND A WEEK
■ BTW 1 AND 2 WEEKS
■ BTW 2 WEEKS AND A MONTH

Freshness of the food recived from the pantry



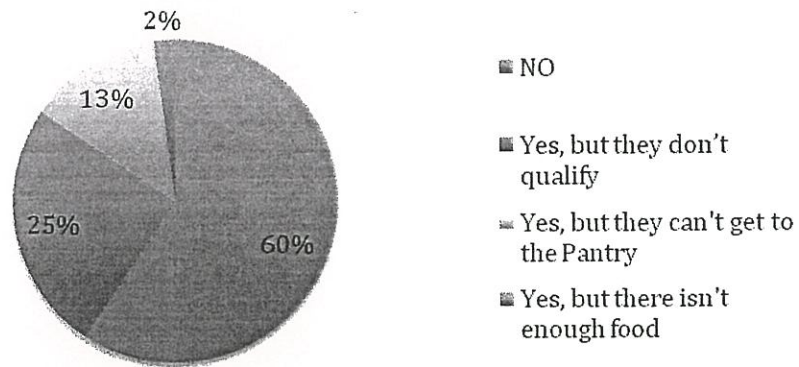
- All food is used before it goes bad
- Goes bad before use
- Spoiled when received

Client access to information in and about the pantry

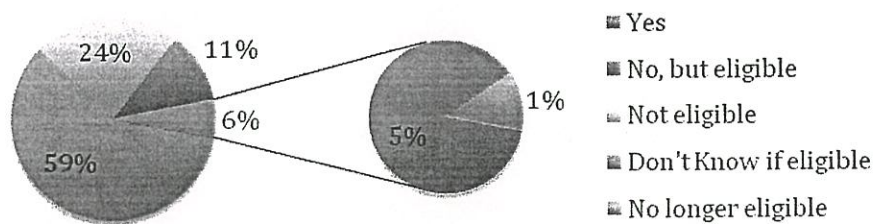


- Useful information in pantry and can call for useful info
- Doesn't give these out
- can call for info, but no useful info in pantry
- no useful info in Pantry

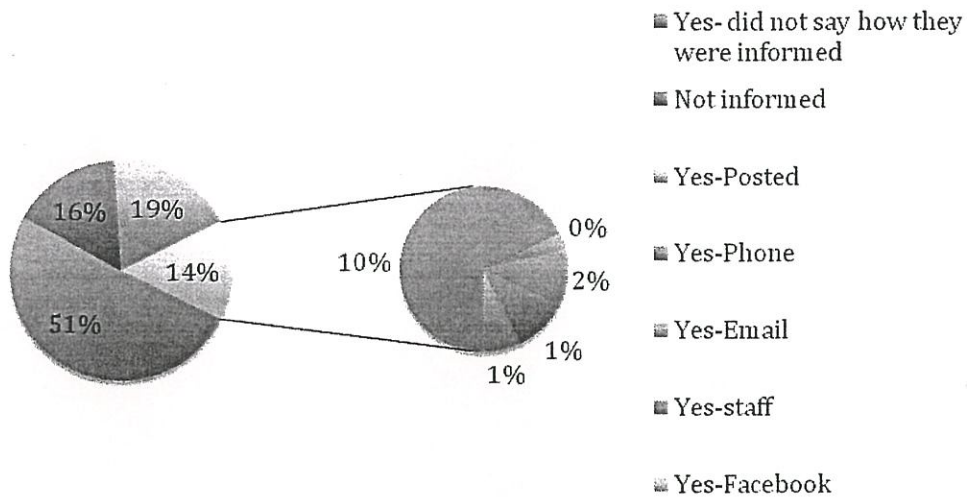
Clients who know someone who needs food at the food pantry



Clients who are eligible for food stamps



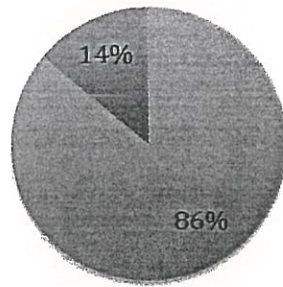
How clients are informed of changes in the pantry



Clients who believe the food pantry helps them save money for other monthly expenses

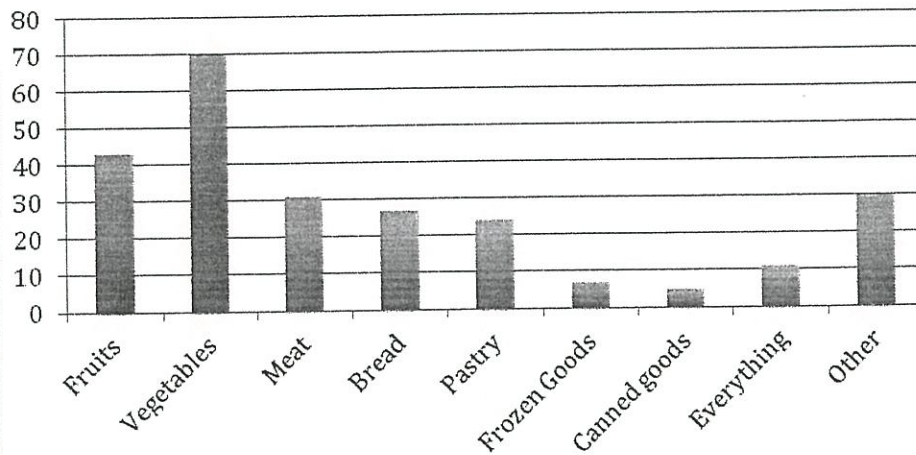


Clients who believe the food pantry has helped their family's health

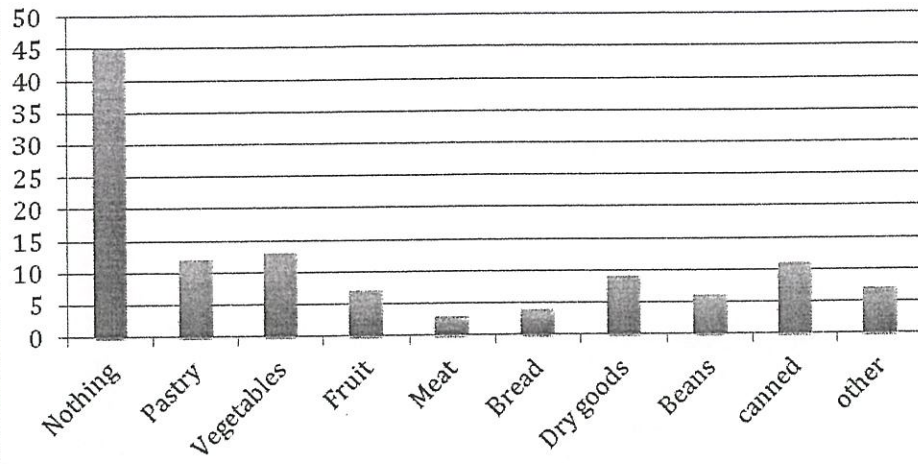


■ Yes
■ No

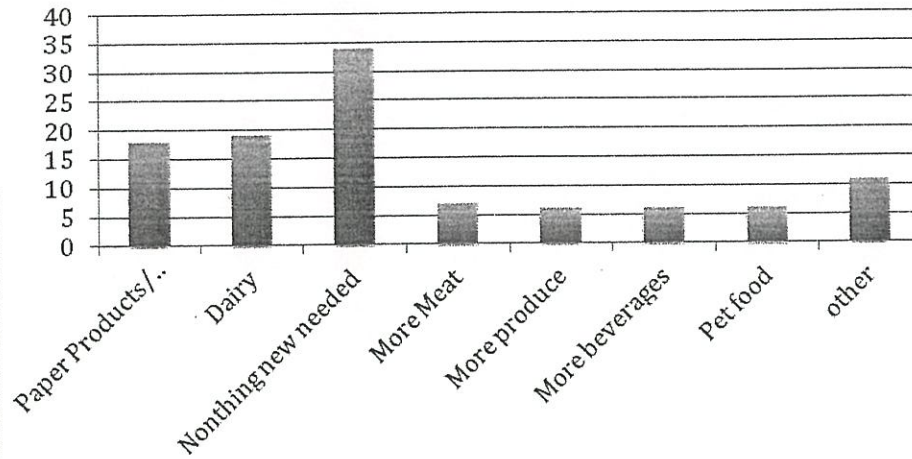
Items clients enjoy the most



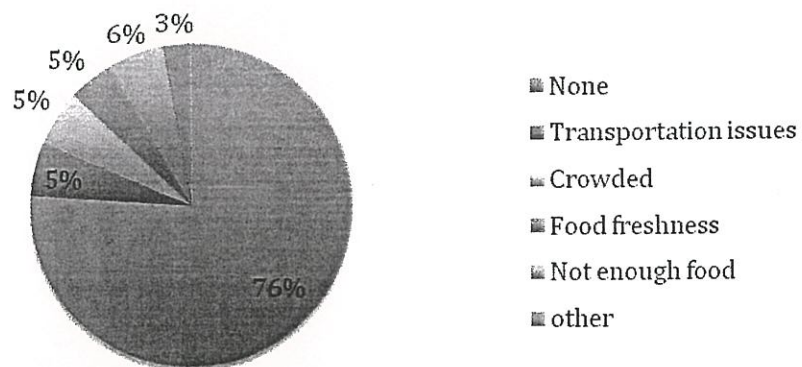
Items least enjoyed by clients



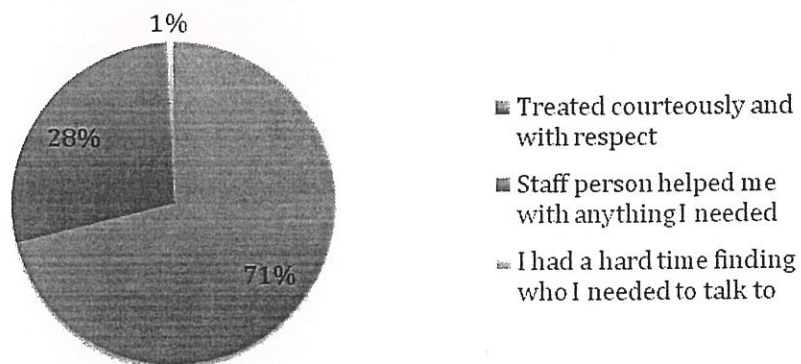
Suggestions for new items



Issues faced when getting food from the pantry



Client feelings on thier treatment by the staff



Town of Vernon Grant Application
Fiscal Year July 1, 2015 - June 30, 2016
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 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: David Fowler Interim Financial Manager
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 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 of 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 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: 532 Youth/Children: 0 Families: 0

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

FY 2012-13	Adults: <u>470</u>	Youth/Children: <u>0</u>	Families: <u>0</u>
FY 2013-14	Adults: <u>497</u>	Youth/Children: <u>0</u>	Families: <u>0</u>
FY 2014-15	Adults: <u>490</u>	Youth/Children: <u>0</u>	Families: <u>0</u>

- G. How do Vernon residents access services?:
Reservations are taken by phone.

- H. Budget Summary:

Total Agency Budget:	\$	3,688,206	
Total Program Budget:	\$	1,244,174	
Total Board Fund-Raising:	\$	544,747	

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

ATTACHMENT A

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

SOURCE	AGENCY	PROGRAM
Municipal	\$ 754,605.00	\$ 637,867.00
Federal (NCAAA & GHTD)	\$ 79,707.00	\$ 79,707.00
State	\$ 316,446.00	\$
Fees	\$ 1,450,801.00	\$ 526,600.00
United Way	\$ 50,300.00	\$
Foundations	\$ 77,500.00	\$
Retail / Rental	\$ 12,100.00	\$
Donations / Fundraisers / In Kind	\$ 946,747.00	\$
Total:	\$ 3,688,206.00	\$ 1,244,174.00

- I. What is the percentage increase in your Agency's expenses this year versus last year? 10.00%
- J. What is the percentage increase in your Agency's revenue this year versus last year? 10.00%
- K. What new revenue sources 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 fundraising events, donations, food drives, & an Annual Appeal are conducted throughout the year.
- L. What other municipalities provide funding to your organization?

Town	Amount
Ellington	\$ 57,023.00
Tolland	\$ 55,853.00
Manchester	\$ 180,000.00
East Hartford	\$ 209,063.00
	\$
	\$
	\$
	\$
Total:	\$ 501,939.00

With any questions pertaining to this form, please contact: Marina Rodriquez, Tel. 860-870-3567 / mrodriguez@vernon-ct.gov;
 or Alan Slobodien ,Tel. 860-870-3558 / aslobodien@vernon-ct.gov

Hockanum Valley Community Council, Inc.

Statement of Need Project will Address
TRANSPORTATION FOR ELDERLY AND DISABLED PEOPLE

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

Elderly and/or disabled residents are frequently unable to use what public transportation does exist. They usually do not have private automobiles because of disability or income constraints. Transportation becomes a vital element in maintaining independence for the senior 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 needs of children.

HVCC offers on demand pantry & counseling rides to and from Vernon to HVCC.

HVCC began assessing a \$2.00 per ride donation as of January 2012. The donation has been met with almost 100 percent acceptance and without complaint or issues.

In 2013 HVCC acquired three vans for Dial – a – Ride. One was a free 10 seat van from West Hartford, and the other two were 12 & 16 seat vans. HVCC bought them for \$114,000 with Connecticut Department of Transportation granting HVCC \$80,000 of that. Hartford Foundation for Public Giving granted HVCC the remainder to make us whole.

The transportation department is dedicated to providing the elderly and disabled with a quality service that allows for the needed mobility and ability to access the local community.

HOCKANUM VALLEY COMMUNITY COUNCIL

Results Based Accountability for Transportation

Goal Statement:

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.

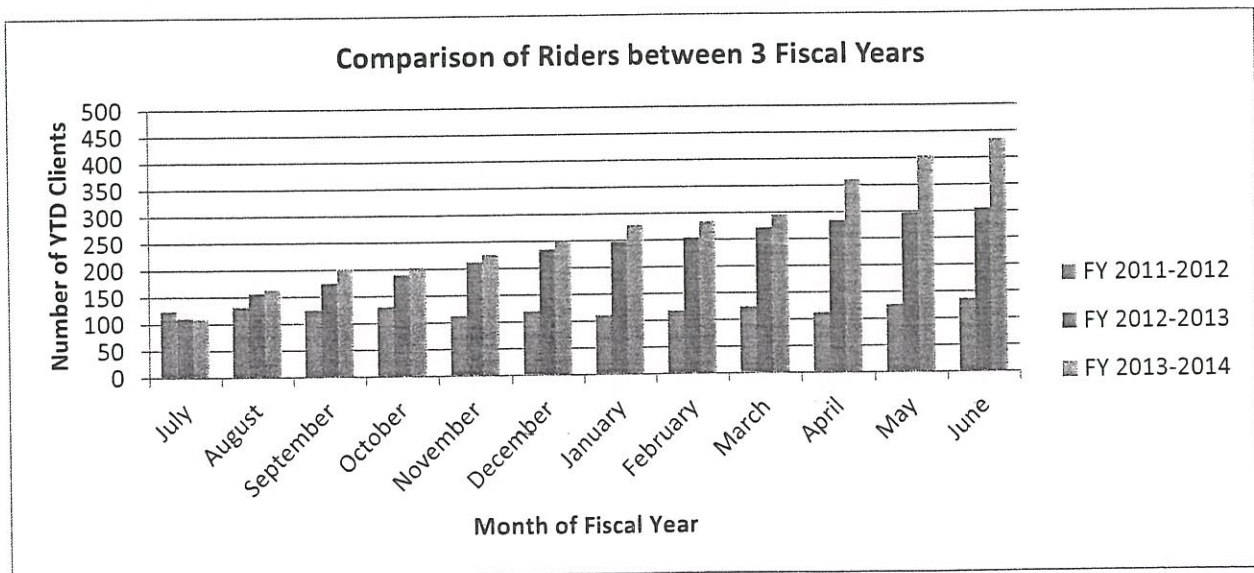
There are no other Non-Profit Organizations in the Vernon area that operate demand-Response transportation. There are no services which support elderly and/or people who cannot afford to pay for transportation.

Who we are and what we do?

Hockanum Valley Community Council Dial-A-Ride provides an expansive 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 offers specific days and times designated for grocery shopping and social events in the area. We offer trips to our Pantry and Counseling service as well. Based on the graph below, the number of trips per month were roughly the same; however, during the most recent fiscal year, our winter months impacted the number of trips those months. Our Dial-A-Ride department usually provides at least 550 trips per month for the residents of Vernon.

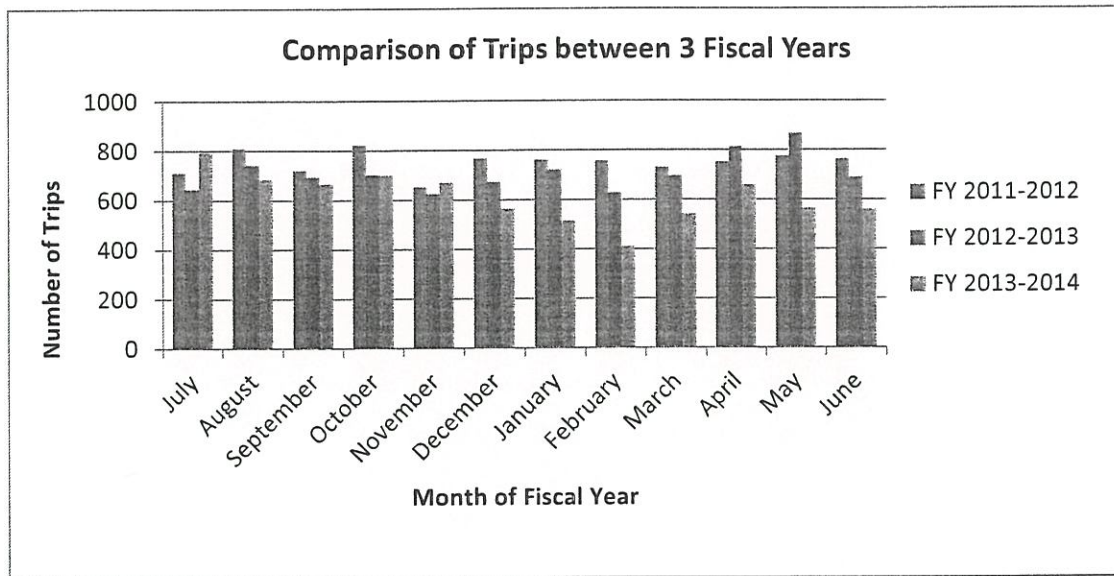
See Attached Copy of Survey

How well did we do?



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.

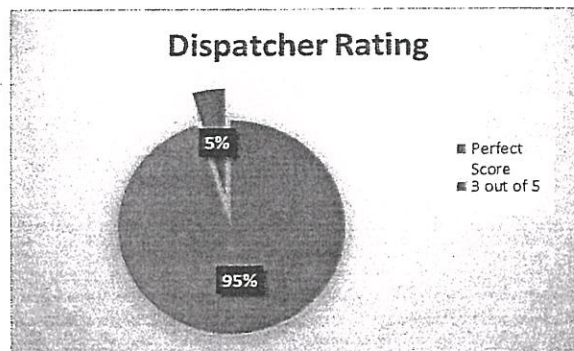
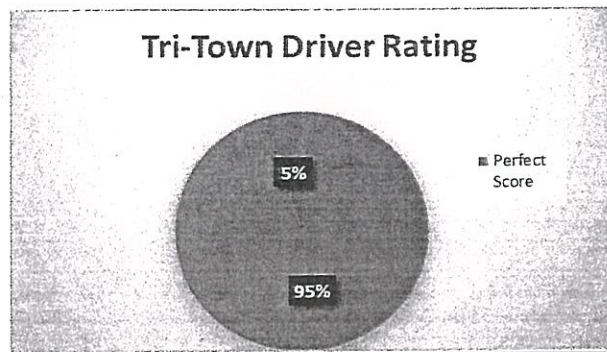
How much did we do?



Based on the graph above, the number of trips per month were roughly the same; however, during the most recent fiscal year, our winter months impacted the number of trips those months. Our Dial-a-Ride department usually provides at least 550 trips per month for the residents of Vernon.

Survey Results:

During the summer of 2014, we conducted surveys that documented our riders' satisfaction with our services. We conducted these surveys for approximately two weeks, and we individually called 21 riders to retrieve their responses. At the end of our last fiscal year, we served 434 riders, and although a small majority of our riders (4.8%) 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 graphs demonstrate, 95% of the respondents gave both our drivers and dispatchers a perfect score, while 5% gave a score of 3 out of 5.

Is anyone better off?

Throughout the last few fiscal years, our number of unduplicated riders has increase 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/\$94,710 annually) has risen an average 3.6 percent per year.
- The 2013 average cost of 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 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. Did you receive a phone call from us regarding our change in operating hours last summer?
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. How interested would you be in trips that travelled out of state? (i.e. Boston, New York, Providence)

1 2 3 4 5

4. 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

Town of Vernon Grant Application
Fiscal Year July 1, 2015 - June 30, 2016
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 specific.

A. Program Title: Elder Services (Elderly Outreach and Management Services)

B. Name of program contact person: David O'Rourke Chief Operating Officer
 Name Title

Tel #: 860-872-9825

C. Name of fiscal contact person: David Fowler Chief Financial Officer
 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 the 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), volunteer recruitment, home bound food deliveries, out patient counseling.

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

Adults: 270 Youth/Children: 0 Families: 0

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

FY 2012-13	Adults: <u>316</u>	Youth/Children: <u>0</u>	Families: <u>0</u>
FY 2013-14	Adults: <u>292</u>	Youth/Children: <u>0</u>	Families: <u>0</u>
FY 2014-15	Adults: <u>281</u>	Youth/Children: <u>0</u>	Families: <u>0</u>

G. How do Vernon residents access services?:

Clients can access services via referral from town, senior housing or by phone/walkin. Home visits are provided.

H. Budget Summary:

Total Agency Budget:	\$	3,688,205
Total Program Budget:	\$	86,975
Total Board Fund-Raising:	\$	544,747

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

ATTACHMENT A

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

SOURCE	AGENCY	PROGRAM
Municipal	\$ 754,605.00	\$ 18,000.00
Federal (NCAAA & GHTD)	\$ 79,707.00	\$ 26,975.00
State	\$ 316,446.00	\$
Fees	\$ 1,450,801.00	\$
United Way	\$ 50,300.00	\$
Foundations	\$ 77,500.00	\$
Retail / Rental	\$ 12,100.00	\$
Donations / Fundraising / In Kind	\$ 946,747.00	\$ 42,000.00
Total:	\$ 3,688,206.00	\$ 86,975.00

I. What is the percentage increase in your Agency's expenses this year versus last year? 10.00%

J. What is the percentage increase in your Agency's revenue this year versus last year? 10.00%

K. What new revenue sources 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 fundraising events, donations, food drives, & an Annual Appeal are conducted throughout the year.

What other municipalities provide funding to your organization?

Town	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total:	\$ -

With any questions pertaining to this form, please contact: Marina Rodriquez, Tel. 860-870-3567 / mrodriguez@vernon-ct.gov;
 or Alan Slobodien ,Tel. 860-870-3558 / aslobodien@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 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.

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.

HOCKANUM VALLEY COMMUNITY COUNCIL

Results Based Accountability for Elder Services

Goal Statement Clients who come to HVCC for food, mental health and transportation are frequently seeking stability, often in multiple areas of their lives. In recognition of our clients' need to access services internally and externally, the Case Management program was developed in 2010 to help clients connect to critical services.

Who Are We and What Do We Do? The Case Managers are comprised of one full-time program manager, a part-time case manager, a pantry intake coordinator and several volunteers who help with clerical and direct client support.

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.

Seniors Individuals over age 60+ are considered elderly. Case managers are able to assess an individual's ability to manage their daily activities and coordinate services. Supportive services include help with household chores, personal care, transportation, socialization, Medicare and other benefit programs. The elderly are also prone to developing mental and physical problems, which require professional assessment and care. Case Managers are on a first-name basis with local service providers and able to coordinate care in a manner that creates a comfort level for families floundering in unfamiliar territory.

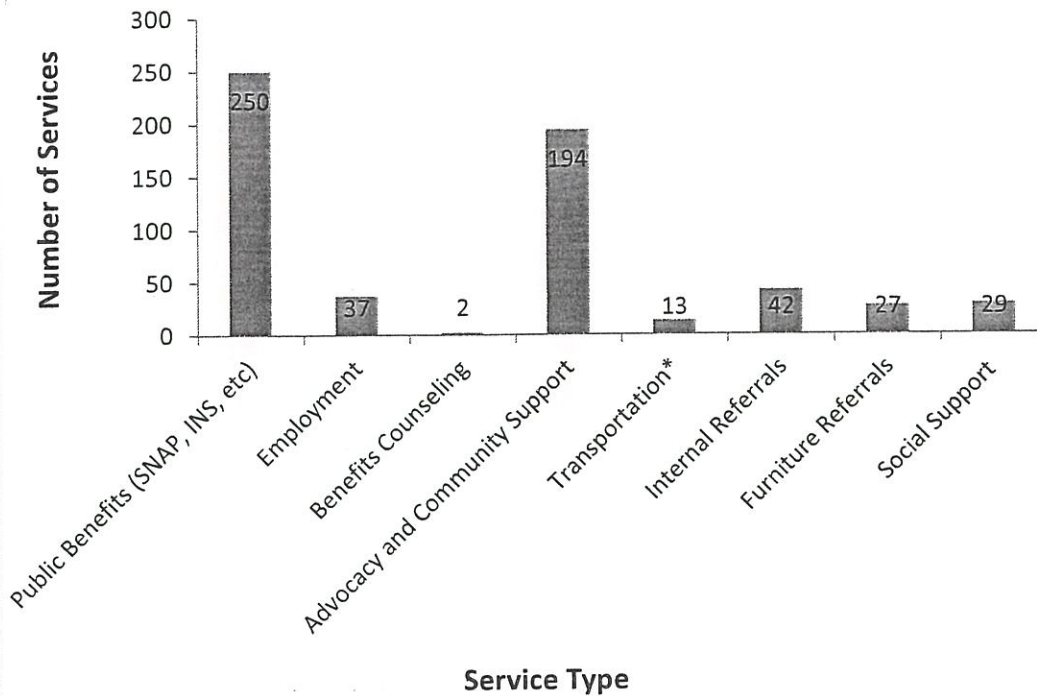
How Well Did We Do It?

Case Management was included in survey questions that pertain to Pantry

In 2014, 393 referrals were made to Case Managers. 252 unduplicated clients were seen who were linked with multiple services.

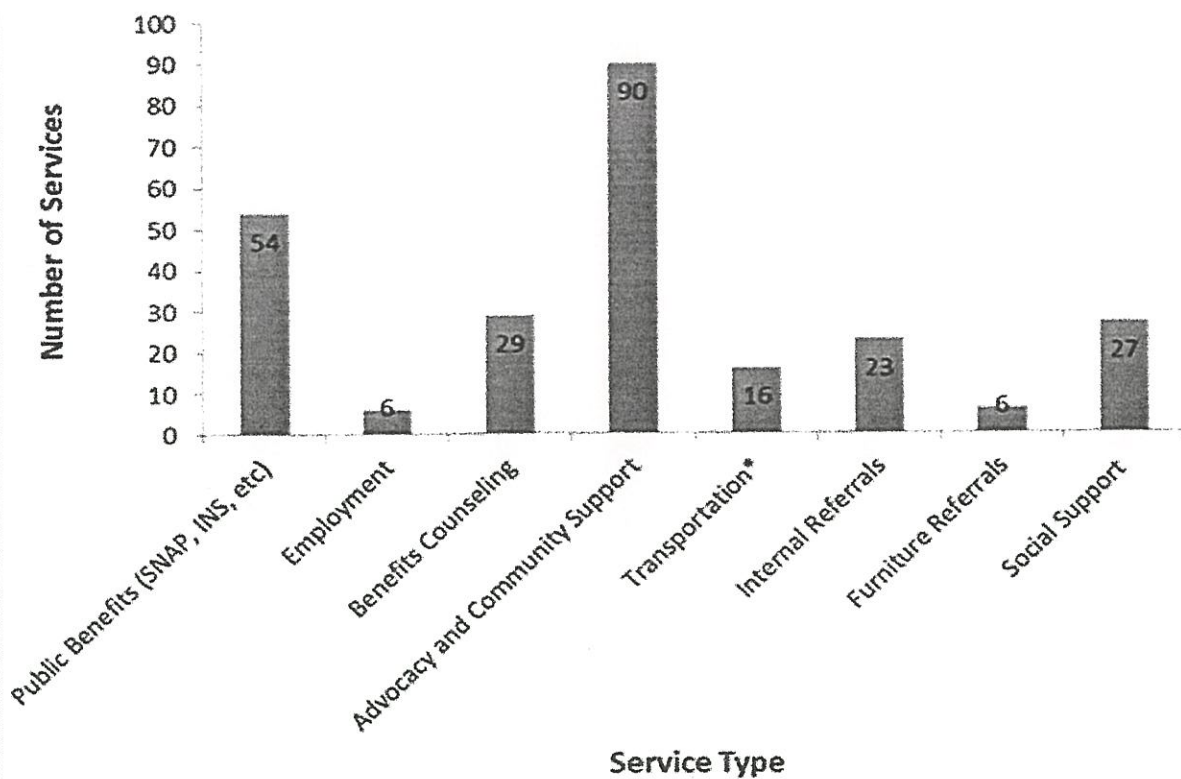
Goals met: Adults: 81% and seniors 71.38%

Adult Services in Case Management 2014

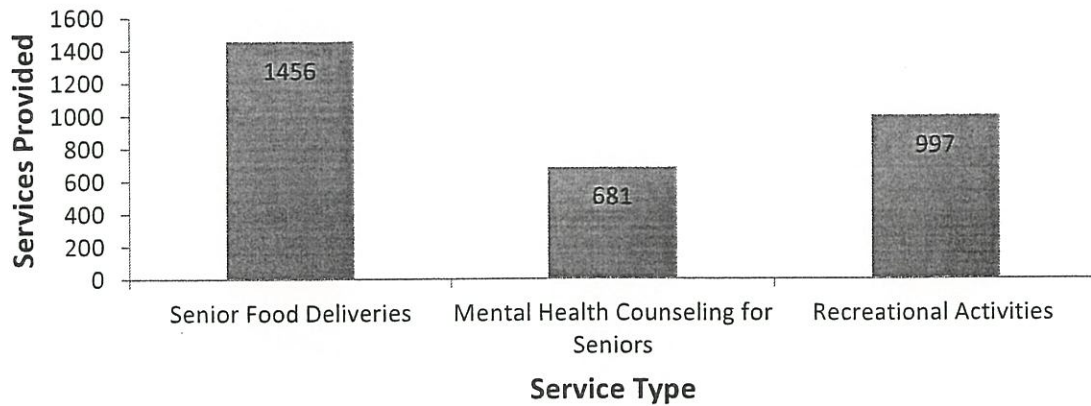


- **Public benefits:** Includes links to subsidized housing, energy assistance, SNAP (food assist), health insurance, and cash assistance.
- **Employment:** Clients are with resumes, on line job applications, employment agencies, job leads and fairs.
- **Transportation:** Referrals to LogistiCare, Medcab, Greater Hartford Transit and ADA paratransit for the disabled.
- **Furniture:** At St. Vincent DePaul, Lighthouse Mission (accepts agency only referrals)
- **Advocacy and Community Support:** Outreach to Agency referrals to other service providers, appeals for personal items, calls to Veterans Adm., housing complexes, etc. on behalf of client.

Elder Services in Case Management (60+) 2014



Agency Services Provided to Seniors 2014

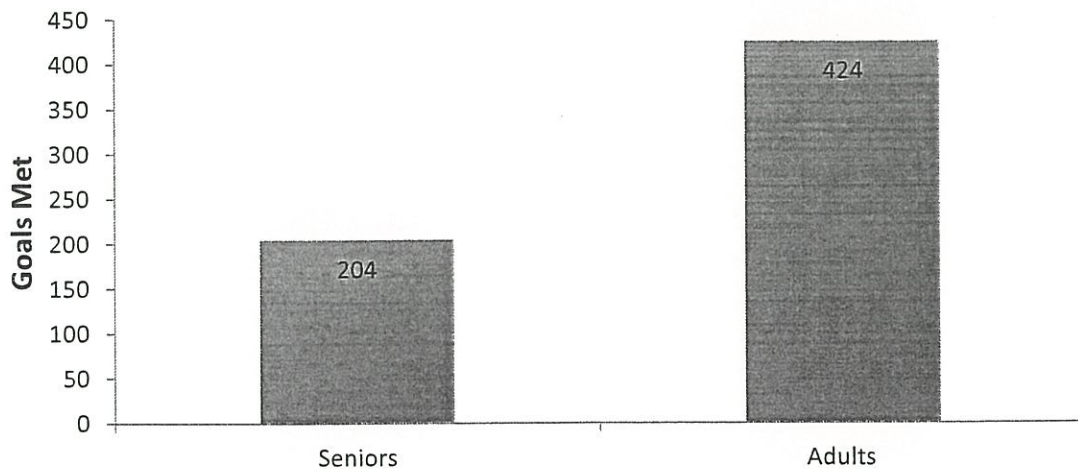


Senior food deliveries: number of meals to homebound seniors 1, 456

Mental health counseling: hours of service 681

Recreational activities: 997 hours (luncheons, book clubs, cultural events)

Goals met in Case Management 2014



Above and Beyond Food Distribution

<i>ACTIVITIES, DIRECT OR COLLABORATIVE</i>	<i>OUTCOME FOR CLIENT</i>
<i>SNACKS FOR CHILDREN</i>	<i>CHILDREN NOURISHED, STAVE HUNGER</i>
<i>NUTRITION WORKSHOPS: CLIENTS LEARN HOW TO READ LABELS AND UNIT PRICES</i>	<i>BUY HEALTHIER FOODS & STRETCH THEIR LIMITED FUNDS</i>
<i>CLIENTS ARE LINKED WITH HEALTHCARE PROVIDERS SCREENING FOR COLON, PROSTATE, BREAST CANCER & DIABETES</i>	<i>EARLY TREATMENT INCREASES RECOVERY ODDS AT LOWER COSTS</i>
<i>PROVIDE BACK TO SCHOOL MATERIALS</i>	<i>CHILDREN PREPARED FOR SCHOOL INCREASE POSSIBILITY OF SUCCESS</i>
<i>DIAPER DISTRIBUTION</i>	<i>REDUCED CHANCE OF INFECTION FOR BABIES</i>
<i>REFERRALS TO OPTICIANS FOR FREE GLASSES</i>	<i>CLIENTS RETAIN VISION</i>
<i>WEEKLY FOOD DELIVERY TO HOMEBOUND</i>	<i>HOMEBOUND ARE ABLE TO EAT</i>
<i>PANTRY SHUTTLE</i>	<i>CLIENTS HAVE ACCESS TO FOOD</i>
<i>HOLISTIC HEALTH EVENT</i>	<i>CLIENTS IMPROVE WELL BEING</i>
<i>YMCA CAMPERSHIP ASSIGNMENT</i>	<i>4 CHILDREN HAVE BENEFITS OF SUMMER CAMP</i>
<i>COATS, HATS, GLOVES ARE GIVEN TO CLIENTS</i>	<i>CLIENTS ARE WARM, HEALTHY, ABLE TO WORK OR ENJOY OUTSIDE ACTIVITIES</i>
<i>HOLIDAY BASKETS DISTRIBUTED TO CLIENTS, NOV AND DEC AND EASTER BASKETS DISTRIBUTED TO CHILDREN</i>	<i>FAMILIES PARTICIPATE IN FAMILY & COMMUNITY TRADITIONS FEEL CONNECTED, MORE STABLE</i>
<i>HAIRDRESSER PROVIDES DISCOUNTED HAIRCUTS</i>	<i>CLIENTS IMPROVE MORALE</i>

Town of Vernon Grant Application
Fiscal Year July 1, 2015 - June 30, 2016
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 specific.

A. Program Title: HVCC Counseling Outpatient Mental Health

B. Name of program contact person: David O'Rourke Chief Operating Officer
Name Title
Tel #: 860-872-9825

C. Name of fiscal contact person: David Fowler Chief Financial Officer
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 increaing issues of opiate addiction.

E. Services to be provided:
Outpatient individual, group, family, couples, and psychiatric services for adults, children, and families. Assessment and evaluation.

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

Adults: 660 Youth/Children: 150 Families: 380

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

FY 2012-13	Adults: <u>642</u>	Youth/Children: <u>137</u>	Families: <u>358</u>
FY 2013-14	Adults: <u>658</u>	Youth/Children: <u>148</u>	Families: <u>381</u>
FY 2014-15	Adults: <u>650</u>	Youth/Children: <u>125</u>	Families: <u>330</u>

G. How do Vernon residents access services?:
self referral, referral from community and community agencies.

H. Budget Summary:

Total Agency Budget:	\$	3,688,206	
Total Program Budget:	\$	1,787,588	
Total Board Fund-Raising:	\$	544,747	

Town of Vernon Grant Application
Fiscal Year July 1, 2015 - June 30, 2016
ATTACHMENT A

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

SOURCE	AGENCY	PROGRAM
Municipal	\$ 754,605.00	\$ 46,500.00
Federal (NCAAA & GHTD)	\$ 79,707.00	\$
State (CSSD)	\$ 316,446.00	\$ 316,446.00
Fees	\$ 1,450,801.00	\$ 805,464.00
United Way	\$ 50,300.00	\$ 50,300.00
Foundations	\$ 77,500.00	\$
Retail / Rental	\$ 12,100.00	\$ 12,100.00
Donations / Fundraisers / In Kind	\$ 946,747.00	\$ 556,778.00
Total:	\$ 3,688,206.00	1,787,588.00

- I. What is the percentage increase in your Agency's expenses this year versus last year? 10.00%
- J. What is the percentage increase in your Agency's revenue this year versus last year? 10.00%
- K. What new revenue sources 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 fundraising events, donations, food drives, & an Annual Appeal are conducted throughout the year.

What other municipalities provide funding to your organization?

Town	Amount
Ellington	\$ 5,000.00
Coventry	\$ 1,500.00
	\$
	\$
	\$
	\$
	\$
	\$
Total:	\$ 6,500.00

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

HOCKANUM VALLEY COMMUNITY COUNSELING
Attachment
Out Patient Mental Health and Substance Abuse Counseling

Goals:

To provide quality out patient services to Vernon residents who are experiencing emotional, behavioral, social, mental health and substance issues.

To provide these services in a timely fashion provides for the greatest opportunity for the clients to have engaged in the counseling process.

To provide on going services to individuals who require psychiatric services requiring medication, evaluation and medication review.

Who is served:

A majority of HVCC clients are residents of Vernon. Most are referred from social service agencies such as: Vernon Social Services, DCF, Family Courts, schools and the judicial departments.

They require services due in part to family violence, divorce, death, crime, substance abuse and/or mental health issues.

Clients treated at HVCC typically are low income, unemployed and with multiple systemic family issues. Clients are offered services at a reduced fee according to their income.

The services to clients are typically the only available services for them. Many are not eligible for support services offered through other state agencies and many more are not insured.

In October 2013, HVCC began offering SUBOXONE treatment to a limited number of clients.

Domestic violence and substance abuse continue to place a burden on this program. No other program in this area provides low cost services for the treatment of substance abuse and anger management.

Over the past year HVCC has increased its psychiatric services by 30 %. Patients without insurance are unable to obtain these services any place else. Furthermore, the continued economic changes in this community have seen an increase in depression and anxiety due to loss of employment and increase financial stressors. This has resulted in patients seeking psychiatric services that are unavailable anywhere else in this community for the population we serve.

HOCKANUM VALLEY COMMUNITY COUNCIL

Results Based Accountability for Counseling

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:

73 total participants

Average length of service: less than one year

Participants utilizing another HVCC service: 26%

How Much Did We Do?

Fiscal Year 2013/2014

Number of Clients Served: 1,702

Number of Appoints Kept: 20,413

Number of Vernon Clients Served: 758

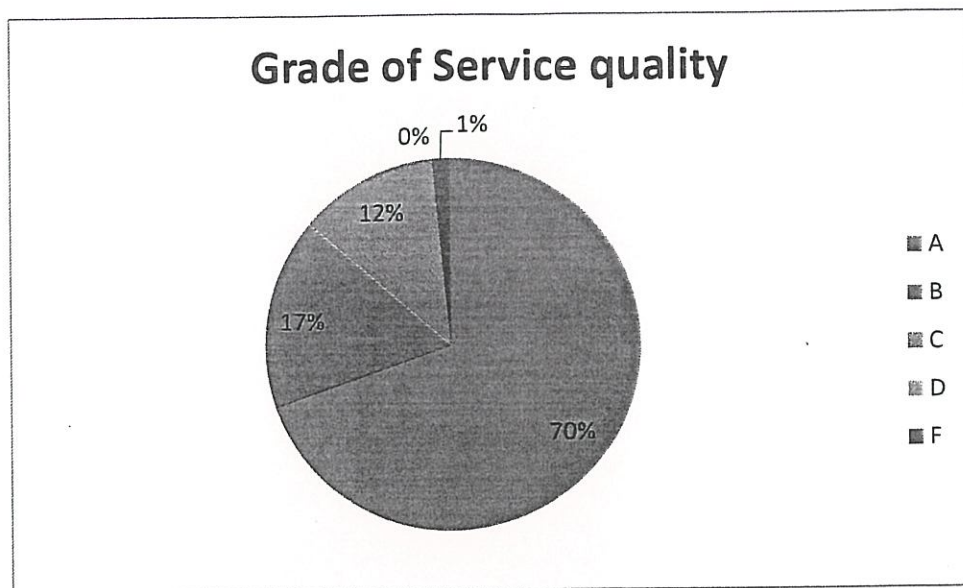
Number of Appointments Kept of Vernon Residents: 8596

Survey Results:

Clinical:

All but one client claimed that when they arrived at HVCC, they were ready for change. The majority of reasons for attending were to seek help/ quit a particular habit. All but three clients had very positive reactions to their treatment/ services. 59 out of 67 responses claimed to have derived some benefit from counseling treatment. 67 out of 69 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 two clients claimed that they felt their clinician provided expert care. Only one client 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.



Clinical:

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

- COUNSELOR HAS HELPED ME COPE WITH MY DIFFICULT EXPERIENCES WITH DEPRESSION
- HOW TO CONTROL ANGER AND HOW TO HANDLE DIFFERENT SITUATIONS
- REDUCTION OF ANXIETY
- HELP WITH STAYING SOBER
- LEARNED WHAT SOME OF MY PROBLEMS ARE AND HOW TO AVOID THEM
- THINK FIRST
- BETTER RELATIONSHIPS
- BETTER UNDERSTANDING OF MYSELF AND FAMILY
- GETTING AND STAYING OUT OF DOMESTIC VIOLENCE RELATIONSHIP

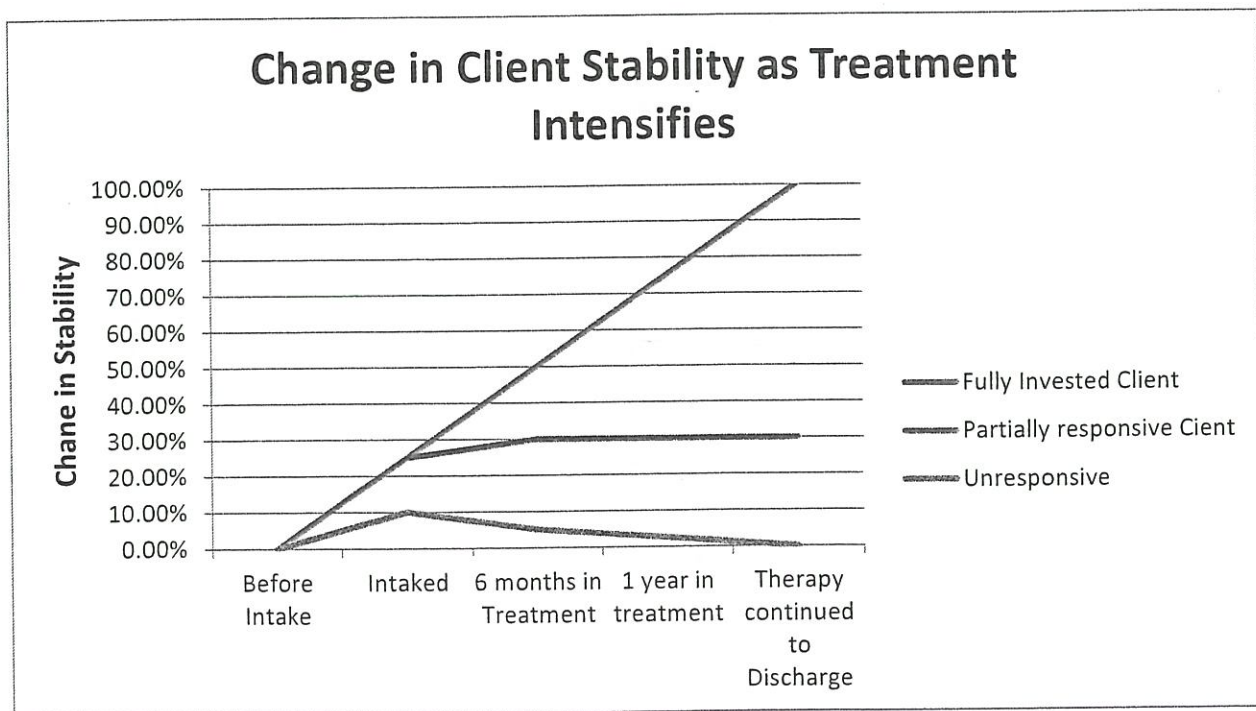
Who is Better Off?

With a large mandated population much of the clinical work we do is monitored very closely. A significant focus is put upon the recidivisms rate of our clients within our major contracts with the Judicial Branch. As of January 1, 2015 HVCC holds the one of lowest recidivisms rates in the State of CT for both it's General Mental health/Substance Abuse contract and it's Family Violence Education Contract.

For example the average recidivism rate for offenders who successfully complete the Family Violence Education Program is 6%.

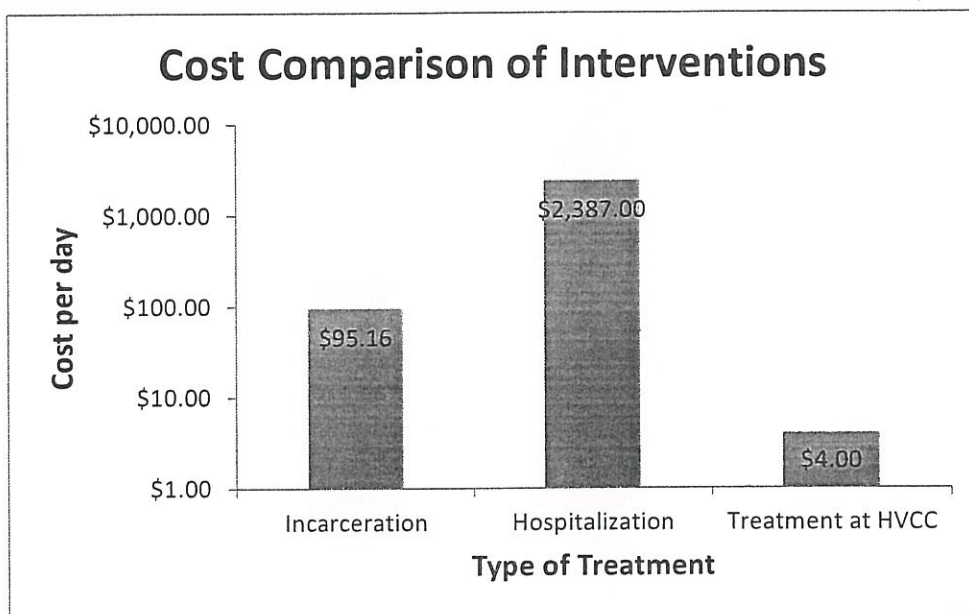
Additionally, evidence of success with our clients is seen through increased autonomy and stability. Through engagement within services at HVCC, inclusive of all or some of the following services, Individual Counseling, Psychiatric Services, Psycho-educational Groups and/or Process Oriented Groups, and 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%
Intaked	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%



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-cator/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



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 2013-2014 Expended	Adopted 2014-2015 Budget	Department's 2015-2016 Request	Town Council 2015-2016 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	\$ 11,000	\$ 5,500	\$ -	0.00%
	Total:	\$ 5,500	\$ 5,500	\$ 11,000	\$ 5,500	\$ -	0.00%
	Total Excluding Wages:	\$ 5,500	\$ 5,500	\$ 11,000	\$ 5,500	\$ -	0.00%

TOWN OF VERNON

FISCAL YEAR 2015 - 2016 BUDGET SUMMARY

DEPARTMENT - CHILD GUIDANCE CLINIC

	FISCAL YEAR 2014-2015							FISCAL YEAR 2015-2016		
2013- 2014 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2014-2015	EST EXP 2014-2015	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL	
5,500	5,500	5,500	-	5,500	10456223	58700	GRANTS - HUMAN SERVICES	11,000	5,500	5,500
5,500	5,500	5,500	-	5,500			58000 SUB TOTAL	11,000	5,500	5,500
5,500	5,500	5,500	-	5,500			DEPARTMENT TOTAL	11,000	5,500	5,500

**TOWN OF VERNON 2015-2016
BUDGET REQUEST DETAIL**

			DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
10456223	CHILD GUIDANCE CLINIC				
58700	GRANTS - HUMAN SERVICES				
	GRANTS - HUMAN SERVICES		11,000	5,500	5,500
		Total Object	11,000	5,500	5,500
Grand Total	10456223	CHILD GUIDANCE CLINIC	11,000	5,500	5,500

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

Page 1 of 2

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 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: 118.0 Families: 110.0
- Actual unduplicated number of Vernon residents served in the past three (3) fiscal years:
- | | | | |
|------------|---------------------|-------------------------------|-------------------------|
| FY 2012-13 | Adults: <u>0.00</u> | Youth/Children: <u>101.00</u> | Families: <u>95.00</u> |
| 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>115.00</u> | Families: <u>107.00</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:	\$ 5,042,308.00
Total Program Budget:	\$ 5,042,308.00
Total Board Fund-Raising:	\$ 48,596.00

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

Page 2 of 2

ATTACHMENT A

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

SOURCE	AGENCY	PROGRAM
School Tuitions	\$ 2,373,637.00	\$
Grants and Contracts	\$ 1,069,621.00	\$
Patient Service Revenue	\$ 1,491,780.00	\$
Contributions	\$ 48,596.00	\$
Other	\$ 58,674.00	\$
	\$	\$
	\$	\$
	\$	\$
Total:	\$ 5,042,308.00	\$ 0.00

- I. What is the percentage increase in your Agency's expenses this year versus last year? -1.00 %
- J. What is the percentage increase in your Agency's revenue this year versus last year? -4.00 %
- 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	\$ 8,882.00
Glastonbury	\$ 1,000.00
	\$
	\$
	\$
	\$
	\$
Total:	\$ 109,077.00

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

RESULTS BASED ACCOUNTABILITY DATA
ATTACHMENT B
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.

2a. How much did we do?

7/1/13 - 6/30/14

OVERALL VERNON

Number of children seen

842

118

Number of appointments

15,098

2,207

Groups

204

27

Children seen in home based our community programs

74

14

Children seen in Intensive Outpatient services

66

15

Adults completing parenting classes (not included in grant request but is a reflection of Clinic Services)

384

not available

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

"I was satisfied with the services".

Agree
98%

Disagree
0%

"There has been improvement in the problem we

sought services for".

Agree
91%

Disagree
4%

"We are better able to handle problems on our own

Agree
77%

Disagree
12% *

If we need help in the future we would return here".

Agree
95%

Disagree
0%

2c. How were clients better off?

As a result of CCGC outpatient services 72 % showed reduced symptoms, improved functioning in their homes and community without having to resort to higher levels of care.

* 13 of the 60 respondents were just beginning tx.

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.

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: _____



317 North Main Street
Manchester, CT 06042

Tel.: (860) 643-2101
Fax: (860) 645-1470
E-Mail: clinic@ccgcinc.org

1075 Tolland Turnpike
Manchester, CT 06042

Tel.: (860) 432-9229
Fax: (860) 432-8333
E-Mail: clinic@ccgcinc.org

Clifford Johnson, ACSW, LCSW
Executive Director

C. Lynn Helman, M.D.
Medical Director

Carla L. Corcione, Ph.D.
Director of Psychological & Developmental Services

Tanja Larsen, LCSW
Director of Outpatient & Milieu Services

Robin Entress, LCSW
Director of Community & Home-Based Services

COMMUNITY CHILD GUIDANCE CLINIC, INC.

PURPOSE, SERVICES, TARGET POPULATION

The mission of the Community Child Guidance Clinic, as approved by our Board of Directors, is to improve our community by providing a system of children's mental health services which is child centered and family focused and designed to maintain children in their homes and within the community. The Clinic serves families with a child between the ages of birth to 19, and the service is provided regardless of a family's ability to pay. The service area includes Manchester and the surrounding towns which include: Andover, Bolton, Columbia, Coventry, East Hartford, Ellington, Glastonbury, Hebron, Marlborough, South Windsor, Stafford, Tolland and Vernon. The Clinic has a goal of serving 600 families a year clinically. These families experience a variety of social, emotional and behavioral difficulties in one or more children, and a detailed description is included in the following summary of programs offered by the Clinic. Increasingly, our clients are poor and are from single parent homes. There is also a trend for our families to have a history with DCF, hospitals, residential institutions and out-of-home placements. More than in the past our clients are coming to us on psychotropic medications, and it is clear that we are seeing a more disturbed population than we were in the past. This is more than likely a result of efforts to bring children back from placements, to maintain children within the community, and the experience of managed care and limitations on expenditures. To serve this changing population, we have designed programs which are aggressive, which reach out to the community, which respond quickly to crises and which have preventative components. These programs are summarized below.

I. Direct Clinical Service Program (Est. 1959) This program continues to be the backbone of Clinic operations.

Our effort, as can be seen below, is to provide a continuum of services that offers programs which are preventive through programs that are to meet mild problems all the way to services

A United Way Agency
Supported by the Connecticut Department of Children and Families

*Serving: Andover • Bolton • Columbia • Coventry • East Hartford • Ellington • Glastonbury
Hebron • Manchester • Marlborough • South Windsor • Stafford Springs-Stafford • Tolland • Vernon-Rockville*

designed to meet the most serious problems we find in our community. We make every effort to provide services not provided by others in the community. In this program families apply on a voluntary basis for help with any form of social, emotional or behavioral problem in a child under 19 years of age. Our Intake procedure means that families who have public insurance are seen face to face within 14 days of their initial call. Our average wait has been less than 7 days, and there are provisions to see emergent and urgent cases even quicker. People who have commercial insurance (about 25% of our applicants) and, therefore, have other treatment options available to them, are not seen within these guidelines but are still seen more quickly than they had been previously. Treatment can be individual, family or group treatment and these decisions are made by a treatment team headed by a Child Psychiatrist. Termination is reached mutually by the decision of the family and the Clinic. Throughout this process, there is every effort made to collaborate with appropriate community agencies, and, in particular, schools. Progress is measured by the subjective response of the clinician and the family, by changes in the Global Assessment of Functioning Scale (GAF) and by the attainment of case specific treatment objectives.

II. COMMUNITY CHILD GUIDANCE CLINIC SCHOOL (Est. 1973)

This is a day program for children ages 3 to 13 and which can accommodate up to 44 children at one time. Children are referred by their local school systems which pay a tuition for the service. The program is educational and consists of a six-hour day, Monday thru Friday. There is a very low teacher/student ratio, and faculty is comprised of special education teachers and specially trained teaching assistants. In addition to the educational programming, each child is followed through our clinical program. The family is also involved in this treatment, and there is also a home-based component to this program. The target population of our School is the seriously disturbed youngster between the ages of 3 and 13, who because of social, emotional or behavioral reasons cannot function in a public school setting, and our School is an alternative to more extensive residential placements. Approximately 50% of the students seen in our School are DCF involved.

III. Sexual Abuse Treatment Program (Est. 1979)

This is a multi-disciplinary, family-focused treatment program directed toward children who have been sexually abused. The purpose of the Program is to become involved as soon after disclosure of the sexual abuse as is possible. This requires close work with DCF on all cases; if the case is not referred by DCF then

we have ongoing communication with DCF through our initiative. The goals of this Program are (1) to protect the child; (2) to prevent further sexual abuse; (3) to help the family deal with the trauma of the abuse; and (4) when appropriate, to reunite the family.

The Sexual Abuse Treatment Team is available to testify in court if needed.

IV. Birth to Five Early Intervention Program (Est. 1987)

Our BTF Program is a multi-disciplinary team which has been specially trained in working with the problems of the very young child and their family. The team consists of a child psychiatrist, a clinical psychologist, and a psychiatric social worker. Assessments are provided. Treatment can consist of coordination with other early childhood agencies, as well as a variety of treatments conducted within the Clinic. The focus of our interventions in this area has been parent education groups, parent support groups, family therapy, individual and play therapy for children, and other forms of therapeutic care.

V. Firehawk Program (Est. 1988)

This is a cooperative program with the Manchester Fire Department and the Vernon Fire Department that attempts to direct juvenile fire setters into counseling when appropriate. While the Program does not deal with a large volume, this Program is seen as a significant preventive program in reducing property loss due to arson and in reducing recidivism among fire setters.

VI. Student Training (Est. 1972)

Each year the Clinic offers itself as a training institute for students from area professional schools. This past year we had three students from UCONN; two from Springfield College; and one from the University of Hartford. Each year we have also had a number of students from local schools of special education who work within our School Program. Our interns are typically here from September through April and their practicum consists of 20 to 35 hours per week at the Clinic.

VII. INTENSIVE FAMILY PRESERVATION (Est. 1993)

This is a cooperative program with DCF, which is supported by a grant from DCF and provides intensive, home-based treatment and

case management services to families in imminent danger of having a child placed outside the home.

VIII. Parent Education Groups for Divorcing Parents (Est. 1994)

Through this Program, the Clinic offers a 6 hour long education program designed to help parents understand the effects of their divorce on their children. This is a court-mandated, court-sponsored program and is open to any parent in the State who is in the process of a divorce. Funding is provided through tuition paid by parents who enroll in the course. This program currently sees over 300 people per year.

IX. Victims of Crime Program (Est. 1996)

This program is supported through a grant from the Judicial Branch and has allowed us to hire a full-time social worker. The purpose is to provide home-based services to people in our catchment area who are children and victims of crime. Services consist of case management, crisis intervention, home-based counseling, advocacy, and helping the family through the legal system. The majority of people that we have seen in this program have been victims of family violence and victims of physical and/or sexual abuse, but a number of people have been victims of other crimes. This program serves 100 families a year.

X. URGENT CARE (Est. 2003)

We have a social worker assigned to this program who provides ongoing service within a week to families unable to wait for services. Emergency applications can be referred to the regional Emergency Mobile Psychiatric Service or to local hospitals, but many families have problems just below this level of acuity and need service quickly.

XI. INTENSIVE IN-HOME CHILD AND ADOLESCENT PSYCHIATRIC PROGRAM (IICAPS) (Est. 2002)

This is a DCF funded and fee-for-service program where we are working with Yale University using a model they developed. The target population is the family with a child who is returning from a hospital stay and who may require a residential placement. IICAPS provides intensive in-home therapeutic services by a mental health team working under the direction of a child psychiatrist.

The goal of this program is to develop a range of community services to avoid having to send a child to a residential setting.

XII. OUTREACH PROGRAM TO THE MANCHESTER SCHOOLS (Est. 1999)

We provide Clinic services at 5 elementary schools. We now provide Clinic services at Robertson School, Waddell School, Bowers, Washington and Verplanck Schools by stationing a staff social worker at these schools. We have just added Iling Middle School and Manchester High School.

XIII. MEMBERS COMMUNITY PARTNERSHIP VERNON HEAD START

The Clinic participates in Community Advisory Board through EASTCONN for Vernon head Start.

**XIV. PARTICIPATION IN MANCHESTER SCHOOL READINESS COUNCIL
(Est. 2003)**

We participate in this team which focuses on quality services to preschool children. We provide a mental health perspective and consultation to the team. A grant through this group (MELC) allows us to provide services including training and education to parents, the public and child care providers, both center and home-based. We also provide consultation to child care providers.

XV. SOCIAL WORK SERVICES IN THE PAROCHIAL SCHOOLS (Est. 2004)

Since September, 2004, the Clinic has provided two full time social workers to provide school social work services at East Catholic High School, St. James School, St. Bridget School and Assumption School. This service is being offered in response to a request from the Town of Manchester to provide these services. Funding during the current year is provided under a separate contract which is currently between the Clinic and the Manchester Board of Education.

XVI. MULTI-DISCIPLINARY TEAM (MDT) (Est. 2004)

Since September, 2004 the Clinic has been working collaboratively with the Manchester Police Department and also police departments in South Windsor, Glastonbury, and East Hartford, to provide a multi-disciplinary team whose purpose is to review cases that have come to the attention of the police departments involving child sexual abuse. The purpose of this team is to advance and coordinate the prompt investigation of these cases and to reduce the trauma in any child victims, and to insure the protection and treatment of the child. This team meets monthly at the Manchester

Police Department to review cases and to plan for children who have been abused.

XVII. NORTHSTAR INTENSIVE OUTPATIENT (IOP), PARTIAL HOSPITAL PROGRAM (PHP) (Est. 2005)

In October, 2005 the Clinic took over this program from St. Francis Hospital. The program, formerly called Teamworks, would have relocated to Enfield had we not picked it up. Children age 6 to 12, either returning from placements or at risk of being sent out of the community, are seen in this afterschool program which provides up to 20 hours a week of intensive treatment. Our program currently sees 15 children at a time with an average stay of 8 weeks.

XVIII. BUILDING BLOCKS AUTISM ASSESSMENT PROGRAM (Est. 2008)

In the summer of 2008, at the request of area pediatricians and local school systems, the Clinic began an assessment program for children who have Pervasive Developmental Disorders, primarily autism. This is a service that was not currently provided in our area and not typically provided in outpatient clinics.

We assess 20 children per year and provide a comprehensive, multi-disciplinary assessment which is made available to parents and to school systems for planning. As we progress, we hope to be able to offer supportive programs to parents and consultations to schools in terms of setting up programs for these children as well as any ongoing clinical services that might be required.

XIX. MISCELLANEOUS

There are a number of activities that the Clinic conducts which are not formal programs but which should be noted. These include the following:

- (A) Consultation - The Clinic is available for consultation to other agencies for general topics or for individual children on an as needed basis. Currently, we provide ongoing services to day care centers and to two area HeadStart Programs.
- (B) East of the River System of Care - The Clinic is participating in monthly meetings with other area agencies to develop a comprehensive, integrated system of care in the Manchester area to deal with seriously disturbed children and adolescents. This concept, which brings various agencies together to work in a coordinated manner will be the model used by the State to program in the community for those children and adolescents who are the most disturbed.
- (C) DCF Permanency Planning Committee - The Chief Psychiatric Social Worker at the Clinic sits as a member of the DCF

Permanency Planning Committee in the Manchester DCF office. This is an ongoing monthly activity.

- (D) Manchester Truancy Board We provide a social worker who participates in these monthly meetings at the Manchester Board of Education.
- (E) Manchester Community Services Council - The Clinic is a member of the Manchester Community Services Council, and as such has been a member of several issues oriented task forces which that group has addressed over the past few years.
- (F) Connecticut Community Providers Association - This is our statewide child guidance clinic association which meets monthly and looks at issues related to children in Connecticut. A major piece of this work is a joint planning committee which is a committee consisting of Clinic representatives and DCF personnel.
- (G) Public Speaking - The Clinic is available to community agencies and to community groups to speak on issues related to children. We regularly speak to groups such as service organizations and other community groups.

Exchange Club - Prevent Child Abuse
Account Code #10456224

Department Summary:

Account Code	Account Classification	Actual 2013-2014 Expended	Adopted 2014-2015 Budget	Department's 2015-2016 Request	Town Council 2015-2016 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	\$ 4,000	\$ -	0.00%
Total:		\$ 4,000	\$ 4,000	\$ 4,000	\$ 4,000	\$ -	0.00%
Total Excluding Wages:		\$ 4,000	\$ 4,000	\$ 4,000	\$ 4,000	\$ -	0.00%

TOWN OF VERNON
FISCAL YEAR 2015 - 2016 BUDGET SUMMARY
DEPARTMENT - EXCHNG CLUB-PREVTN CHILD ABUSE

	FISCAL YEAR 2014-2015							FISCAL YEAR 2015-2016		
2013- 2014 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2014-2015	EST EXP 2014-2015	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	4,000	4,000	4,000
4,000	4,000	4,000	4,000	4,000			58000 SUB TOTAL	4,000	4,000	4,000
4,000	4,000	4,000	4,000	4,000			DEPARTMENT TOTAL	4,000	4,000	4,000

**TOWN OF VERNON 2015-2016
BUDGET REQUEST DETAIL**

			DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
10456224	EXCHNG CLUB-PREVNT CHILD ABUSE				
58700	GRANTS - HUMAN SERVICES				
	POSITIVE PARENTING PROGRAM, COMMUNITY SUPPORT F/FAMILIES PROGRAM & YOUTH DROP IN CENTER		4,000	4,000	4,000
	Total Object		<u>4,000</u>	<u>4,000</u>	<u>4,000</u>
Grand Total	10456224 EXCHNG CLUB-PREVNT CHILD ABUSE		<u><u>4,000</u></u>	<u><u>4,000</u></u>	<u><u>4,000</u></u>

Town of Vernon Grant Application
Fiscal Year July 1, 2015 - June 30, 2016
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: Judith E. Clarke Executive Director
Name 860-872-1918
- C. Name of fiscal contact person: Judith E. Clarke Executive 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 2013 through June 2014, KIDSAFE CT received referrals for child abuse prevention and treatment services for 177 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 like: 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. 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 or parent navigators are expected to work with a family from 4-6 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 129 Vernon residents including 56 adults and 73 children from Vernon in the Positive Parenting Program (Triple P) and the Community Support for Families Programs from July 2013 through June 2014. 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. Other programs are: Parent Education Workshops and Support Groups, Supervised Visitation, and Mentor services. Currently our agency is working with 35 adults and 52 children in the Triple P and Community Support for Families programs and we anticipate this number to increase as the fiscal year is in progress. Several families require the services of our bi-lingual social workers.
- F. Projected unduplicated number of Vernon residents to be served: Positive Parenting Program, Community Support For Families.

Adults 65

Youth/Children 80

Families 55

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

FY 2011-12 Adults: 38
FY 2012-13 Adults: 39
FY 2013-14 Adults: 56

Youth/Children 64
Youth/Children 71
Youth/Children 73

Families 34
Families: 69
Families: 65

We have not yet completed our fiscal year 2014-2015.

- G. How do Vernon residents access services:
All of our services may be accessed directly by clients or through referrals from other service providers. Families can contact us directly at our office or can request help by phone. Clients pay no fee for Positive Parenting Program services, Mentoring Services or Youth Drop In center (Supervised Visitation, counseling, and special workshops are our only fee-for-service programs).

H. Budget Summary:

Total Agency Budget:	\$705,929
Total Program Budget	\$407,479
Total Board Fund-raising:	\$ 76,700

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

Budget Narrative – Expenses

Please provide a detailed description of the expenses to be funded by the Town of Vernon. For salary line items, include the number of hours per week for each position being funded, as well as the amount paid per hour. Copy this form as necessary.

Account Code/Name	Description	Line Item Total
	5% of Case Worker's Time for the Positive Parenting Program	\$2,000
	5% of Case Worker's Time for Drop In Center for At-Risk Youth	\$2,000
	TOTAL	4,000

**Town of Vernon Grant Application
Fiscal Year July 1, 2013- June 30, 2014
ATTACHMENT A**

List revenue by source:

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

SOURCE	AGENCY	PROGRAM
DCF	\$216,620	\$216,620
Foundations	\$216,750	
Municipal-includes Vernon	\$ 12,000	\$ 12,000
Private Donations/United Way	\$ 26,000	\$ 26,000
Events/KARS for KIDS	\$ 61,700	
Village Sub Contract	\$152,859	\$152,859
Fee for Service	\$20,000	
Total	\$705,929	\$ 407,479

- I. What is the percentage increase in your organization's income and expenses this year versus last year? -4.5%
- 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 continuing our three year grant from the Hartford Foundation for Public Giving to assist the Vernon Community Network in implementing the townwide Community Plan. We are applying to new funding sources: Liberty Bank, Rite-Aid KID CENTS Foundation and we added two new fundraisers this year.

The Board of Directors is looking to sponsor an additional fundraiser in the Fall.

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

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

Please contact Judith Clarke with any questions on this form: jclarke@kidsafect.org : 860-872-1918



ATTACHMENT B
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 | <input type="radio"/> DO NOT KNOW |

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

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

KIDSAFE CT/Cornerstone YOUTH DROP-IN CENTER
Cornerstone Community Center, 3 Prospect Street, Vernon Rockville, CT
January 2014- December 2014 One Year Report

OVERVIEW OF PROGRAM

KIDSAFE CT's Youth Program took over a local drop-in center for teens which caters to predominantly disadvantaged youth in grades 6 thru age 18. The activities include basketball, foosball, pool, movies, and a snack. The youth in attendance are considered at-risk by the local school system as well as law enforcement. The majority of the youth are African American, and Hispanic with an equal number of males and females. As part of the program, trained staff is expected to engage the youth during their activities with the goal of building a trusting, nurturing, and mutually respectful relationship.

Because the majority of the youth lack the basic life skills needed to be successful in their lives we start with the basics such as; encouraging the youth to say "please" and "thank you", to clean up after themselves, to accept responsibility for their actions, to show respect to one another and staff, and to deal with conflict in a non-violent way. Staff assists youth in acquiring employment, finishing high school, acquiring a GED, or filling out the required paperwork to enter college.

We have reached youth who are considered "unreachable" by those in the community as well as the school system and police department. The program has been credited by the past and previous community police officers from the Vernon Police Department for the positive impact we have had on the youth in the community.

When needed, outreach staff engages parents and provides them with the support and guidance they need to help them through a crisis. Staff has gone out well after hours to assist a family in crisis. If a parent/guardian is unwilling or unable to help their child in who is in crisis, staff will take on that responsibility. Depending on the youth's age, staff has taken youth to the hospital due to a suicide threat or injury. When a crisis is beyond our abilities, the Department of Children and Families or the Vernon Police Department is called. Youth in crisis are given the personal cell phone numbers of one of the full-time Youth Program Outreach workers.

Youth Program staff is in the process of creating or are currently facilitating the following programs.

Also falling under the KIDSAFE CT Youth Program umbrella, staff coordinates a mentoring program for DCF referred youth who reside in foster care. We provide mentors for 20 youth ages 14-21 years old.

Additional Services Provided for Vernon Residents

The KIDSAFE CT Youth Programs and Outreach provide the following additional services for the youth in the Rockville section of Vernon:

- Groups

Some of the following groups have begun, others are ready to go, and the remaining groups will take additional time to create.

1. "Teen Dating Violence Prevention/Intervention" 12 youth attended
2. "Rising Above Adversity Positively and Responsibly" (RAAPR) 4 groups completed
3. "The Bully Project" 1 group completed
4. "Sex Trafficking Task Force" Vernon residents are currently being recruited for this task force

5. "Independent Living Skills"

6. "Suicide Prevention/Intervention" (Currently being created)

- Staff regularly mentors Drop-in Center attendees at Vernon Center Middle School and TALC. The Coordinator also provides trainings for teachers during "Staff Development Day".
- The Coordinator accompanies the Truant Officer on home visits to meet with youth and parent(s) of Drop-in Center attendees who are chronically absent or truant.
- The Coordinator sits on the following boards/councils:
 1. Juvenile Review Board
 2. VCMS School Governance Council
 3. Drug and Alcohol Prevention Council
 4. The Community Planning Team for Children and Youth
 5. The Child Advocacy Team
- Staff provides and supervises community service hours for youth referred by the Juvenile Review Board and Juvenile Court. (Time constraints no longer allow us to commit a lot of hours for this).
- Staff continues to provide additional outreach services for youth who have "aged" out of the program. Services provided are:
 1. Suicide Intervention. Staff has brought young people to the hospital for evaluation when they are at risk of suicide and parent is unwilling to assist.
 2. Encouraging young adults to go to detox, rehab, and counseling. Phone calls are made from the KIDSAFE CT office to ensure these young people get the help they desperately need.
 3. Staff has assisted youth with job applications, financial aid forms, and acquiring health insurance.

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

KIDSAFE CT/Cornerstone YOUTH DROP-IN CENTER
Cornerstone Community Center, 3 Prospect Street, Vernon Rockville, CT
July 2013- June 2014 Fiscal Year Report

A random selection of 83 youth, 54% of the attendees, completed a survey (survey is attached) to help staff evaluate the success of the program. The survey provides staff with information about demographics, participation, connections, and behaviors.

Surveys were developed using The Boys and Girls Club, "Youth Development Outcome Measurement Tool Kit" and the "Assessing Outcomes in Child and Youth Programs: A Practical Handbook" by The State of Connecticut: Office of Policy and Management as references.

1. Program Goal

To provide a safe place for at least 100 middle and high school aged Rockville CT youth year. The youth will feel cared for, have a trusted adult to talk to, and engage in less risk taking behavior.


2.

a. How much did we do?

- The Drop-in Center provided 400 hours of drop-in center activities and an additional 80 hours of group activities for Rockville CT Youth.
 - 154 youth participated weekly in the program between January 2014 and December 2014.
 - 30% 2-or more races
 - 25% African Am./Black
 - 21% Hispanic/Latino
 - 20% Caucasian/white
 - 2% other
 - 2 % do not know
 - 81 male
 - 73 female
 - Two full-time and one part-time trained staff provided 960 staff hours of service at the Drop-in Center in addition to 00 hours spent with the attendees at KIDSAFE CT, and an additional 200 hours providing services to the attendees in a school setting.
 - Additional volunteers and interns provided additional hours throughout the year.
- ### b. How well did we do it?
- 89% of youth stated that the Drop-in Center was the only "safe" place in Vernon.
 - 63% of youth attended almost every day.
 - 99 % of youth felt cared for by staff with 92% trusting staff enough to help them with a problem.

c. How are the youth better off?


- 67 % of youth reported that they are less likely to engage in high risk behavior.
- 60% of youth spend less time on the streets of Rockville.



Assessments Given to Families Pre and Post Triple P Intervention to Measure Program Outcomes

Strengths and Difficulties Questionnaire (SDQ): A 25 item behavioral screening questionnaire given to parents of a child aged 3- 17 years. There is also a self-report version available for children aged 11-17 years. The SDQ measures emotional symptoms, stress, conduct problems, hyperactivity/inattention, peer problems, and pro-social behavior. An impact supplement is available to measure chronicity, distress, social impairment, and burden to others in relation to the problems suggested in the previous 25 items.


Parenting Scale (PS): The PS is a self-report questionnaire that measures the dysfunctional discipline styles of parents by asking about how the parent would handle different discipline situations. Three discipline styles are identified; laxness (permissive, inconsistent discipline), over-reactivity (harsh, emotional, authoritarian discipline and irritability), and hostility (use of verbal or physical force). There is a 30 item PS available for parents of children aged 18months-12 years and a 13 item PS available for parents of children aged 13-17 years.



Parenting Task Checklist (PTC): The PTC measures parenting confidence using a 28 item self-report questionnaire. Two aspects of parenting confidence are measured; behavior self-efficacy (confidence in dealing with specific child behaviors) and setting self-efficacy (confidence in dealing with difficult behavior in different settings). The PTC is given to parents of children aged 2-12 years.

Being a Parent Scale (BPS): The BPS is questionnaire designed to measure parenting self-esteem given to parents of children aged 13-17 years. The 12 item BPS measures parenting satisfaction (frustration, anxiety, motivation) and parenting efficacy (competence, problem solving ability, capability in role).

Depression Anxiety Stress Scale (DASS): The DASS is a self-report questionnaire measuring symptoms of depression, anxiety, and stress. A 42 item inventory is given to parents of children aged 0-12 years. A 21 item inventory is given to parents of children aged 13- 17 years.



Parent Problem Checklist (PPC): The PPC is a 16 item measure of inter-parental conflict, especially as it relates to the parent's ability to cooperate and act as a team while performing parenting duties. There are versions of the questionnaire available for parents of children aged 0-12 years and 13-17 years.

Relationship Quality Index (RQI): The RQI is a measure of relationship satisfaction using a 6 item inventory of relationship quality. This scale is given to parents of children aged 0-17 years.

Parent Daily Report Checklist (PDRC): The PDRC is a 34 item checklist of behavior problems. The parents of a child aged 3-12 is asked to record if any of the listed problem behaviors occur during a 24 hour period for 7 days.

Conflict Behavior Questionnaires (CDQ): The CBQ measures the level conflict between parent(s) and teenager (13-17 years). There is a 20 item questionnaire for the parent complete and questionnaires available for the teenager to complete regarding their mother and/or father.

Baby Behavior Inventory (BBI): The BBI is a 14 item tool for parents of children aged 0-3 years. The BBI asks a parent to report baby behavior problems, how often they occur, and their level of confidence in handling each problem. This tool is used when the practitioner is working with parents who has an identified child that is under the age of 3 thus some of the tools above cannot be used (SDQ, PDRC, etc.).

Client Satisfaction Questionnaire

This questionnaire will help us to evaluate and continually improve the program we offer. We are interested in your honest opinions about the services you have received, whether they are positive or negative. Please answer all the questions that apply to you. Please circle the response that best describes how you honestly feel.

1. How would you rate the quality of the service you and your child received?

7	6	5	4	3	2	1
Excellent		Good		Fair		Poor

2. Did you receive the type of help you wanted from the program?

1	2	3	4	5	6	7
No definitely not		No not really		Yes generally		Yes definitely

3. To what extent has the program met your child's needs?

7	6	5	4	3	2	1
Almost all needs		Most needs		Only a few needs		No needs
Have been met		have been met		have been met		have been met

4. To what extent has the program met your needs?

7	6	5	4	3	2	1
Almost all needs		Most needs		Only a few needs		No needs
Have been met		have been met		have been met		have been met

5. How satisfied were you with the amount of help you and your child received?

1	2	3	4	5	6	7
Quite dissatisfied		Dissatisfied		Satisfied		Very satisfied

6. How has the program helped you to deal more effectively with your child's behavior?

7	6	5	4	3	2	1
Yes, it has		Yes, it has		No, it hasn't		No, it made
Helped a great deal		helped somewhat		helped much		things worse

7. Has the program helped you to deal more effectively with problems that arise in your family?

7	6	5	4	3	2	1
Yes, it has		Yes, it has		No, it hasn't		No, it made
Helped a great deal		helped somewhat		helped much		things worse

8. Do you think your relationship with your partner has been improved by the program?

1	2	3	4	5	6	7
No definitely not		No not really		Yes generally		Yes definitely

9. In an overall sense, how satisfied are you with the program you and your child received?

7	6	5	4	3	2	1
Very satisfied		Satisfied		Dissatisfied		Very dissatisfied

10. If you were to seek help again, would you come back to Triple P?

1	2	3	4	5	6	7
No definitely not		No, I don't think so		Yes, I think so		Yes definitely

11. Has the program helped you to develop skills that can be applied to other family members?

1	2	3	4	5	6	7
No definitely not		No, I don't think so		Yes, I think so		Yes definitely

12. In your opinion, how is your child's behavior at this point?

1	2	3	4	5	6	7
Considerably	Worse	Slightly	The same	Slightly	Improved	Greatly
Worse		Worse		Improved		Improved

13. How would you describe your feelings at this point about your child's progress?

7	6	5	4	3	2	1
Very	Satisfied	Slightly	Neutral	Slightly	Dissatisfied	Very
Satisfied		satisfied		dissatisfied		dissatisfied

14. Staff respected my culture/ethnic background. (Select One)

1	2	3	4	5	6	7
Strongly	Agree	Slightly	Neutral	Slightly	Disagree	Strongly
Agree		Agree		Agree		Disagree

15. I know how to access community resources to help meet my family's needs. (Select One)

1	2	3	4	5	6	7
Strongly	Agree	Slightly	Neutral	Slightly	Disagree	Strongly
Agree		Agree		Agree		Disagree

16. In a crisis, I would have the support I need from family and friends. (Select One)

1	2	3	4	5	6	7
Strongly	Agree	Slightly	Neutral	Slightly	Disagree	Strongly
Agree		Agree		Agree		Disagree

17. I have people with whom I can do enjoyable things. (Select One)

1	2	3	4	5	6	7
Strongly	Agree	Slightly	Neutral	Slightly	Disagree	Strongly
Agree		Agree		Agree		Disagree

July 1, 2014 - December 31, 2014

Triple P – Positive Parenting Program Statistical Report

Referrals Received since July 1, 2014:

Referral Source	Amount
DCF/CSF	30
Community	16
Total	46

Referrals received in prior fiscal year (Prior to July 1, 2014) and were active between July 1, 2014 and December 31, 2014:

Referral Source	Amount
DCF/CSF	15
Community	2
Total	17

Total Number of Families Engaged in services or waiting to be contacted:

Referral Source	Amount	
DCF/CSF	32	
DCF/CSF Referrals being contacted	6	
Community	12	
Community Referrals being contacted	3	
Total	53	

Families contacted but not serviced and reasons why:

Reason for Referral Only:	Amount	
Referrer withdrew referral	3	
Client refused services	1	
Unable to contact caregiver	5	
Family moved out of catchment area	0	
Duplication of services at time of referral	1	
Total Referral Only	10	

Number of Adults:

Referral Source	Amount
DCF/CSF	46
Community	27
Total	73

Number of Children Served:

Referral Source	Amount
DCF/CSF	30
Community	36
Total	66

Race/Ethnicity of Clients Served:

% Black/African American	% white	%Hispanic	%other
16	61	21	2

Towns Served:

Town	Percent of Cases
Stafford	5
Ellington	2
Tolland	7
Vernon	28
South Windsor	2
East Hartford	18
Manchester	30
Bolton	2
Glastonbury	2
Andover	2
Marlborough	2
Hebron	2

Reason for discharge:

Reason for Discharge	Number of Cases	Percent of Cases
Met Treatment Goals	11	44
Discontinued Service	1	4
Assessment Only	13	52
Other	0	0

Pre and Post scores:

Questionnaire:	Average Score Pre-Intervention	Average Score Post Intervention
SDQ:		
Conduct	4.47	3.5
Parenting Scale:		
Laxness	3.15	2.07
Over-reactivity	3.47	2.29
Hostility	1.98	1.39
DASS:		
Depression	5.63	2.21
Anxiety	4.27	1.86
Stress	9.19	4.21

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 2013-2014 Expended	Adopted 2014-2015 Budget	Department's 2015-2016 Request	Town Council 2015-2016 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	\$ 3,500	\$ -	\$ -	\$ (3,500)	-100.00%
	Total:	\$ 3,500	\$ 3,500	\$ -	\$ -	\$ (3,500)	-100.00%
	Total Excluding Wages:	\$ 3,500	\$ 3,500	\$ -	\$ -	\$ (3,500)	0.00%

TOWN OF VERNON
FISCAL YEAR 2015 - 2016 BUDGET SUMMARY
DEPARTMENT - TRI-COUNTY ARC

FISCAL YEAR 2014-2015							FISCAL YEAR 2015-2016		
2013- 2014 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2014-2015	EST EXP 2014-2015	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
3,500	3,500	3,500	-	-	10456225	58700	GRANTS - HUMAN SERVICES	-	-
3,500	3,500	3,500	-	-		58000 SUB TOTAL	-	-	-
3,500	3,500	3,500	-	-		DEPARTMENT TOTAL	-	-	-

MARC, Inc. of Manchester
Account Code #10456226

Department Summary:							
Account Code	Account Classification	Actual 2013-2014 Expended	Adopted 2014-2015 Budget	Department's 2015-2016 Request	Town Council 2015-2016 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	\$ 4,000	\$ 4,000	\$ 4,000	\$ -	0.00%
	Total:	\$ 2,000	\$ 4,000	\$ 4,000	\$ 4,000	\$ -	0.00%
	Total Excluding Wages:	\$ 2,000	\$ 4,000	\$ 4,000	\$ 4,000	\$ -	0.00%

TOWN OF VERNON
FISCAL YEAR 2015 - 2016 BUDGET SUMMARY
DEPARTMENT - MARC, INC. OF MANCHESTER

	FISCAL YEAR 2014-2015							FISCAL YEAR 2015-2016		
2013- 2014 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2014-2015	EST EXP 2014-2015	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL	
2,000	4,000	4,000	-	4,000	10456226	58700	GRANTS - HUMAN SERVICES	4,000	4,000	4,000
2,000	4,000	4,000	-	4,000			58000 SUB TOTAL	4,000	4,000	4,000
2,000	4,000	4,000	-	4,000			DEPARTMENT TOTAL	4,000	4,000	4,000

**TOWN OF VERNON 2015-2016
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	4,000
		Total Object	<u>4,000</u>	<u>4,000</u>	<u>4,000</u>
Grand Total	10456226	MARC, INC. OF MANCHESTER	<u><u>4,000</u></u>	<u><u>4,000</u></u>	<u><u>4,000</u></u>

Town of Vernon Grant Application
Fiscal Year July 1, 2015 - June 30, 2016
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 specific.

A. Program Title: Day - Employment, DSO/Work, Retirement, Shannon's Place, Respite, In- Home Supports

B. Name of program contact person: Carol Breslin Quality Assurance Director
Name Title

Tel #: 860-646-5718 X181

C. Name of fiscal contact person: Colleen Pillard Financial Director
Name Title

Tel #: 860-646-5718 X201

D. Statement of Need program will address:
Vernon Residents participate in Employment, DSO/Work, Retirement, Shannon's Place, Respite and In-home services. Supports offered to Vernon residents have changed over the years to reflect the needs of an aging population residing in a family home 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: 22 Youth/Children: _____ Families: _____

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

FY 2012-13 Adults: 22 Youth/Children: _____ Families: _____

FY 2013-14 Adults: 23 Youth/Children: _____ Families: _____

FY 2014-15 Adults: 22 Youth/Children: _____ Families: _____

G. How do Vernon residents access services?:
Vernon residents are referred to MARC services through the Department of Developmental Services (DDS), local schools, community agencies, family members, and Bureau of Rehabilitation Services (BRS). Individuals come to MARC via ADA, public transportation, family members, and residential service providers. MARC staff also meet with some people at their homes.

H. Budget Summary:

Total Agency Budget:	\$	8,767,259	
Total Program Budget:	\$	4,400,900	
Total Board Fund-Raising:	\$	75,000	

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

ATTACHMENT A

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

SOURCE	AGENCY	PROGRAM
State - DDS	\$ 7,938,500.00	\$ 3,987,900.00
State - DSS	\$ 140,058.00	\$
State - BRS	\$ 21,450.00	\$
Municipal	\$ 90,151.00	\$ 40,000.00
Fundraising	\$ 115,100.00	\$
Other Services	\$ 89,000.00	\$
Subcontract Revenue	\$ 373,000.00	\$ 373,000.00
	\$	\$
Total:	\$ 8,767,259.00	\$ 4,400,900.00

- I. What is the percentage increase in your Agency's expenses this year versus last year? 2.80%
- J. What is the percentage increase in your Agency's revenue this year versus last year? 2.80%
- K. What new revenue sources is your Agency seeking this year?

- 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 Rodriquez, Tel. 860-870-3567 / mrodriguez@vernon-ct.gov;
or Alan Slobodien, Tel. 860-870-3558 / aslobodien@vernon-ct.gov

MARC, INC. of MANCHESTER

Attachment B

July 1, 2014

EMPLOYMENT GOAL:

- 1) People with Intellectual Disabilities obtain gainful employment.

Jobs are offered to individuals as they become available. Job development focuses on skill sets of people served, matching them to the job best suited to them. Work assignments are designed to meet the needs of people served and are documented in progress notes and production sheets. People served have input into the work they do. Every effort is made to provide each person with satisfying work. Job changes are recorded on Notification of New Job forms.

All Vernon residents served through MARC, Inc.'s Employment services are offered meaningful work on a daily basis. Fourteen (14) Vernon residents participate in the Employment Services offered through MARC, Inc. People served work at community jobs and on the employer's payroll whenever possible. If an individual loses or leaves his/her community job they are offered contract work or time studied work that meets their needs and interests. All people served through the Employment Service have access to ongoing, paid employment. Each person's work history is tracked through the access database with start and end dates for each position held. Individuals in the DSO or Senior Center participate in paid work if they wish. Each individual who chooses to work as part of their service day is included in this calculation.

- 2) People with Intellectual Disabilities retain jobs for at least 6 months.

All fourteen Vernon residents employed through MARC, Inc. worked in jobs for at least six months during fiscal year. The People in MARC's Employment and DSO w/Work services participate in paid work or career exploration depending on the service area. Job retention is tracked in progress notes and the access database.

Start and end dates are tracked for each person supported in MARC, Inc.'s Employment Services. When a person starts a new job the data is entered into the Access database and is available in report form. The number of months each person has been employed is tracked by reviewing report information. Many people served have held the same job for five or more years.

DSO/RESIDENTIAL GOAL:

- 1) People with Intellectual Disabilities engage in social interactions and or activities.

Eight (8) Vernon residents participate in MARC, Inc.'s DSO or Residential Service. One (1) individual receives both Day and Residential supports. One hundred percent (100%) of Vernon residents engaged in social interactions and or activities during the fiscal year.

Goals are identified annually for each individual. Tracking occurs daily and includes the opportunities offered and the people who participate in them. Semi annual reports are completed for each person to ensure goals are being met.

Data is measured through the daily compilation of progress notes, daily flow sheets, production sheets, and resulting reports that are generated twice each year. Staff members track time in and time out for each person served. They also track the type of work completed, activities participated in and the content of their day. Tracking occurs each day the person attends their assigned service.

TIME PERIOD OF SURVEY DATA

Goals are tracked during the Fiscal year, which runs from July 1st through June 30th. Semi-annual reports are completed for the July 1st through December 31st period. Annual reports combine the six month information from the semi-annual report with data from the January 1st through June 30th period.

Satisfaction surveys are completed during the second half of the fiscal year. Annual reports are submitted to the Town and other granting organizations once complete.

OUTCOMES

A. How much did you do?

- Fourteen (14) Vernon residents with intellectual disabilities in the employment and DSO/w Work services.
- Seven (7) Vernon residents with intellectual disabilities in the Senior Center and Shannon's Place.
- Two (2) Vernon residents with intellectual disabilities receive in-home supports and assistance to navigate daily lives in the areas of grocery shopping, organizational skills, attending appointments, learning basic self help skills, etc.
- Five (5) Vernon residents with intellectual disabilities participate in respite activities benefitting themselves and family members.

B. How well did you do it?

- MARC completes random sample satisfaction surveys annually with people served. Five (5) individuals, 23% of Vernon residents supported at MARC, Inc., participated in the random selection survey process. One Hundred percent (100%) of Vernon respondents agree that "support staff are available when they are needed". One Hundred percent (100%) of Vernon respondents agree that they "have the opportunity to make choices regarding the services received from MARC, Inc." and 100% of respondents agree that they are "satisfied with the services received from MARC, Inc.
- Survey results were included in the annual report distributed to the Town of Vernon following the close of the Fiscal Year on June 30, 2014.

C. How were the clients better off?

-As a result of providing opportunities for gainful employment, 100% of Vernon residents supported through our Employment and DSO/Work services are able to earn a paycheck. This increases each person's self esteem as they contribute to the economy and have a sense of accomplishment for completing a work. Individuals and the community further benefit by purchases made with wages and participation in community life.

-As a result of supporting Vernon residents to retain employment for at least 6 months, 100% of individuals are able to increase or maintain their work skills. Development of a strong work ethic allows some individuals to increase their responsibilities or hours of work. Many Vernon residents receive raises. All individuals accomplishing periods of employment of 6 months or more take pride in this accomplishment.

-As a result of providing opportunities to engage in social interactions and or activities, 100% of Vernon residents supported in our Senior Center and Shannon's Place are able to participate in activities of daily living, educational and recreational activities. They develop a sense of self worth through development of friendships and improving their ability to participate in their community through selecting and planning a variety of activities.

MARC, Inc of Manchester

Person Served Satisfaction Survey

1. The survey form is enclosed.
2. Survey Summary Information:
 - Four individuals from Vernon completed the Survey. This is 19% of the Vernon population supported through MARC, Inc. Participants are selected using a random number generator. If the person participates in more than one service area they are surveyed for all areas. For example, Susie completed the survey with her Case Manager, Joan. The Survey form was filled out by Joan with answers that were provided to her by Susie. Both Susie and Joan signed the survey. Susie participates in the Senior Center and the Residential service. She was surveyed about both areas. Information collected was used in the evaluation of both areas.
 - Case Managers are assigned by the Department of Developmental Services (DDS). They are utilized because they have knowledge of the people on their caseload but they do not owe any allegiance to MARC. As a result, we consider them to be impartial. If the case manager was not available the form was filled out by a family member or other service provider not employed by MARC, Inc. In all cases, the intention is to have an impartial individual fill out the form with information conveyed to them by people supported by MARC.
 - Surveys are completed with direct input from the person served. In cases where the person served is non-verbal and not able to communicate effectively, observation of the person in their environment is used to determine their satisfaction level.
 - All individuals identified in the random number selector completed the survey for all areas they participate in. Vernon residents completed surveys for DSO/Work , Employment, Retirement, Residential, and Shannon's Place. One hundred percent (100%) of Vernon residents expressed satisfaction with the services they receive from MARC, Inc.
 - Information gathered during the survey process is utilized to improve service delivery, identify areas for improvement, and make sure that we are providing services that are satisfying and offer opportunities for personal growth.

MARC, INC. SATISFACTION SURVEY

NAME _____ DATE _____

1. What MARC, Inc. service(s) do you use?

____ Employment ____ Residential ____ Retirement ____ DSO

____ Residential/Employment

____ Residential/Retirement

____ Retirement/Employment

____ DSO/Employment

____ Residential/Retirement/Employment

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 2013-2014 Expended	Adopted 2014-2015 Budget	Department's 2015-2016 Request	Town Council 2015-2016 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	\$ 7,792	\$ 7,200	\$ 10,000	\$ 7,200	\$ -	0.00%
	Total:	\$ 7,792	\$ 7,200	\$ 10,000	\$ 7,200	\$ -	0.00%
	Total Excluding Wages:	\$ 7,792	\$ 7,200	\$ 10,000	\$ 7,200	\$ -	0.00%

TOWN OF VERNON
FISCAL YEAR 2015 - 2016 BUDGET SUMMARY
DEPARTMENT - SHELTER SERVICES

	FISCAL YEAR 2014-2015							FISCAL YEAR 2015-2016		
2013- 2014 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2014-2015	EST EXP 2014-2015	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL	
7,792	7,200	7,200	- 7,200	10456227	58700	GRANTS - HUMAN SERVICES	10,000	7,200	7,200	
7,792	7,200	7,200	- 7,200			58000 SUB TOTAL	10,000	7,200	7,200	
7,792	7,200	7,200	- 7,200			DEPARTMENT TOTAL	10,000	7,200	7,200	

**TOWN OF VERNON 2015-2016
BUDGET REQUEST DETAIL**

			DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
10456227	SHELTER SERVICES				
58700	GRANTS - HUMAN SERVICES				
	TRI-TOWN SHELTER		5,000	2,500	2,500
	CORNERSTONE FOUNDATION SHELTER SERVICES		4,000	3,700	3,700
	FAMILY PLACEMENTS		1,000	1,000	1,000
	Total Object		<u>10,000</u>	<u>7,200</u>	<u>7,200</u>
Grand Total	10456227	SHELTER SERVICES	<u><u>10,000</u></u>	<u><u>7,200</u></u>	<u><u>7,200</u></u>

Town of Vernon Grant Application
Fiscal Year: July 1, 2015 - June 30, 2016
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:** 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:** 6 **Families:** 6

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

FY2011-12	Adults: 88	Youth/Children: 19	Families: 15
FY2012-13	Adults: 91	Youth/Children: 64	Families: 35
FY2013-14	Adults: 90	Youth/Children: 41	Families: 25

- 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, 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
CT Dept. of Housing	\$132,932	\$132,932
FEMA	\$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?** In addition to seeking applicable grants and foundations, we have numerous fund-raising events scheduled. These include an Annual Golf Tournament and Family Bowling. 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.
- 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 Rodriquez, Tel. 860-870-3567 / mrodriquez@vernon-ct.gov; or Alan Slobodien, Tel. 860-870-3558 / aslobodien@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 client (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

Results Based Data for Vernon Clients Served

Since this data has not been required before, this will be the first year that the Survey will be used to capture and calculate this information.

Time Period for the Survey Data

We strive to 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.

Since this data has not been required before, this will be the first year that the Survey will be used to capture and calculate this information.

Explanation as to How the Survey is Administered

The Survey is placed in every adult clients room for their completion. They can return this to any staff and/or place it under either staff 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 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

Even though the stay is short, there is a lot offered. I found that the staff is always willing to help. Being with others in similar circumstances is helpful. **P.**

The best part is being in your own room. I heard others talk about what being in other shelters was like and I was glad my first experience was at Tri-Town. Excellent shelter model, needs to be replicated elsewhere in CT. **D.C.**

The staff and people are very nice and helpful. In answer to what would be the most helpful change in the program - that it stays the way it is. **A.G.**

The staff is always accessible and willing to help you to the best of their ability. Can't say enough positive things about Tri-Town. The support I received here is immeasurable. With it I've not only maintained my sobriety, but am on the path to re-integrating with my children. **J.C.**

Tri-Ton didn't feel like what I thought a shelter would feel like. I have felt nothing but an attitude of professionalism from staff. There is a warmth that is consistent with friendship. I can't thank them enough. **Diane**

The staff were amazing. The Director took an interest in helping me and gave me his time when I was demanding. He became a father-figure to me. **M.D.**

I feel like I have a home. The best shelter I have seen in the State. They allowed me to have my grand-kids visit me while here and I was not embarrassed. The staff treated me like family and I feel like my life is coming back. **Jackie**

Tri-Town is a blessing. They encourage success, hard work, recovery, and change. Most of all the ability to live a productive, healthy life. **Don**

The staff is top notch. They really care and helped me. I am thankful for the place and the staff and the way they understood people. I wish the stay was longer. Hard to find places like this in the community. **Dave**

This shelter is really better than a rooming house. The staff and facilities are well equipped and professional in attending to one's needs in every way feasible. The staff, your own room, kitchen, shower, and laundry usage, computer room, job help - many thanks!

Paul

This is the best I have ever seen in the whole state. I feel like I have a home. I am a grandma and a mom and was allowed to have my grandchildren visit. That means the world to me. I feel so happy here but I know I have to move on. This home has given me the chance to live again.

JT

They work hard to make you work hard. They really cared about my recovery and made me take a realistic look at where I was and what got me here. I was able to have my son visit me without being embarrassed.

DJ

Coming to a shelter with two children was scary. I had it in my head that these places are dirty and dangerous places to be in. What a surprise. My 11 and 4 year old loved how kid friendly it was. I could relax and think about my next plan for our family.

SM

I am just thankful for the place and the staff and the way they understand people and their stories and why they are here. Thanks everybody.

DB

This shelter is really better than a boarding house. The facility is very well equipped and the staff are professional. The mixture of people staying here is challenging and the staff met everyone's needs in every way feasible.

PG

This is the only shelter I have stayed at where I wasn't called a client but a resident. We were even encouraged to express ourselves at house meeting when things weren't going well. I regained my voice after being so silenced by others. What a homely place. Thanks for a great stay.

V

I am grateful to have a clean and safe environment in which I have the opportunity to focus on re-directing my life in a more positive direction. Having a helpful welcoming staff to make the transition into a homeless situation a lot less uncomfortable than conceived was the best thing about Tri-Town.

SN

They were there for me when I needed help and they helped me gain my confidence back so I could live a productive life again.

DF

This is a good place to start a new life. The people that work here are good folks and they work as a team. They saw my potential and pushed me towards it when I was despairing.

JF

I feel really safe here and the staff really cared and showed compassion. I am glad that my mental health worker called them for me. I have stayed at other places and was afraid until I walked in and was greeted by so many kind people.

LS

Being pregnant, I was nervous about going to a shelter. When I got there, the help I got from the director and staff was excellent. There was also another single mother and child upstairs and this made me feel good. Shortly after having the baby was born at Rockville General Hospital, the director came to see us and when we were released, he was the one that brought us back to the shelter, our first home.

LB

This is a dignified facility with top notch staffing. I can't think of a thing that I would change here.

RP

Even though I moved into my own place after being here, I call almost every day. They are my lifeline when I am having a hard time or need to be encouraged. After years of being in and out of shelters, this one worked for me and I haven't returned to being homeless.

DC

I was homeless, had not money and no food, but I was also hopeless. Through the understanding of staff I am setting off on a new life. Hope is restored. I am so glad for the guidance I got from staff and their belief in me.

TJ

Since the moment I arrived in this place I was greeted with open arms. I thought that nobody cared about me. Tri-Town has done an excellent job at picking the staff. Thank you for the chance to be here and to improve my life. Life is hard and you made it a little easier.

Note Left in Bedroom

Being here has changed me for the better. I have learned a lot about myself and am now on the road to getting what I want. I wish I met everyone here when I was younger.

RL

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

E. Services to be provided:

Along with overnight 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 at least 4 shelter guests a month 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 and food. 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.

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

Adults: 50 Youth/Children: _____ Families: _____

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

FY 2012-13 Adults: 46 Youth/Children: _____ Families: _____

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

FY 2014-15 Adults: 49 Youth/Children: _____ Families: _____

In the Cornerstone 2014 Calendar year we served 89 unduplicated clients of which 49 were from Vernon.

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:	\$342,000 (with inkind donations 660,180)
Total Program Budget	\$120,000.00
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	\$40,000.00	\$25,000.00
Foundations	\$90,000.00	\$10,000.00
Municipal	\$4,000.00	\$4,000.00
Private Donations	\$208,000.00	\$81,000.00
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total	\$342,000.00	\$120,000.00

- 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? 15 %

This 2014 calendar year, we were able to increase income over the previous year due to aggressive fund raising and grant writing.

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

The Cornerstone Foundation has just received word that it will be receiving \$93,000 from the Hartford Foundation for Public Giving build out some its space for transitional apartments and to expand its small Food Pantry. We will be asking for more funding from CHEFA and will be looking at several bank foundations. We have applied to the Town of Ellington for some funding toward Cornerstone services in the 2015-2016 year.

L. What other municipalities provide funding to your organization?

Town	Amount
NONE this fiscal year	\$
	\$
	\$

Please contact Alan Slobodien with any questions on this form: aslobodien@vernon-ct.gov : 860-870-3558

Town of Vernon Grant Application
Fiscal Year July 1, 2015 – June 30, 2016
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.**

49 Vernon Residents served in program. 15 or 31% 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**

Fifteen clients turned in surveys. The top score for each question for 15 respondents would be 150 points or an overall rating of 100%. On 8 questions we received a total of 120-129 points or 80% to 86% overall rating. On two questions we received a 74% overall rating (Referrals to needed services Q. 9) and a 79% overall rating (Staff sensibility Q3).

- **How much did you do?** 49 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 81.5 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.

	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.

	2	3	4	5	6	7	8	9	10
Not Satisfied At All			Somewhat Satisfied				Completely Satisfied		

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! Not Satisfied At All Satisfied 1 5 10

Client	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	SUM
Q1- I am/was satisfied with the services I received at Cornerstone Shelter.	7	9	8	10	9	6	9	9	10	10	10	7	5	4	10	123
Q2- The staff is/was friendly, respectful and helpful.	6	9	8	10	9	8	9	9	10	10	10	7	5	4	10	123
Q3- The staff is/was sensitive to my race, ethnicity, gender, religious preference, economical status, sexual orientation, or other special needs.	6	9	10	10	9	2	9	9	10	10	10	6	5	4	10	119
Q4- Religious and spiritual activities that are/were offered to me are/were optional.	5	10	9	10	10	5	10	9	10	10	10	7	5	4	10	124
Q5- The staff are/were supportive and understood my needs.	4	10	7	10	10	5	10	10	10	9	10	6	6	3	10	120
Q6- Staff are/were prepared to respond to my needs.	6	10	7	10	10	5	10	9	10	10	10	7	7	3	10	124
Q7- I feel/felt safe, (physically & emotionally) while at the Shelter.	8	10	6	10	10	5	9	9	10	8	10	7	5	3	10	120
Q8- The rules make/made sense, based on the purpose of an emergency shelter.	8	10	6	10	10	8	9	9	10	10	10	7	8	4	10	129
Q9- Staff refer/referred me to needed services we mutually identified as helpful.	4	9	3	8	9	1	9	7	10	10	10	8	10	3	10	111
Q10- As a result of staying at Cornerstone, I have been safe and well-fed.	10	10	8	10	10	6	9	9	10	10	10	8	5	4	10	129
Sum	64	96	72	98	96	51	93	89	100	97	100	70	61	36	100	Sum

Connecticut Legal Services
Account #10456229

Department Summary:							
Account Code	Account Classification	Actual 2013-2014 Expended	Adopted 2014-2015 Budget	Department's 2015-2016 Request	Town Council 2015-2016 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	\$ 4,000	\$ 2,000	\$ -	0.00%
				-			
	Total:	\$ -	\$ 2,000	\$ 4,000	\$ 2,000	\$ -	0.00%
	Total Excluding Wages:	\$ -	\$ 2,000	\$ 4,000	\$ 2,000	\$ -	0.00%

TOWN OF VERNON
FISCAL YEAR 2015 - 2016 BUDGET SUMMARY
DEPARTMENT - CONNECTICUT LEGAL SERVICES

	FISCAL YEAR 2014-2015							FISCAL YEAR 2015-2016		
2013- 2014 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2014-2015	EST EXP 2014-2015	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL	
-	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	2,000

**TOWN OF VERNON 2015-2016
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	2,000
		Total Object	<u>4,000</u>	<u>2,000</u>	<u>2,000</u>
Grand Total	10456229	CONNECTICUT LEGAL SERVICES	<u><u>4,000</u></u>	<u><u>2,000</u></u>	<u><u>2,000</u></u>

**Town of Vernon Grant Application
Fiscal Year July 1, 2015 - June 30, 2016
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 them 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 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 legal issues and options of low-income people; and,
- Representation of clients through litigation and other forms of advocacy to solve systemic problems.

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

Adults: 72 Youth/Children: 37 Families: 50

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 2014-2015.

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

FY 2012-13 Adults: 75 Youth/Children: 24 Families: 60

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

FY 2014-15 Adults: 72 Youth/Children: 37 Families: 50

G. How do Vernon residents access services?:

Vernon residents needing legal assistance may call Statewide Legal Services at 800-453-3320, apply with Statewide Legal Services online at <http://apply.slsct.org>, or via the internet at www.ctlawhelp.org and click on "Get Help". Statewide Legal Services will review the case related information with residents and will refer appropriate cases to our offices.

H. Budget summary:

The numbers in the following two tables are our projected budget numbers for fiscal year 2015-2016

Total Agency Budget: (see attached for details)	\$ 11,339,997
Total Program Budget:	\$ 140,761
Total Board Fund-raising:	\$ 18,721

List revenue by source:

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

SOURCE	AGENCY	PROGRAM
State and Federal Grants	\$ 8,670,234	\$ 101,801
Municipalities	\$ 103,677	\$ 4000
Foundations/Corporations	\$ 1,248,610	\$ 12,292
United Ways	\$ 195,502	\$ 16,250
Fundraising	\$ 321,050	\$ 3,930
Program Service Fees	\$ 202,000	\$ 2,456
Interest Earned	\$ 2,600	\$ 32
Total	\$ 10,743,673	\$ 140,761

I. What is the percentage increase in your Agency expenses this year versus last year?
5.9% increase in expenses from FY13-14 to projected FY14-15

J. What is the percentage increase in your Agency revenue this year versus last year?
0.5% increase in revenue from FY13-14 to projected FY14-15

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
Darien	\$ -0-
Middletown	\$ 10,000
Groton	\$ 10,000
Ellington	\$ 2,200
Ashford	\$ 500
Coventry	\$ 925
Total	\$ 31,625

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

Town of Vernon Grant Application
Fiscal Year July 1, 2015 – June 30, 2016

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 for whom we provide service will know their rights and how to enforce their rights.

85% of clients for whom we provide service 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.**

We evaluate our program and our specific projects through two means: statistical measures and staff/team evaluations. Our statistical measures are based on our client service database, which tracks case opening and closing information, case outcome measures, and outreach/community legal education events. Monthly, quarterly, and annual statistical reports are prepared from these databases and are reviewed by our Executive Director and management staff, who can then determine whether our advocates are meeting the measurable objectives set for them.

We do not use a questionnaire to ensure that we are achieving those substantive outcomes for our clients because we use our client database to track that information. As noted below, however, we are developing a permanent client survey to be implemented over the next year to ensure that our clients, in addition to achieving their case related goals, are satisfied 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 40 new case files for Vernon residents, enabling us to provide legal counseling/advise and /or individual legal representation to 116 individuals including 51 children. CLS advocates continued to work on 30 active cases brought into the fiscal year from the previous year.

CLS advocates conducted two outreach community legal educational events in Vernon. On October 5, 2013 at the senior hood resource fair held at the Vernon Middle School, we provided information on housing-related issues and access to public benefits. We also coordinated and conducted an outreach on Advanced Health Care Directives on how one can pay for nursing home care with Medicaid. Through these events we reached 365 people and distributed approximately 50 legal educational pamphlets.

In addition to the work described above, we worked on and closed 44 household files for Vernon residents. Of those 44 households 95% received information about their rights and how to enforce those rights and 82% achieved a positive 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, 2013 and June 30, 2014 in the town of Vernon.

Age	Race	Gender	Case Type
under 18 = 2	White = 18	Female = 31	Housing = 16
18-29 = 10	Hispanic = 10	Male = 6	Income Maintenance = 10
30-45 = 15	Black = 3	Not Indicated = 3	Health = 1
46-59 = 11	Other = 2		Family = 7
60 + = 2	Not Indicated = 7		Consumer/Finance = 2
			Education = 2
			Miscellaneous = 1
			Individual Rights = 1
Total = 40	Total = 40	Total = 40	Total = 40

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

The data above is based on our fiscal year, the twelve month period which runs between July 1, 2013 and June 30, 2014.

- **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 have not used a survey to determine that our clients have achieved their case related goals. We have worked with the client to define those goals and track whether their case resulted in a positive outcome based on those goals.

As noted below, we will be implementing client satisfaction surveys over the next year.

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

Currently, we provide client satisfaction surveys primarily to clients who are age 60 and over upon the termination of their cases (see attached example) as required by the area agencies on aging that fund us. From these surveys we have found that, on average, 95% of the respondents have been satisfied with the assistance we provided.

In addition, we also get regular positive feedback about our service model and the outcomes we are able to achieve for our clients from Statewide Legal Services (the statewide telephone intake center), social service agencies, and others who refer clients to us. We inform clients of their right to complain to our Executive Director and our Board of Directors if they are dissatisfied with our services. There are very few complaints, and those that we do get are addressed and corrected quickly to ensure that services remain high-quality and effective.

Also, as a result of our 2013/2014 review of our 2008 Strategic Plan, we are: a) reviewing and implementing a client satisfaction survey for all our clients; and b) developing other ways to measure and/or increase our impact in the communities we serve. We would like to stress that a high percentage of our cases result in good outcomes for our clients and our assistance does make a difference in the lives of our clients. We are able to measure these positive substantive outcomes through our client database and provide the town of Vernon with the percentage of Vernon residents who have achieved these outcomes.

- **Please summarize the results for the Vernon clients who participated in the survey.**
The following 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 40 Vernon households affecting legal representation to 116 individuals including 51 children. CLS advocates continued to work on 30 active cases brought into the fiscal year from the previous year. CLS advocates conducted two (2) outreach community legal educational events in Vernon providing potential clients and agency staff with information on housing-related issues, access to public benefits, Advanced Health Care Directives, and paying for nursing home care with Medicaid. Through these events we reached 365 people and distributed approximately 50 legal educational pamphlets.
- 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 44 household files for Vernon residents during the last fiscal year. Of those 44 households, 95% received information about their rights and how to enforce those rights and 82% 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 Lisa's:

Lisa was accidentally shot in the face as a young child growing up in her native Middle Eastern country. The wound left her disfigured, unable to eat properly, with Post Traumatic Stress Disorder and other psychiatric ailments directly related to the shooting. She grew up withdrawn, seldom going outside because she felt that she would scare little children. She was underweight because of her inability to get proper nutrition. After immigrating to the United States at age 13, she attended school in Connecticut and quickly learned English, but could not overcome her discomfort around large groups of people. When Lisa turned 18, she stopped going to school during the day and started going to night school instead. While in school, Lisa underwent multiple painful reconstructive surgeries but her impairments left her unable to work. Lisa applied for disability benefits but was denied; she appealed and was denied again. Lisa found her way to CLS for help. Lisa's CLS attorney represented her at another appeal hearing and was able to show, through medical evidence and statements from doctors and friends, that Lisa was disabled and that those disabilities made it impossible for her to work. The evidence and arguments that Lisa's CLS attorney put forth convinced the judge to approve Lisa's application for benefits. With these benefits, Lisa is able to not only pay her expenses, she also is able to access services that help her continue her efforts in reconstructing the damage done to her face.

Hartford Interval House
Account Code #10456232

Department Summary:							
Account Code	Account Classification	Actual 2013-2014 Expended	Adopted 2014-2015 Budget	Department's 2015-2016 Request	Town Council 2015-2016 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 2015 - 2016 BUDGET SUMMARY

DEPARTMENT - HARTFORD INTERVAL HOUSE

	FISCAL YEAR 2014-2015							FISCAL YEAR 2015-2016		
2013- 2014 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2014-2015	EST EXP 2014-2015	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 2015-2016
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		<u>2,500</u>	<u>2,500</u>	<u>2,500</u>
Grand Total	10456232	HARTFORD INTERVAL HOUSE	<u><u>2,500</u></u>	<u><u>2,500</u></u>	<u><u>2,500</u></u>

Town of Vernon Grant Application
Fiscal Year: July 1, 2015-June 30, 2016
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:
The needs are great, during fiscal year (7/1/13 – 6/30/14) 18 domestic violence agencies provided services to 46,750 victims of domestic violence. Safe Home Services were provided to 1787 female, male, and child victims in serious physical danger who have no other safe housing options.

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: 80 Youth/Children: _____ Families: _____

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

FY 2012-13 Adults: 81 Youth/Children: _____ Families: _____

FY 2013-14 Adults: 80 Youth/Children: _____ Families: _____

FY 2014-15 Adults: 80* 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:	\$1,869,001
Total Program Budget	\$89,644
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	\$168,500	
Federal	\$514,804	
State	\$443,862	
Towns	\$101,992	
Fundraising	\$330,000	
Foundations and Corporations	\$276,088	
Local	\$33,755	
Total	\$1,869,001	

- 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	\$1800
Manchester	\$80,942
<u>West Hartford</u>	<u>\$ 3000</u>
Canton	\$ 750
Total	\$ 99,492

**RESULTS BASED ACCOUNTABILITY DATA
ATTACHEMNT B**

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

The measurable goal used was a survey questionnaire addressing the development and implementation of safety planning.

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

A copy of the questionnaire is enclosed.

- **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 the program.**

RBA data provided will include only Vernon residents served by Interval House East.

- **What is the time period of the survey data you are providing?**

Data provided will cover a 12 month fiscal period.

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

Safety planning was provided to 22 new and 17 continued Vernon clients for the 2013-2014 fiscal year totaling 39 clients served. Results show 100% of these clients participated in the survey.

- **Briefly explain how you administered the survey:**

Surveys are administered to clients in person or by phone by the Interval House Program Coordinator.

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

Clients that are first time clients are asked to complete a **Pre-test (survey)**, the 17 clients that continued to receive services were also asked to complete a Post-test(survey). Interval House East uses the pre & post-test (survey) to evaluate the effectiveness of our program.

Results:

22 Vernon residents called or were seen at Interval House East

22 Vernon residents developed a safety plan

17 Vernon residents implemented safety plans and continued to modify and/or add to during the reporting period.

Question: I have a safety plan

Interval House • P.O. Box 340207 • Hartford, CT 06134-0207 • Business Phone 860-645-4034 • Hotline 860-645-4033
www.intervalhousect.org

Andover • Avon • Bloomfield • Bolton • Canton • East Granby • East Hartford • Ellington • Farmington • Glastonbury • Granby • Hartford • Hebron Manchester • Marlborough • Newington • Rocky Hill • Rockville • Simsbury • South Windsor • Tolland • Vernon • West Hartford • Wethersfield • Windsor

(13) yes 59% had some safety in place (though often inadequate)
(9(NO) 41 % had no safety in place

As a result of providing safety service to 22 Vernon residents 100% of clients served were able to have safety measures in place, with 17 of them implementing and adjusting them accordingly as situations changed.

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

22 new clients and 17 continued clients received services during the 2013-2014 fiscal year.

2. How well did you do it?

22 Vernon residents developed a safety plan and 17 residents implemented and continued to modify and/or add to the safety plan during the reporting period.

3. How are the Vernon clients better off?

Posttest responses regarding what Vernon clients learned to keep themselves and their children safe included a myriad of safety strategies such as calling the 24 hour hotline, seeking shelter at a safe and confidential location, having a cell phone, seeking a restraining order or protective order, changing the locks at their home, seeking support of family and friends, tactics for safe exchange of children in a public venue, CT Savin, Safe at Home (Confidentiality Address program), tech safety (phone and computer tracking or hacking), informing daycare, schools, co-workers, friends, and family of situation, vary routes to school, work, errands, improve safety around home (lights, trim back bushes, etc), 3rd party pickups and drop-offs for child exchange, and code words. This knowledge and development of safety plans and strategies improves the safety of Vernon clients and can potentially reduce the risk of further danger to clients and their children.

YWCA Sexual Assault Services
Account Code #10456235

Department Summary:							
Account Code	Account Classification	Actual 2013-2014 Expended	Adopted 2014-2015 Budget	Department's 2015-2016 Request	Town Council 2015-2016 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 2015 - 2016 BUDGET SUMMARY
DEPARTMENT - YWCA SEXUAL ASSAULT SERVICES

	FISCAL YEAR 2014-2015							FISCAL YEAR 2015-2016		
2013- 2014 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2014-2015	EST EXP 2014-2015	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL	
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			58000 SUB TOTAL	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 2015-2016
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 Gran Application
Fiscal Year July 1, 2015- June 30, 2016

ATTACHMENT A

Program Description

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

- A. Program Title:** YWCA of New Britain Sexual Assault Crisis Service (SACS)
- B. Name of program contact person:** Nina Vazquez , Interim Program Director 860-225-4681 x 217
- C. Name of fiscal contact person:** Joanne Humen, Finance Director 860-225-4681 x 243
- D. Name of Need program will address:** Sexual violence effects one in three women and one in five men in the United States (US dept. of Justice 1995). Less than 1/3 of victims report the crime. Yet the impact of assault is devastating. Victims may suffer from: nightmares, depression, alcohol and drug addiction, self-harm or suicidal thoughts. Failure to obtain help may have long-lasting effect on someone's quality of life. Many individuals do not have the financial resources or insurance to pay for many of the services provided free by the YWCA Sexual Assault Crisis Services.
- E. Services to be provided:** The YWCA is seeking funding for its Sexual Assault Crisis Service for Vernon Residents. The Sexual Assault Crisis Service provides free and confidential services to victims of sexual assault and their loved ones. Services include: 24 hour hotline in English and Spanish; short-term individual counseling; support groups; campus advocacy; accompaniment and advocacy throughout medical, police and court procedures; community prevention education; and a volunteer certification program. SACS continues to provide 2-3 hospital accompaniments to Rockville General Hospital yearly.
- F. Projected unduplicated number of Vernon residents to be served: 19**
- | | | |
|------------|-------------------|-------------|
| Adults: 15 | Youth/Children: 4 | Families: 3 |
|------------|-------------------|-------------|
- Actual unduplicated numbers of Vernon residents served in the past (3) fiscal years:**
- | | | | |
|------------|------------|-------------------|-------------|
| FY 2011-12 | Adults: 12 | Youth/Children: 2 | Families: 0 |
| FY 2012-13 | Adults: 5 | Youth/Children: 2 | Families: 1 |
| FY 2013-14 | Adults: 10 | Youth/Children: 2 | Families: 0 |
- G. How do Vernon residents access services?** Clients may call the state's toll free Sexual Assault Crisis Hotline. (1-888-999-5545) They will be connected to a certified sexual assault crisis counselor/advocate from the YWCA New Britain Sexual Assault Crisis Service who will provide needed services. Appointments with counselor advocates may be arranged at our Hartford office or advocate may meet with clients in Vernon if they prefer. Community prevention Education presentations are arranged with school and youth programs by the YWCA SACS Advocates.

Town Of Vernon Gran Application
Fiscal Year July 1, 2015- June 30, 2016

ATTACHMENT A

H. Budget Summary:

Total Agency Budget:	\$ 4,329,902
Total Program Budget:	\$ 528,205
Total Board Fund-Raising:	\$ 2,000

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

SOURCE	AGENCY: YWCA	PROGRAM: SACS
Federal	\$ 510,148	\$ 290,016
State	\$1,626,614	\$ 93,814
Municipal	\$ 8405	\$ 7,875
Foundation/Trusts	\$ 192,140	\$ 30,000
Contributions/Trustee	\$ 172,100	\$ 0
Miscellaneous/Fundraising	\$ 138,000	\$ 12,000
Program Fees	\$ 14,255,95	\$ 3,000
United Way	\$ 189,000	\$ 88,000
Total:	\$4,261,702	\$ 524,705

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

Increased 2.72%

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

Increased 2.72%

K. What new revenue sources is your Agency Seeking this year? This year the Sexual Assault Crisis Service is hosting a 5k run against violence fundraiser. We not only hoping to raise funds in a new way but also wish to raise awareness in the community.

L. What other municipalities provide funding to your organization?

Town	Amount
Town of Vernon	\$ 2,000.00
Town of Ellington	\$ 800.00
Town of Manchester	\$ 5,305.00
Total	\$8,105.00

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

**Results Based accountability
Town of Vernon**

1. Develop a brief, defined, measurable Goal Statement for each program funded.

Sexual Assault Crisis Service (SACS) offers comprehensive services to sexual assault survivors and the people in their lives. The Sexual Assault Crisis Services will provided services to 100% of Vernon resident that request services through:

- 24-hour/7days English and Spanish hotlines staffed by state certified counselors.
- Accompaniment and advocacy throughout medical, police and court procedures.
- Information, referrals and prevention education programs.
- Short term, individual counseling and support groups.
- All services are free and confidential.

2. Answer the following three questions, as of this time. (No more than one page for each program.)

a. How much did you do?

a. # of Clients served: FY 13-14

Total # of Clients	Gender	Age	Ethnicity	Services provided by SACS
13	All Female	0-18: 2 18-99: 11	Caucasian: 11 Hispanic: 2	Crisis Hotline: 13 Hospital Accompaniment: 6 Police Accompaniments: 3 Court Accompaniments: 1 Info. & Referral by phone: 13 Info. & Referral in person: 6 DCF Referrals: 2

- b. # of staff hours used: FY 13-14**, 100 units of service were provided to Vernon resident by the Sexual Assault Crisis Service (SACS). One unit of service is equal to fifteen minutes. It is important to note that our crisis hotline is available to Vernon residents 24 hours a day 7 days a week. The crisis hotline is operated by state certified sexual assault crisis counselor advocates.

b. How well did you do it?

SACS is the only state certified agency proving services to Vernon residence sexual assault survivors and their loved ones. See attached client feedback surveys, results indicated below.

c. How were the clients better off?

After seeking support services clients indicate that they have higher self-esteem and feel empowered. 100% of survey respondents indicated the group helped them learn to talk about their thoughts and feelings.

Individual survey comments included:

- [The purpose of this group is] "to build esteem and let us know it's okay to talk." "To help us get through our problems and be more talkative about our problems to others. "To help girls become more confident and teach them how to handle a crisis."
- [Changes in my life since participating in this group] "I've talked more about my feelings and important things." "Not being angry all the time over the littlest stuff." "Being more open to my family." "I learned to change my attitude and how to talk to my parents."

By utilizing the hotline and accompaniment services clients felt they were supported and felt they were not alone. Clients who utilized services were able to regain a sense of control over their lives.

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 checked="" 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 2013-2014 Expended	Adopted 2014-2015 Budget	Department's 2015-2016 Request	Town Council 2015-2016 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	\$ 4,000	\$ -	0.00%
Total:		\$ 4,000	\$ 4,000	\$ 4,000	\$ 4,000	\$ -	0.00%
Total Excluding Wages:		\$ 4,000	\$ 4,000	\$ 4,000	\$ 4,000	\$ -	0.00%

TOWN OF VERNON

FISCAL YEAR 2015 - 2016 BUDGET SUMMARY

DEPARTMENT - HOCK VALLEY SCHOOL READINESS

	FISCAL YEAR 2014-2015							FISCAL YEAR 2015-2016		
2013- 2014 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2014-2015	EST EXP 2014-2015	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL	
4,000	4,000	4,000	- 4,000	10456236	58700	GRANTS - HUMAN SERVICES	4,000	4,000	4,000	
4,000	4,000	4,000	- 4,000			58000 SUB TOTAL	4,000	4,000	4,000	
4,000	4,000	4,000	- 4,000			DEPARTMENT TOTAL	4,000	4,000	4,000	

**TOWN OF VERNON 2015-2016
BUDGET REQUEST DETAIL**

			DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
10456236	HOCK VALLEY SCHOOL READINESS				
58700	GRANTS - HUMAN SERVICES				
	TEACHER AIDE IN ONE FULL DAY SCHOOL READINESS PRESCHOOL CLASSROOM		4,000	4,000	4,000
		Total Object	<u>4,000</u>	<u>4,000</u>	<u>4,000</u>
Grand Total	10456236	HOCK VALLEY SCHOOL READINESS	<u><u>4,000</u></u>	<u><u>4,000</u></u>	<u><u>4,000</u></u>

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

Page 1 of 2

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 specific.

- A. Program Title: Hockanum Valley Child Day Care Center
- B. Name of program contact person: Bruce A. Blair Director
Name Title
Tel #: 860-872-9676
- C. Name of fiscal contact person: Same
Name Title
Tel #: _____
- D. Statement of Need program will address: Full day child care and preschool school readiness education services are provided to Vernon residents, with emphasis on low income working families and families other-wise in need. The program is NAEYC accredited to ensure high quality and fees are base on a sliding scale to ensure affordability
- E. Services to be provided: All day child care services with the state's approved school readiness curriculum implemented by qualified staff to give children and familes strong preparation to transition to kindergarten and succeed in school.
- F. Projected **unduplicated** number of Vernon residents to be served:
Adults: 50 Youth/Children: 30 Families: 30
- Actual unduplicated number of Vernon residents served in the past three (3) fiscal years:
- | | | | |
|------------|-------------------|---------------------------|---------------------|
| FY 2012-13 | Adults: <u>64</u> | Youth/Children: <u>40</u> | Families: <u>38</u> |
| FY 2013-14 | Adults: <u>62</u> | Youth/Children: <u>42</u> | Families: <u>38</u> |
| FY 2014-15 | Adults: <u>19</u> | Youth/Children: <u>28</u> | Families: <u>27</u> |
- G. How do Vernon residents access services?: Referrals are made from the extensive membership of the Vernon School Readiness Council and the Vernon Board of Education, the CT DCF, and extensive word of mouth. Advertised in JI
- H. Budget Summary:

Total Agency Budget:	\$	\$509,508	
Total Program Budget:	\$	\$509,508	
Total Board Fund-Raising:	\$	\$2,000	

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

Page 2 of 2

ATTACHMENT A

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

SOURCE	AGENCY	PROGRAM
State Grants, Town of Vernon	\$ \$322,137	\$ \$322,137
Fundraising	\$ \$3,868	\$ \$3,868
Parent fees	\$ \$156,756	\$ \$156,756
Interest	\$ \$106	\$ \$106
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total:	\$ \$482,869	\$ \$482,869

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? -25.00% %

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

We no longer accept funds from CT OEC's community child care grants, only School Readiness Funds. We have streamlined services and overhead as the state begins to shift support from community to public school preschool. We are in discussion with the Vernon BOE to partner with them on the new federal Smart Start funds coming to the BOE to provide preschool services in the future.

L. What other municipalities provide funding to your organization?

Town	Amount
NA	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total:	\$

With any questions pertaining to this form, please contact: Marina Rodriguez, Tel. 860-870-3567 / mrodriguez@vernon-ct.gov;
 Alan Slobodien, Tel. 860-870-3558 / aslobodien@vernon-ct.gov

Hockanum Valley Child Day Care Center, Inc
NAEYC #291068

Bruce A. Blair, Executive Director

695 Hartford Turnpike

Vernon, CT 06066

Phone: 860-872-9676

Fax: 860-872-0698

November 17, 2014

Marina C Rodriquez, AICP
Vernon Social Services
14 Park Place
Vernon, CT 06066

Dear Ms. Rodriquez:

Thank you for your update on RBA requirements and our apologies to the Commission if we have been unclear. HVCDCC is accredited by the National Association for the Education of Young Children (NAEYC). This is a high standard credential which is required for programs like ours to bring in state funding to Vernon and serves as an equivalent for RBA documentation for state funded early childhood programs.

As you may know, HVCDCC has been meeting these standards, which include high level accountability requirements, and drawing down substantial state funds other than just school readiness dollars for many years. And, as the Vernon's fiduciary for the town's Graustein Memorial Fund Discovery Grant since its inception, we are also familiar with RBA practices.

I have attached the most recent NAEYC family survey data results for Hockanum Valley, along with a survey copy. I hope this will be satisfactory. Longitudinal studies for the state's school readiness

initiative have been commissioned by several CT communities during the last few years with positive results (Dr. Walter Gilliam, Yale) However, Vernon has not invested in gathering this data as of this time.

I am also attaching the latest NAEYC reaccreditation award notice for this program, which includes specific program findings for our latest year long accreditation process. Results from national studies indicate that children who attend accredited preschools get better test scores and grades in school later on, also have better attendance and are less likely to be incarcerated or become pregnant, etc. It was these documented results which caused Connecticut to make NAEYC accreditation the central component of its landmark school readiness initiative legislation in 1997.

Please let me know if this documentation is sufficient and whether we will be able to draw down the funds, which are an important part of our operating budget for staff. If there is anything else we can do please advise us and again, we apologize for not providing clearer and more detailed information to you initially.

Sincerely,

Bruce A. Blair

Bruce A. Blair

CC: File, Executive Director, Board



Spreadsheet for Family Survey Results during Self-Assessment

Instructions for Use: Enter the number of "Yes", "No", "DK" (Don't Know) and "NA" (Not Applicable) responses for each question, as well as the number of surveys with no response for a question (blanks). The spread sheet calculates the total for each question; the "Total" cell turns red if your numbers add up to more than or fewer than the "Number of Staff Surveys Returned" above. The spread sheet also calculates the percentage of each response for each question. Blanks (not answering a particular question) are treated like "DK" responses; both are considered a negative response. When "NA" is a possible response, the number of NAs is deducted from the total number of surveys returned before the other percentages are calculated.

Relating Survey Responses to Criterion Ratings. In Excel, click on the tab called "Scores for Criteria" at the bottom of this worksheet to see the survey scores by criterion and the overall pass rate for the survey. To move back to this "Overall Responses" worksheet, click on that tab below.

Program Name:		Hockanum Valley Child Care Center Inc					NAEYC Program ID #		291068	
Number of Family Surveys Distributed		34	Surveys should be distributed to all families enrolled in the program.				Percent of Surveys Returned		53%	For results to count, at least 50% of all the surveys must be returned.
Number of Family Surveys Returned		18	This number is used as the denominator in all percent calculations below.				Last Date for Survey Return		03/10/14	Surveys should be completed within a year of the candidacy due date.
Survey Question	Number "Yes"	Number "No"	Number "DK"	Number "NA"	Number blank	Total, each question	Percent Yes	Percent No	Percent DK or blank	Related Criteria
Q.1	18	0	0		0	18	100%	0%	0%	1.A.01; 3.B.03; 7.A.01; 7.A.06
Q.2	18	0	0		0	18	100%	0%	0%	3.B.02; 3.B.03; 3.B.05; 3.G.06; 6.A.02
Q.3	18	0	0		0	18	100%	0%	0%	1.A.03; 3.G.06; 4.E.02
Q.4	18	0	0		0	18	100%	0%	0%	7.B.05; 7.B.06
Q.5.a	16	2	0		0	18	89%	11%	0%	7.A.09
Q.5.b	18	0	0		0	18	100%	0%	0%	1.A.05
Q.5.c	18	0	0		0	18	100%	0%	0%	10.D.06
Q.6	18	0	0		0	18	100%	0%	0%	7.B.02
Q.7	18	0	0		0	18	100%	0%	0%	1.A.02; 2.A.04; 3.B.01; 3.G.06; 4.E.01; 7.A.02; 7.A.03; 7.A.08
Q.8	0	1	0	17	0	18	0%	100%	0%	2.D.01, 2.D.02, 3.F.05
Q.9	18	0	0		0	18	100%	0%	0%	3.F.06

Survey Question	Number "Yes"	Number "No"	Number "DK"	Number "NA"	Number blank	Total, each question	Percent Yes	Percent No	Percent DK or blank	Related Criteria
Q.10	18	0	0		0	18	100%	0%	0%	3.F.03; 7.C.02; 7.C.04
Q.11	18	0	0		0	18	100%	0%	0%	2.A.04; 4.E.03; 4.E.04; 4.E.06; 7.B.03
Q.12	15	2	1		0	18	83%	11%	6%	4.E.07
Q.13	17	0	1		0	18	94%	0%	6%	4.E.02
Q.14	18	0	0		0	18	100%	0%	0%	4.E.05; 7.B.04
Q.15	16	0	0	2	0	18	100%	0%	0%	1.E.01; 3.B.12; 7.A.10; 7.C.03
Q.16	13	1	4		0	18	72%	6%	22%	7.A.12
Q.17	13	2	3		0	18	72%	11%	17%	7.A.07; 7.A.11; 7.A.13; 7.A.14; 7.C.01; 10.F.04
Q.18	0	0	0	17	1	18	0%	0%	100%	7.B.01
Q.19	14	1	3		0	18	78%	6%	17%	7.A.05; 7.C.05; 8.A.01; 8.A.03; 8.A.05; 8.B.03
Q.20	14	2	0	2	0	18	88%	13%	0%	7.C.06; 7.C.07
Q.21	13	2	3		0	18	72%	11%	17%	10.F.02
Q.22	18	0	0		0	18	100%	0%	0%	10.A.07; 7.A.01
Q.23	17	0	1	0	0	18	94%	0%	6%	5.B.09; 9.A.15
Q.24	2	0	0	16	0	18	100%	0%	0%	5.B.04; 5.B.08

For each question / row, these 3 columns should add up to 100%.

Please describe how you made sure that all families had the opportunity to complete this survey:

Copies of the survey with a cover sheet about the surveys and accreditation was placed in the mailbox of each family. Teachers spoke with as many parents as possible to give reminders and encouragement, answer questions.

Please describe how you made sure that families were provided confidential means of responding to the survey:

There was a marked box with a top in the office for parents to deliver the survey to .



Expanded Family Survey (no infant)
For use in Step 1: Enrollment/Self-Study *Only*
Page 1 of 5

Name of Program

is collecting information about how well we are meeting the needs of children and families, based on nationally recognized standards and criteria developed by the National Association for the Education of Young Children (NAEYC). Please answer the following questions by circling the best response and adding comments, especially if you answer "Yes, but" or "No, but." You do not need to put your name of this form. Please return it in the enclosed envelope by _____ (date).

RELATIONSHIPS	
1. I feel that I have regular contact and communication with my child's teacher and that we value and use each other's input about the care of my child.	<div style="display: flex; justify-content: space-between; font-size: small;"> Yes Yes, but No No, but </div> <div style="margin-top: 10px;">Don't know</div>
2. My child's teacher talks to me regularly about the interests and needs of my child both at home and at school.	<div style="display: flex; justify-content: space-between; font-size: small;"> Yes Yes, but No No, but </div> <div style="margin-top: 10px;">Don't know</div>
3. I know the rules and expectations for my child's classroom.	<div style="display: flex; justify-content: space-between; font-size: small;"> Yes Yes, but No No, but </div> <div style="margin-top: 10px;">Don't know</div>
4. My child's teacher asks me about my family background and my beliefs.	<div style="display: flex; justify-content: space-between; font-size: small;"> Yes Yes, but No No, but </div> <div style="margin-top: 10px;">Don't know</div>
5. The program staff help me and my child move smoothly between home and school.	<div style="display: flex; justify-content: space-between; font-size: small;"> Yes Yes, but No No, but </div> <div style="margin-top: 10px;">Don't know</div>
6. <i>For families with children with special needs only:</i> The program staff works with me to develop plans to support my child's full inclusion.	<div style="display: flex; justify-content: space-between; font-size: small;"> Yes Yes, but No No, but </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Don't know Not applicable </div>
Comments:	
CURRICULUM	
1. The program staff use information about my family background and beliefs to make my child's learning experiences more meaningful.	<div style="display: flex; justify-content: space-between; font-size: small;"> Yes Yes, but No No, but </div> <div style="margin-top: 10px;">Don't know</div>
2. The program takes into account my child's home language when working on literacy and provides my child opportunities to learn in a language they are comfortable with.	<div style="display: flex; justify-content: space-between; font-size: small;"> Yes Yes, but No No, but </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Don't know Not applicable </div>
Comments:	



Expanded Family Survey (no infant)
For use in Step 1: Enrollment/Self-Study Only
 Page 2 of 5

TEACHING				
1. I regularly have the opportunity to participate in classroom activities and events.	Yes	Yes, but	No	No, but
	Don't know			
2. When I disagree with how a teacher works with my child, I feel that I can have a good conversation with him or her and develop mutually satisfying decisions.	Yes	Yes, but	No	No, but
	Don't know			
Comments:				
ASSESSMENT				
1. The program staff told me about the assessment process they use. I know about and understand the following				
a. the instruments they use	Yes	Yes, but	No	No, but
	Don't know			
b. the procedures	Yes	Yes, but	No	No, but
	Don't know			
c. the use of the results	Yes	Yes, but	No	No, but
	Don't know			
d. how they keep my child's progress confidential.	Yes	Yes, but	No	No, but
	Don't know			
2. Program staff communicate with me about my child's assessments in language I understand and in a manner that is respectful to my cultural identity.	Yes	Yes, but	No	No, but
	Don't know		Not applicable	
3. I was or will be included in developing the assessment plan for my child.	Yes	Yes, but	No	No, but
	Don't know		Not applicable	
4. My child's teacher talks with me regularly about how my child is doing at home and at school.	Yes	Yes, but	No	No, but
	Don't know			
5. I receive written reports about my child at least twice a year. (4.E.02)	Yes	Yes, but	No	No, but
	Don't know			
Comments:				



Expanded Family Survey (no infant)
For use in Step 1: Enrollment/Self-Study Only
 Page 3 of 5

HEALTH				
1. Program staff let me know when there are contagious diseases in the program.	Yes	Yes, but	No	No, but
	Don't know			
2. <i>For families who send food to school only:</i> I am aware of the nutritional requirements for sending food along with my child to school.	Yes	Yes, but	No	No, but
	Don't know		Not applicable	
4. <i>For families with children with allergies or special nutritional needs only:</i> Program staff is aware of my child's special health needs and carefully provides for them.	Yes	Yes, but	No	No, but
	Don't know		Not applicable	
Comments:				
FAMILIES				
1. I am provided with information about the following:				
a. the program philosophy and goals	Yes	Yes, but	No	No, but
	Don't know			
b. program rules and expectations	Yes	Yes, but	No	No, but
	Don't know			
c. program events	Yes	Yes, but	No	No, but
	Don't know			
d. community activities	Yes	Yes, but	No	No, but
	Don't know			
e. available community support	Yes	Yes, but	No	No, but
	Don't know			
f. child assessment plans	Yes	Yes, but	No	No, but
	Don't know			
2. I am provided written materials (including this survey) in a language I understand.	Yes	Yes, but	No	No, but
	Don't know			
3. The program has the resources and ability to help me obtain the services I need for my child and family.	Yes	Yes, but	No	No, but
	Don't know			
4. Information that I provide about my child's skills, interests, and needs is incorporated into classroom interactions and activities.	Yes	Yes, but	No	No, but
	Don't know			



Expanded Family Survey (no infant)
For use in Step 1: Enrollment/Self-Study Only

Page 4 of 5

5. The program gives me opportunities to work with other families.	<div style="display: flex; justify-content: space-between;"> Yes Yes, but No No, but </div> <div style="text-align: center; margin-top: 5px;">Don't know</div>
6. I have the opportunity to help plan program events.	<div style="display: flex; justify-content: space-between;"> Yes Yes, but No No, but </div> <div style="text-align: center; margin-top: 5px;">Don't know</div>
7. Program staff and I informally share information about my child on at least a weekly basis.	<div style="display: flex; justify-content: space-between;"> Yes Yes, but No No, but </div> <div style="text-align: center; margin-top: 5px;">Don't know</div>
8. The program staff helps me know about and use community resources.	<div style="display: flex; justify-content: space-between;"> Yes Yes, but No No, but </div> <div style="text-align: center; margin-top: 5px;">Don't know</div>
9. I believe I have a good relationship with the staff at my child's program.	<div style="display: flex; justify-content: space-between;"> Yes Yes, but No No, but </div> <div style="text-align: center; margin-top: 5px;">Don't know</div>
10. I am aware of many opportunities to volunteer at my child's program.	<div style="display: flex; justify-content: space-between;"> Yes Yes, but No No, but </div> <div style="text-align: center; margin-top: 5px;">Don't know</div>
11. The program asks me for my input about the program in many different ways, both verbally and written.	<div style="display: flex; justify-content: space-between;"> Yes Yes, but No No, but </div> <div style="text-align: center; margin-top: 5px;">Don't know</div>
12. I am encouraged by the program staff to take on leadership roles in the program.	<div style="display: flex; justify-content: space-between;"> Yes Yes, but No No, but </div> <div style="text-align: center; margin-top: 5px;">Don't know</div>
13. The program provides a translator when needed.	<div style="display: flex; justify-content: space-between;"> Yes Yes, but No No, but </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Don't know Not applicable </div>
14. When program staff have had a concern about my child and his or her development, they have communicated this concern to me with sensitivity and respect and in private. I have received this information in writing, with thorough explanations and suggestions about how to proceed.	<div style="display: flex; justify-content: space-between;"> Yes Yes, but No No, but </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Don't know Not applicable </div>
15. If problems arise in my interactions with teaching staff, they are good about working to solve these problems and do so in language I understand.	<div style="display: flex; justify-content: space-between;"> Yes Yes, but No No, but </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Don't know Not applicable </div>
Comments:	
COMMUNITY RELATIONSHIPS	
1. Program staff have been able to provide me with special services for my child's special needs.	<div style="display: flex; justify-content: space-between;"> Yes Yes, but No No, but </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Don't know Not applicable </div>



Expanded Family Survey (no infant)
For use in Step 1: Enrollment/Self-Study Only
 Page 5 of 5

2. Staff are good about informing me about special events in the community that may be of interest to my family.	Yes Yes, but No No, but Don't know
3. I work with program staff members on community projects.	Yes Yes, but No No, but Don't know
Comments:	
LEADERSHIP AND MANAGEMENT	
1. The program administrator seems to keep up to date in the field and provides competitive, high-quality services.	Yes Yes, but No No, but Don't know
2. I generally feel respected by the program staff and that my contributions are valued.	Yes Yes, but No No, but Don't know
3. I am familiar with the program's procedures for dropping off and picking up my child. Program staff and I use this time to communicate about my child.	Yes Yes, but No No, but Don't know Not applicable
4. I have been or will be included in a yearly program evaluation.	Yes Yes, but No No, but Don't know
5. When a program evaluation is completed, I am given a final report of the findings.	Yes Yes, but No No, but Don't know
6. I feel like I have a voice in planning for program improvement.	Yes Yes, but No No, but Don't know
Comments:	

Thank you for completing this survey! Working together, we can make this program an even better place for children to grow and learn.

If you are interested in more information about NAEYC Accreditation, please visit the Web site: www.rightchoiceforkids.org



NAEYC Academy for Early Childhood Program Accreditation

1313 L Street NW, Suite 500, Washington, DC 20005-4101 202-232-8777 800-424-2460
Fax 202-232-1720 www.naeyc.org/accreditation www.rightchoiceforkids.org

October 23, 2013

Bruce A. Blair, Executive Director
Hockanum Valley Child Day Care Center, Inc. (291068)
695 Hartford Turnpike
Vernon, CT 06066

Dear Bruce A. Blair,

Congratulations! Your program has achieved a new, five-year term of NAEYC Accreditation by successfully completing the renewal process. The administration, teaching staff, and families of **Hockanum Valley Child Day Care Center, Inc.** are all to be congratulated for continuing to uphold the mark of quality represented by the NAEYC Accreditation system. On behalf of NAEYC, and specifically the NAEYC Academy for Early Childhood Program Accreditation, I commend your program's outstanding efforts in renewing NAEYC Accreditation.

This letter includes information about your program's new term of NAEYC Accreditation as well as information about publicizing your accredited status. Attached to this letter you will find the Accreditation Decision Report that includes a summary of scores for each of the ten NAEYC Early Childhood Program Standards and suggestions for ongoing improvement by topic area based on the data collected during the site visit for use in your annual report.

TERM OF NAEYC ACCREDITATION

Your new term of NAEYC Accreditation will begin on October 21, 2013 and is valid until March 01, 2019.

To maintain NAEYC Accreditation, your program is required to maintain compliance with the NAEYC Early Childhood Program Standards and Accreditation Criteria. Additionally all NAEYC Accredited programs are:

- Required to file an Annual Report and applicable fees on the 1st, 2nd, 3rd, and 4th anniversary of the above Accreditation date;
- Required to report any potential required criteria violations within 72 hours of the incident or event;
- Required to report program altering changes to the NAEYC Academy within 30 days of the change;
- Eligible to be randomly selected for an unannounced site visit;
- Required to respond to formal complaints and adhere to NAEYC's Complaint Policies and Procedures; and
- Required to agree to additional verification upon request.

Please visit our website at <http://www.naeyc.org/academy> and your program record at <http://program.naeyc.org> for complete information and details on new policies, procedures and any announcements related to your NAEYC Accreditation.

NAEYC Academy for Early Childhood Program Accreditation

PUBLICIZING NAEYC ACCREDITATION

The following information will be mailed to you in the coming weeks. This information will assist you in publicizing your program's continued NAEYC-Accredited status and understanding requirements and fees associated with your program's new term of NAEYC Accreditation.

- A new NAEYC Accreditation Certificate for public display.
- Flyers for parents, describing what NAEYC Accreditation means (in sufficient quantity for your enrollment for the next 5 years).
- "NAEYC-Accredited Program" ribbons for you and your staff members to attach to a name badge when you attend conferences or public meetings.
- Samples of "NAEYC Accreditation: The Right Choice for Kids" brochures in English.
- "NAEYC Accreditation Resources Catalogue" to use to purchase additional materials to promote your program's NAEYC Accreditation.
- "Maintaining NAEYC Accreditation" flyer to remind you how to maintain your program's new term of NAEYC Accreditation.
- "NAEYC Accreditation Fees" flyer to explain the fee structure that will apply to your program's new term of NAEYC Accreditation.

Note that the camera ready logo and other electronic versions of accreditation resources are still posted in your program record as <http://program.naeyc.org/>.

Thank you for your continued commitment to program quality improvement through NAEYC Accreditation. Working together, we can improve the lives of children and families across the nation by building public recognition and support for NAEYC Accreditation, the mark of quality in early childhood education. We look forward to continuing to work with you throughout your new accreditation term in a process of continuous improvement, the hallmark of any accreditation system.

If you have any questions about this report, please contact us at 800-424-2460, select Option 3, followed by Option 1. You may also e-mail us at accreditation.information@naeyc.org.

Sincerely,
NAEYC Academy for Early Childhood Program Accreditation

cc: Sandra L. Blair (via e-mail)

NAEYC Academy for Early Childhood Program Accreditation

NAEYC ACCREDITATION DECISION REPORT

Format of the Report

Summary: This table shows your program's scores* for 1) each of the ten Program Standards, 2) each group observed during the site visit, 3) all required criteria, and 4) all Candidacy requirements. It also includes brief feedback on your Program Portfolio and Classroom Portfolio(s). To achieve NAEYC Accreditation, a program MUST:

- meet all Required Criteria; and
- meet at least 80% of assessed criteria for each program standard; and
- meet at least 70% of assessed criteria for each classroom/group observed; and
- continue to meet Candidacy requirements or be subject to further verification.

Commendations: This section contains Program Standards which received a score of 100%.

Areas For Ongoing Improvement By Program Standard: This section contains the Program Standards which met or exceeded the NAEYC Accreditation threshold of 80%. These contain topic areas for ongoing improvement.

NAEYC Academy for Early Childhood Program Accreditation

Summary

<u>Percentage of Met Criteria By Program Standard</u>			<u>Percentage of Met Criteria For Each Classroom Observed</u>	
1.	Relationships	100%	Ms Heather's Class	98%
2.	Curriculum	86%	Ms Kellie's Class	96%
3.	Teaching	100%		
4.	Assessment	100+*		
5.	Health	100+*		
6.	Teachers	100+*		
7.	Families	100%*		
8.	Community Relationships	100+*		
9.	Physical Environment	100%		
10.	Leadership and Management	100+*		

Summary of Required Criteria

Candidacy Requirements

1.B.09	PASS	Administrator Qualifications	MET
3.C.04	PASS	Assistant Teacher Qualifications	MET
5.A.03	PASS	Collaboration	MET
10.A.02	PASS	License/License Exempt Status	MET
10.B.04	PASS	Teacher Qualifications	MET

* Score includes credit given for meeting Emerging Criteria. Please note that even if your program scored 100% or better on a particular Program Standard, there still may be topic areas reported for ongoing improvements. This can occur because Emerging Criteria are given extra credit when scoring. Therefore, there could be unmet criteria in a particular topic area although the credit given for meeting the emerging criteria raised the Program Standard score to 100% or more

NAEYC Academy for Early Childhood Program Accreditation

Summary Continued

Program Portfolio Feedback

The NAEYC Academy commends your program for creating a Program Portfolio that thoroughly documents how the program's policies and procedures meet the NAEYC Accreditation Criteria assessed.

Classroom Portfolio(s) Feedback

The NAEYC Academy notes that your Classroom Portfolio (s) offers adequate evidence for most of the NAEYC Accreditation Criteria assessed. However, it is recommended that your program further develop this source of evidence with additional documentation that is clearly described, labeled, and organized.

NAEYC Academy for Early Childhood Program Accreditation

COMMENDATIONS

1. Relationships

The NAEYC Academy commends your program for promoting positive relationships among all children and adults to encourage each child's sense of individual worth and belonging as part of a community and to foster each child's ability to contribute as a responsible community member.

3. Teaching

The Academy commends your program for using developmentally, culturally and linguistically appropriate and effective teaching approaches that enhance each child's learning and development in the context of the program's curriculum goals.

4. Assessment

The NAEYC Academy commends your program for using ongoing, systematic, formal and informal assessment approaches to provide information on children's learning and development. These assessments occur within the context of reciprocal communications with families and with sensitivity to the cultural contexts in which children develop. Assessment results are used to benefit children by informing sound decisions about children, teaching, and program improvement.

5. Health

The NAEYC Academy commends your program for promoting the nutrition and health of children and protecting children and staff from illness and injury.

6. Teachers

The NAEYC Academy commends your program for employing and supporting a teaching staff that has the educational qualifications, knowledge, and professional commitment necessary to promote children's learning and development and to support families' diverse needs and interests.

7. Families

The NAEYC Academy commends your program for the high level of compliance with this component. Recognizing the importance of a reciprocal relationship between families and programs is essential to ensure that programs are meeting the needs of the children and families that the program serves.

8. Community Relationships

The NAEYC Academy commends your program for effectively establishing and maintaining reciprocal relationships with agencies and institutions that can support it in achieving its goals for the curriculum, health promotion, children's transitions, inclusion, and diversity.

9. Physical Environment

The NAEYC Academy commends your program for creating an environment, both indoors and outdoors that fosters the growth and development of the children.

10. Leadership and Management

The NAEYC Academy commends your program for administering a program efficiently and effectively, ensuring that all involved persons, staff, children, and families are included. The way in which a program is administered will affect all the interactions within the program.

NAEYC Academy for Early Childhood Program Accreditation

AREAS FOR ONGOING IMPROVEMENT BY PROGRAM STANDARD

2. Curriculum

The NAEYC Academy commends your program for implementing a curriculum that is consistent with its goals for children and promotes learning and development in each of the following areas: social, emotional, physical, language and cognitive.

A curriculum that draws on research assists teachers in identifying important concepts and skills as well as effective methods for fostering children's learning and development. When informed by teachers' knowledge of individual children, a well-articulated curriculum guides teachers so they can plan learning experiences that foster children's growth across a broad range of developmental and content areas. A curriculum also helps ensure that the teacher is intentional in planning a daily schedule that (a) maximizes children's acquisition of desired knowledge and skills through the effective use of time and materials and (b) offers opportunities for children to learn through play and structured activities individually and in groups according to their developmental needs and interests.

Topic areas for ongoing improvement:

- 2.K Curriculum Content Area for Cognitive Development: Health and Safety
- 2.L Curriculum Content Area for Cognitive Development: Social Studies

Social Services Administration
Account Code #10456240

Narrative:

The Department's mission is to promote the social well-being of the community, self-sufficiency and improve the quality of life for Vernon residents.

Major Objectives:

- * Provide programs for residents such as Energy Assistance, Renter's Rebate, Volunteer Income Tax Assistance, Camperships, limited emergency assistance, benefits counseling, crisis intervention and case management, information and referral, and Housing Rehabilitation.
- * Manage State of Connecticut and Vernon Human Services grants.
- * Staff liaison for the Human Services Advisory Commission

Department Summary:

Account Code	Account Classification	Actual 2013-2014 Expended	Adopted 2014-2015 Budget	Department's 2015-2016 Request	Town Council 2015-2016 Approved	\$ Increase (Decrease)	%Increase (Decrease)
51000	Salaries & Wages	\$ 229,451	\$ 244,444	\$ 253,268	\$ 251,339	\$ 6,895	2.82%
52000	Employee Benefits	-	-	-	-	-	0.00%
53000	Professional & Tech. Services	-	120	120	120	-	0.00%
54000	Property Services	-	2,287	2,287	1,255	(1,032)	-45.12%
55000	Other Purchased Services	1,337	1,640	1,640	1,340	(300)	-18.29%
56000	Supplies & Materials	863	1,725	1,725	1,425	(300)	-17.39%
57000	Capital Outlay	160	-	-	-	-	0.00%
58000	Other/Sundry	-	7,500	7,500	7,500	-	0.00%
Total:		\$ 231,811	\$ 257,716	\$ 266,540	\$ 262,979	\$ 5,263	2.04%
Total Excluding Wages:		\$ 2,360	\$ 13,272	\$ 13,272	\$ 11,640	\$ (1,632)	-12.30%

TOWN OF VERNON
FISCAL YEAR 2015 - 2016 BUDGET SUMMARY
DEPARTMENT - SOCIAL SERVICES ADMINISTRATION

	FISCAL YEAR 2014-2015										FISCAL YEAR 2015-2016		
2013- 2014 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO BUDGET	EXP 2014-2015	EST EXP 2014-2015	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL			
222,062	244,244	244,244	121,565	244,244	10456240	51010	REGULAR WAGES	253,068	251,139	251,139			
-	-	-	-	-	10456240	51016	TEMPORARY/ACTING DIFFEREN	-	-	-			
-	-	-	-	-	10456240	51020	OVERTIME WAGES	-	-	-			
-	-	-	-	200	10456240	51030	PART-TIME WAGES	-	-	-			
200	200	200	200	-	10456240	51060	LONGEVITY	200	200	200			
-	-	-	-	-	10456240	51078	HIRING INCENTIVE/SIGNING BOI	-	-	-			
5,985	-	-	-	-	10456240	51080	COMPENSATED ABSENCES - SIK	-	-	-			
1,204	-	-	-	-	10456240	51081	COMPENSATED ABSENCES-VAC	-	-	-			
-	-	-	-	-	10456240	51083	EMPLOYEE MERIT PAY	-	-	-			
229,451	244,444	244,444	121,765	244,444			51000 SUB TOTAL	253,268	251,339	251,339			
-	120	120	-	120	10456240	53800	OTHER FEES	120	120	120			
-	120	120	-	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	-	-	-			
-	2,112	6,324	-	2,112	10456240	54490	COPIER RENTAL/LEASE	2,112	2,112	1,080			
-	2,287	6,499	-	2,287			54000 SUB TOTAL	2,287	2,287	1,255			

TOWN OF VERNON
FISCAL YEAR 2015 - 2016 BUDGET SUMMARY
DEPARTMENT - SOCIAL SERVICES ADMINISTRATION

	FISCAL YEAR 2014-2015										FISCAL YEAR 2015-2016		
2013- 2014 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2014-2015	EST EXP 2014-2015	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL				
537	890	890	-	890	10456240	55010	MILEAGE	890	890		590		
170	-	-	40	-	10456240	55320	COMMUNICATION RENTALS	90	90		90		
-	-	-	-	-	10456240	55340	INTERNET ACCOUNT	-	-		-		
35	150	150	-	150	10456240	55500	PRINTING & BINDING	150	150		150		
595	600	600	185	600	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,	-	-		-		
1,337	1,640	1,640	225	1,640			55000 SUB TOTAL	1,640	1,640		1,340		

TOWN OF VERNON
FISCAL YEAR 2015 - 2016 BUDGET SUMMARY
DEPARTMENT - SOCIAL SERVICES ADMINISTRATION

	FISCAL YEAR 2014-2015										FISCAL YEAR 2015-2016		
2013- 2014 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2014-2015	EST EXP 2014-2015	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL				
374	575	949	310	575	10456240	56010	OFFICE SUPPLIES	575	575	575			
236	250	250	-	250	10456240	56020	ENVELOPES	250	250	250			
161	400	400	73	400	10456240	56030	STATIONERY AND PAPER	400	400	300			
91	500	500	91	500	10456240	56050	COMPUTER SUPPLIES	500	500	300			
-	-	-	-	-	10456240	56060	CALCULATORS	-	-	-			
-	-	-	-	-	10456240	56300	FOOD	-	-	-			
863	1,725	2,099	474	1,725			56000 SUB TOTAL	1,725	1,725	1,425			
-	-	-	-	-	10456240	57710	COMPUTER HARDWARE	-	-	-			
160	-	1,590	1,205	1,590	10456240	57810	OFFICE FURNITURE	-	-	-			
-	-	-	-	-	10456240	57829	OTHER OFFIC EQUIP & MACHINI	-	-	-			
160	-	1,590	1,205	1,590			57000 SUB TOTAL	-	-	-			
-	-	-	-	-	10456240	58700	GRANTS - HUMAN SERVICES	-	-	-			
-	7,500	10,000	-	7,500	10456240	58800	OTHR FINANCNG USES-TRNSFE	7,500	7,500	7,500			
-	7,500	10,000	-	7,500			58000 SUB TOTAL	7,500	7,500	7,500			
231,811	257,716	266,392	123,669	259,306			DEPARTMENT TOTAL	266,540	264,611	262,979			

**TOWN OF VERNON 2015-2016
BUDGET REQUEST DETAIL**

		DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
10456240	SOCIAL SERVICES ADMINISTRATION			
51010	REGULAR WAGES			
	DIRECTOR UNION E4-8	86,517	86,517	86,517
	SOCIAL WORKER UNION E2-7	65,132	65,132	65,132
	SOCIAL WORKER UNION E2-2	56,714	54,784	54,784
	ADMINISTRATIVE ASSISTANT N5-8	44,705	44,706	44,706
	Total Object	253,068	251,139	251,139
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	2,112	2,112	1,080
	Total Object	2,112	2,112	1,080
55010	MILEAGE			
	MILEAGE	890	890	590
	Total Object	890	890	590
55320	COMMUNICATION RENTALS			
		90	90	90
	Total Object	90	90	90
55500	PRINTING & BINDING			
	PRINTING AND BINDING	150	150	150
	Total Object	150	150	150
55650	CONFERENCE FEES & MEMBERSHIP			
	CONFERENCE FEES AND MEMBERSHIP	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	400	400	300
	Total Object	400	400	300
56050	COMPUTER SUPPLIES			
	COMPUTER SUPPLIES	500	500	300
	Total Object	500	500	300
58800	OTHR FINANCNG USES-TRNSFER OUT			
	TRANSFER OUT-SPECIAL FUND	7,500	7,500	7,500
	Total Object	7,500	7,500	7,500

**TOWN OF VERNON 2015-2016
BUDGET REQUEST DETAIL**

			DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
Grand Total	10456240	SOCIAL SERVICES ADMINISTRATION	<u>266,540</u>	<u>264,611</u>	<u>262,979</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 programs and a variety of prevention programs operated within the context of multi-agency collaborations. The YSB Administrative Core Unit functions are defined under state statute sec. 10-19m-2(3) 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 that includes the Vernon Community Network and work of the Community Plan for Children Birth to Eighteen.

Department Summary:

Account Code	Account Classification	Actual 2013-2014 Expended	Adopted 2014-2015 Budget	Department's 2015-2016 Request	Town Council 2015-2016 Approved	\$ Increase (Decrease)	%Increase (Decrease)
51000	Salaries & Wages	\$ 210,681	\$ 203,044	\$ 207,097	\$ 193,772	\$ (9,272)	-4.57%
52000	Employee Benefits	-	-	-	-	-	0.00%
53000	Professional & Tech. Services	3,156	3,158	3,158	3,158	-	0.00%
54000	Property Services	14,238	14,238	14,238	13,968	(270)	-1.90%
55000	Other Purchased Services	944	1,245	1,245	1,245	-	0.00%
56000	Supplies & Materials	866	1,150	1,150	1,150	-	0.00%
57000	Capital Outlay	-	-	-	-	-	0.00%
58000	Other/Sundry	-	-	-	-	-	0.00%
Total:		\$ 229,885	\$ 222,835	\$ 226,888	\$ 213,293	\$ (9,542)	-4.28%
Total Excluding Wages:		\$ 19,204	\$ 19,791	\$ 19,791	\$ 19,521	\$ (270)	-1.36%

TOWN OF VERNON
FISCAL YEAR 2015 - 2016 BUDGET SUMMARY
DEPARTMENT - YOUTH SERVICES

	FISCAL YEAR 2014-2015										FISCAL YEAR 2015-2016		
2013- 2014 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO BUDGET	6 MO EXP 2014-2015	EST EXP 2014-2015	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL			
184,234	186,931	186,931	93,836	186,931	10456241	51010	REGULAR WAGES	190,424	177,099	177,099			
-	-	-	-	-	10456241	51020	OVERTIME WAGES	-	-	-			-
24,898	15,913	15,913	13,992	15,913	10456241	51030	PART-TIME WAGES	16,473	16,473	16,473			
200	200	200	200	200	10456241	51060	LONGEVITY	200	200	200			
-	-	-	-	-	10456241	51078	HIRING INCENTIVE/SIGNING BOI	-	-	-			-
-	-	-	-	-	10456241	51080	COMPENSATED ABSENCES - SIK	-	-	-			-
-	-	-	-	-	10456241	51081	COMPENSATED ABSENCES-VAC	-	-	-			-
1,348	-	-	-	-	10456241	51083	EMPLOYEE MERIT PAY	-	-	-			-
210,681	203,044	203,044	108,028	203,044			51000 SUB TOTAL	207,097	193,772	193,772			
3,156	3,158	3,160	1,315	3,158	10456241	53090	CUSTODIAL FEES	3,158	3,158	3,158			
-	-	-	-	-	10456241	53800	OTHER FEES	-	-	-			-
3,156	3,158	3,160	1,315	3,158			53000 SUB TOTAL	3,158	3,158	3,158			
-	-	-	-	-	10456241	54330	MAINTENANCE OFFICE EQUIPM	-	-	-			-
500	500	500	298	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			
1,350	1,350	1,407	337	1,350	10456241	54490	COPIER RENTAL/LEASE	1,350	1,350	1,080			
14,238	14,238	14,295	6,830	14,238			54000 SUB TOTAL	14,238	14,238	13,968			

TOWN OF VERNON
FISCAL YEAR 2015 - 2016 BUDGET SUMMARY
DEPARTMENT - YOUTH SERVICES

	FISCAL YEAR 2014-2015										FISCAL YEAR 2015-2016		
2013- 2014 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO BUDGET	EXP 2014-2015	EST EXP 2014-2015	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL			
665	745	745	328	745	10456241	55010	MILEAGE	745	745	745			
-	-	-	-	-	10456241	55315	TELEPHONE - WIRELESS	-	-	-			
-	-	-	-	-	10456241	55320	COMMUNICATION RENTALS	-	-	-			
-	-	-	-	-	10456241	55400	ADVERTISING	-	-	-			
-	-	-	-	-	10456241	55500	PRINTING & BINDING	-	-	-			
279	300	300	284	300	10456241	55650	CONFERENCE FEES & MEMBER	300	300	300			
-	200	200	17	200	10456241	55660	SUBSCRIPTIONS & MANUALS	200	200	200			
-	-	-	-	-	10456241	55730	SECURITY SERVICES	-	-	-			
944	1,245	1,245	629	1,245			55000 SUB TOTAL	1,245	1,245	1,245			
199	200	200	13	200	10456241	56010	OFFICE SUPPLIES	200	200	200			
-	50	50	-	50	10456241	56020	ENVELOPES	50	50	50			
153	200	200	87	200	10456241	56030	STATIONERY AND PAPER	200	200	200			
114	200	200	10	200	10456241	56174	AWARDS AND PRIZES	200	200	200			
-	-	-	-	-	10456241	56190	OTHER OPERATING SUPPLIES	-	-	-			
400	400	400	259	400	10456241	56300	FOOD	400	400	400			
-	100	100	55	100	10456241	56600	ARTS AND CRAFTS	100	100	100			
866	1,150	1,150	423	1,150			56000 SUB TOTAL	1,150	1,150	1,150			

TOWN OF VERNON
FISCAL YEAR 2015 - 2016 BUDGET SUMMARY
DEPARTMENT - YOUTH SERVICES

	FISCAL YEAR 2014-2015							FISCAL YEAR 2015-2016		
2013- 2014 ACTUAL	ORIGINAL BUDGET	REVISED BUDGET	6 MO EXP 2014-2015	EST EXP 2014-2015	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	-	-	-
229,885	222,835	222,894	117,224	222,835			DEPARTMENT TOTAL	226,888	213,563	213,293

**TOWN OF VERNON 2015-2016
BUDGET REQUEST DETAIL**

		DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
10456241	YOUTH SERVICES			
51010	REGULAR WAGES			
	DIRECTOR - UNION E4-3	86,517	73,192	73,192
	YOUTH COUNSELOR UNION N6-8	53,743	53,743	53,743
	YOUTH PREVENTION SPECIALIST NON UNION	50,164	50,164	50,164
	Total Object	190,424	177,099	177,099
51030	PART-TIME WAGES			
	AFTER SCHOOL PROGRAM WORKERS	16,473	16,473	16,473
	Total Object	16,473	16,473	16,473
51060	LONGEVITY			
	PREVENTION SPECIALIST - LONGEVITY	200	200	200
	Total Object	200	200	200
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 OFFICE SPACE	12,388	12,388	12,388
	Total Object	12,388	12,388	12,388
54490	COPIER RENTAL/LEASE			
	RICOH COPIER LEASE	1,350	1,350	1,080
	Total Object	1,350	1,350	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 2015-2016
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>226,888</u></u>	<u><u>213,563</u></u>	<u><u>213,293</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, volunteer and information and referral.

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 2013-2014 Expended	Adopted 2014-2015 Budget	Department's 2015-2016 Request	Town Council 2015-2016 Approved	\$ Increase (Decrease)	%Increase (Decrease)
51000	Salaries & Wages	\$ 118,425	\$ 113,949	\$ 116,899	\$ 116,681	\$ 2,732	2.40%
52000	Employee Benefits	-	-	-	-	-	0.00%
53000	Professional & Tech. Services	9,465	9,463	9,463	9,463	-	0.00%
54000	Property Services	1,414	1,543	1,543	1,500	(43)	-2.79%
55000	Other Purchased Services	406	490	490	490	-	0.00%
56000	Supplies & Materials	5,324	5,725	5,725	5,725	-	0.00%
57000	Capital Outlay	490	550	550	550	-	0.00%
58000	Other/Sundry	-	-	-	-	-	0.00%
Total:		\$ 135,524	\$ 131,720	\$ 134,670	\$ 134,409	\$ 2,689	2.04%
Total Excluding Wages:		\$ 17,099	\$ 17,771	\$ 17,771	\$ 17,728	\$ (43)	-0.24%

TOWN OF VERNON
FISCAL YEAR 2015 - 2016 BUDGET SUMMARY
DEPARTMENT - SENIOR CENTER

	FISCAL YEAR 2014-2015										FISCAL YEAR 2015-2016		
2013- 2014 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2014-2015	EST EXP 2014-2015	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL				
-	-	-	-	-	10457242	51010	REGULAR WAGES	-	-	-	-	-	-
-	-	-	-	-	10457242	51016	TEMPORARY/ACTING DIFFEREN	-	-	-	-	-	-
700	600	600	-	600	10457242	51020	OVERTIME WAGES	600	600	600	600	600	600
97,915	113,149	113,149	51,710	113,149	10457242	51030	PART-TIME WAGES	116,099	115,831	115,831	115,831	115,831	115,831
450	200	200	-	200	10457242	51060	LONGEVITY	200	250	250	250	250	250
-	-	-	-	-	10457242	51078	HIRING INCENTIVE/SIGNING BOI	-	-	-	-	-	-
17,424	-	-	-	-	10457242	51080	COMPENSATED ABSENCES - SIK	-	-	-	-	-	-
1,936	-	-	-	-	10457242	51081	COMPENSATED ABSENCES-VAC	-	-	-	-	-	-
118,425	113,949	113,949	51,710	113,949			51000 SUB TOTAL	116,899	116,681	116,681	116,681	116,681	116,681
-	300	300	-	300	10457242	53010	CLERICAL FEES	300	300	300	300	300	300
-	-	-	-	-	10457242	53032	TRIP BOOKKEEPER	-	-	-	-	-	-
6,240	6,240	6,940	1,197	6,240	10457242	53090	CUSTODIAL FEES	6,240	6,240	6,240	6,240	6,240	6,240
-	-	-	-	-	10457242	53220	MEDICAL FEES	-	-	-	-	-	-
3,225	2,923	3,036	795	2,923	10457242	53410	INSTRUCTOR FEES	2,923	2,923	2,923	2,923	2,923	2,923
-	-	-	-	-	10457242	53500	SENIOR CENTER CONSULTANT	-	-	-	-	-	-
-	-	-	-	-	10457242	53520	SUBSTITUTE BUS DRIVER	-	-	-	-	-	-
-	-	-	-	-	10457242	53530	ELDERLY RENTAL REBATE	-	-	-	-	-	-
-	-	-	-	-	10457242	53800	OTHER FEES	-	-	-	-	-	-
9,465	9,463	10,276	1,992	9,463			53000 SUB TOTAL	9,463	9,463	9,463	9,463	9,463	9,463

TOWN OF VERNON
FISCAL YEAR 2015 - 2016 BUDGET SUMMARY
DEPARTMENT - SENIOR CENTER

	FISCAL YEAR 2014-2015							FISCAL YEAR 2015-2016		
2013- 2014 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2014-2015	EST EXP 2014-2015	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
1,414	1,293	1,367	353	1,293	10457242	54490	COPIER RENTAL/LEASE	1,293	1,293	1,250
1,414	1,543	1,617	353	1,543		54000 SUB TOTAL	1,543	1,543	1,500	
116	100	100	-	100	10457242	55010	MILEAGE	100	100	100
115	140	140	38	140	10457242	55315	TELEPHONE - WIRELESS	140	140	140
175	250	290	160	250	10457242	55650	CONFERENCE FEES & MEMBER	250	250	250
406	490	530	198	490		55000 SUB TOTAL	490	490	490	

TOWN OF VERNON
FISCAL YEAR 2015 - 2016 BUDGET SUMMARY
DEPARTMENT - SENIOR CENTER

2013- 2014 ACTUAL	FISCAL YEAR 2014-2015										FISCAL YEAR 2015-2016		
	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2014-2015	EST EXP 2014-2015	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL				
912	925	925	334	925	10457242	56010	OFFICE SUPPLIES	925	925		925		925
40	75	75	-	75	10457242	56020	ENVELOPES	75	75		75		75
116	125	125	75	125	10457242	56030	STATIONERY AND PAPER	125	125		125		125
207	225	225	178	225	10457242	56040	COPY SUPPLIES	225	225		225		225
-	-	-	-	-	10457242	56130	CUSTODIAL SUPPLIES	-	-		-		-
-	-	-	-	-	10457242	56140	PAINTING SUPPLIES	-	-		-		-
-	-	-	-	-	10457242	56143	ELECTRICAL FIXTURES	-	-		-		-
-	-	-	-	-	10457242	56144	LUMBER & WOOD SUPPLIES	-	-		-		-
-	-	-	-	-	10457242	56171	RECORDING SUPPLIES	-	-		-		-
848	1,200	1,200	193	1,200	10457242	56174	AWARDS AND PRIZES	1,200	1,200		1,200		1,200
1,117	1,300	1,300	619	1,300	10457242	56190	OTHER OPERATING SUPPLIES	1,300	1,300		1,300		1,300
2,017	1,800	1,822	386	1,800	10457242	56300	FOOD	1,800	1,800		1,800		1,800
-	-	-	-	-	10457242	56600	ARTS AND CRAFTS	-	-		-		-
67	75	75	69	69	10457242	56610	SPORTING GOODS	75	75		75		75
5,324	5,725	5,747	1,855	5,719			56000 SUB TOTAL	5,725	5,725		5,725		5,725
-	-	-	-	-	10457242	57290	OTHER TOWN BLDGS & GROUND	-	-		-		-
-	-	-	-	-	10457242	57710	COMPUTER HARDWARE	-	-		-		-
490	550	550	-	550	10457242	57810	OFFICE FURNITURE	550	550		550		550
490	550	550	-	550			57000 SUB TOTAL	550	550		550		550

TOWN OF VERNON
FISCAL YEAR 2015 - 2016 BUDGET SUMMARY
DEPARTMENT - SENIOR CENTER

FISCAL YEAR 2014-2015					FISCAL YEAR 2015-2016				
2013- 2014 ACTUAL	ORIGINAL BUDGET	REVISED 6 MO EXP BUDGET 2014-2015	EST EXP 2014-2015	DEPT CODE	OBJECT CODE	ACCOUNT DESCRIPTION	DEPT REQUEST	MAYOR'S RECMD	TOWN COUNCIL
135,524	131,720	132,669	56,109	131,714		DEPARTMENT TOTAL	134,670	134,452	134,409

**TOWN OF VERNON 2015-2016
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	600	600	600
51030	PART-TIME WAGES			
	DIRECTOR - E2-8	34,866	34,866	34,866
	SENIOR PROGRAM COORDINATOR - N5-X	25,030	24,539	24,539
	SECRETARY N4-8	32,565	32,565	32,565
	PROGRAM COORDINATOR	14,138	13,861	13,861
	BUS DRIVERS	4,500	5,000	5,000
	SENIOR CAR DRIVERS	5,000	5,000	5,000
	Total Object	116,099	115,831	115,831
51060	LONGEVITY			
	SECRETARY	200	250	250
	Total Object	200	250	250
53010	CLERICAL FEES			
	CLERICAL FEES	300	300	300
	Total Object	300	300	300
53090	CUSTODIAL FEES			
	CUSTODIAL FEES	6,240	6,240	6,240
	Total Object	6,240	6,240	6,240
53410	INSTRUCTOR FEES			
	INSTRUCTOR FEES	2,923	2,923	2,923
	Total Object	2,923	2,923	2,923
54390	OTHER REPAIR AND MAINTENANCE			
	OTHER REPAIR AND MAINTENANCE	250	250	250
	Total Object	250	250	250
54490	COPIER RENTAL/LEASE			
	COPIER RENTALS	1,293	1,293	1,250
	Total Object	1,293	1,293	1,250
55010	MILEAGE			
	MILEAGE	100	100	100
	Total Object	100	100	100
55315	TELEPHONE - WIRELESS			
	TELEPHONE - WIRELESS	140	140	140
	Total Object	140	140	140
55650	CONFERENCE FEES & MEMBERSHIP			
	CONFERENCE FEES AND MEMBERSHIP	250	250	250
	Total Object	250	250	250
56010	OFFICE SUPPLIES			
	OFFICE SUPPLIES	925	925	925
	Total Object	925	925	925
56020	ENVELOPES			
	ENVELOPES	75	75	75
	Total Object	75	75	75

**TOWN OF VERNON 2015-2016
BUDGET REQUEST DETAIL**

			DEPARTMENT'S REQUEST	MAYOR'S RECOMMEND	TOWN COUNCIL APPROVED
10457242	SENIOR CENTER				
56030	STATIONERY AND PAPER				
	STATIONERY AND PAPER		125	125	125
	Total Object		<u>125</u>	<u>125</u>	<u>125</u>
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				
	OFFICE FURNITURE		550	550	550
	Total Object		<u>550</u>	<u>550</u>	<u>550</u>
Grand Total	10457242	SENIOR CENTER	<u><u>134,670</u></u>	<u><u>134,452</u></u>	<u><u>134,409</u></u>