Connecting the Dots

2013

Results

Cards

FAMILY CENTERS
Connecting the Dots

Beginnings

Bright

FAMILY CENTERS
Program: Care to Care

Program Description:
The Care to Care program has provided outreach to family home daycare providers and the families they serve since 1997. In response to the needs of many home daycare providers’ feelings of isolation, Care to Care began as a way to decrease the isolation by providing training opportunities for providers to learn, share, socialize and network as professionals. Through monthly trainings, a provider mini conference, community partnerships and collaborations with local, regional and state early childhood stakeholders Care to Care has established a network of resources to enhance the quality of Stamford home daycare providers. Care to Care trainings include early childhood health & wellness, development and small business topics. A core training is an approved First Aid course which includes CPR & AED training. Home daycare providers are required to be certified in First Aid in order to maintain their CT State child daycare license. Each year the Annual Provider Mini Conference focuses on a specific small business or early childhood development related topic. Local and state educational resources are also integrated into as the Mini Conference experience.

Eligibility:
City of Stamford, Connecticut licensed home daycare providers, kith & kin providers (informal, non-licensed), their assistants and the families they serve.

Contact: Jennienne Peoples Burke, MPH
Health Educator/Program Coordinator
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HOW MUCH DID WE DO?
• 68 licensed providers
• 30 kith & kin providers and the families they serve (90 total ~ 150 families)
• Female: 100%
• Age Range: 30 – 60+ years of age
• 10 trainings including – 3 each: CPR and First Aid courses, 1 Medication Administration course, Annual Provider Mini Conference, Stamford Early Childhood Fair
• Average # participants per training: 15.
• Number of mailings: 750 pieces

HOW WELL DID WE DO IT?
• Training evaluations continuously reflect positively on trainings both for content and presenters.
• Care to Care annual surveys show 96% client satisfaction.
• Leadership: Member Stamford Early Childhood Collaborative & Stamford Obesity Task Force
• 22 home daycare providers completed All Our Kin, Inc. – CT Early Learning Guidelines for Infants and Toddlers training & coaching visits

IS ANYONE BETTER OFF?
• 45 providers recertified in First Aid & CPR training needed to maintain their licensure.
• 33% of home daycare providers recertified in Medication Administration training
• 44% increase in licensed home daycare providers since 2011 registered with Care to Care evidencing greater engagement and accountability in professional network.
• 40% increase in providers creating email accounts as result of 2012 Technology Mini Conference
• 43% providers became certified in Emergency Preparedness for Young Children
Center of Excellence: Bright Beginnings
Program: Early Care and Education

Program Description:
The Early Care and Education program is an accredited, full day, year round program for children aged 6 weeks through 5 years. It combines a high quality educational experience with full day care for working parents.

Eligibility Requirements:
Services available to families with children 6 weeks through 5 years old. Must live or work in Greenwich to be eligible for scholarship

Contact: Megan Sweeney, Director
msweeney@familycenters.org

HOW MUCH DID WE DO?

Demographics:
Total Served: 785
Age: 0-17: 43%; 8-25 3%; 26-44: 45%; 45-60: 3%; Other/unreported: 6%
Race and Ethnicity: Asian: 6%; Black: 4%; Hispanic: 30%; White: 40%; Other/Unknown: 20%
Gender: Male: 45%; Female: 55%

Outputs:
191 children aged 6 weeks through 5 years of age participated in a high quality, full day and full year educational experience.

HOW WELL DID WE DO IT?

Outcomes:
• The Early Care and Education program has maintained accreditation through NAEYC at all sites.
• 100% of the children were assessed regularly throughout the year using the CT Preschool Assessment Framework or Infant/Toddler Guidelines.
• 42 children graduated from our ECE program and entered Kindergarten classes with a completed assessment of kindergarten readiness skills.
• 5 children participated in specialized support through the Early Childhood Consultation Partnership (ECCP).
• 6 teachers received support through ECCP (over 30 professional development hours per teacher)
• 4 children were evaluated for Special Education services and 3 children for Birth to Three services.
• 2 children were assisted to find private speech services and 3 children were assisted to find private occupational therapy.
• 8 children received mental health assessments in the classroom.
• 8 children received specialized medical assistance so that they could participate fully in the school day (i.e. broken limbs, severe food allergies and other medical conditions).
• Parents participated in a minimum of 3 parent conferences throughout the school year.
• The ECE program has developed a Family Council with parent representatives from each center. Last year’s activities included overseeing holiday donations to the ECE program, creating a family directory, reviewing the Parent Surveys, teacher appreciation activities, and parent participation in a program wide picnic at the end of the school year.
• The program utilized community resources including the Greenwich Alliance for Education, Town Department of Public Health, Greenwich Library, Police and Fire Departments, various school groups and individual volunteers who enhanced the Early Childhood Education program.
• Teachers participated in a minimum of 15 staff development hours throughout the year to enhance their teaching skills. In the 2012-2013 school year, 11% of full time teachers held a masters degree in teaching, 48% of teachers held a bachelor’s degree and 23% have an AA degree in Early Childhood Education. Twenty-eight percent of teachers are taking coursework to increase their credentials.
IS ANYONE BETTER OFF?
Research shows that children who have previously attended high-quality preschool education program are more successful in kindergarten and beyond. Indicators of a high quality preschool program include: Curriculum standards, teacher qualifications, teacher in-service trainings, maximum class size, screening/referral services, parent support services, meal requirements, (NIEER, National Institute for Early Childhood Research).

Additionally, it has been noted that gaps in student ability are already apparent by kindergarten. Learning is cumulative. Educational gaps later on are often more difficult and costly to correct. (www.pewtrusts.org). Preschool education produces persistent gains on achievement test scores, along with fewer occurrences of grade retention and placement in special education programs (Barnett and Camillo, 2002)
CT Voices for Children reports that the average cost for full-time infant/toddler care at a licensed facility was $12,973 in 2012. Only 16% of children under 3 whose families earned less than 75% of the State Median Income were able to receive state subsidized care, resulting in a large number of families unable to afford care for their very young child.
Center of Excellence: Bright Beginnings

Program Title: Greenwich Head Start

Program Description:
The Greenwich Head Start Preschool offers education programs to preschool children from low-income families residing in Greenwich. The Greenwich Head Start Program promotes school readiness by enhancing their cognitive, social and emotional development. Children who attend Head Start participate in a variety of educational activities that support children’s growth in language, literacy, mathematics, science, creative arts, and physical skills. Program services include two nutritious meals per day, access to medical and dental health services, as well as mental health and disability services. Family support services include parent involvement, vocational supports, English classes, parenting education, home visits and leadership opportunities.

Eligibility:
All participants are low income Greenwich families with preschool age children, living at or near the Federal Poverty level.

Contact: Megan Sweeney, Program Director
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HOW MUCH DID WE DO?
Demographics:
Head Start served 40 families, representing 171 individuals (42 students and 139 family members) 
Age: 0-17: 61%; 8-25:6%; 26-44: 31%; 45-60: 2%;
Race and Ethnicity: Black: 16%; Hispanic: 62%; White: 14%; Other:8 %
Gender: Male: 69 %; Female: 31 %

Outputs:
• Children aged 3-5 were enrolled in a year round educational program that uses a curriculum that focuses on Cognitive, Social Emotional, Physical and Language Development.
• All 42 children enrolled in the Greenwich Head Start program were assessed for vision, hearing, BMI (Body Mass Index), social emotional and developmental concerns. Any child who was identified as having an issues was referred for further follow up..
• Parents are offered education opportunities and tools to encourage them to support their child’s school success and to meet their own personal social services and vocational goals.

HOW WELL DID WE DO IT?
Outcomes:
• Parents attended 17 meetings with an average attendance of 6 parents at meetings. Topics ranged from health related topics, parenting topics, services in the community, and meetings about educational topics as literacy and preparing for kindergarten.
• 5 parents participated in ESL twice weekly throughout the school year. An additional 3 parents attended ESL class
• All parents attended at least 2 parent conferences and identified at least one personal or vocational goal for the school year.
• 5 mothers participated in blood pressure and diabetes screenings which result in 1 mother being identified as in need of further medical attention.
• All 38 families participated in at least one literacy activity including library visits, obtaining library cards, and book giveaways.
• Greenwich Head Start collaborated with several literacy programs including the Greenwich Alliance for Education, Greenwich Library and Friends of Greenwich Library to bring literacy opportunities to an underserved population. This past year, the program instituted the Raising a Reader program, designed to build the home-school literacy connection.
• All 20 kindergarten bound children were registered by June 15th for Kindergarten.
• 5 children received mental health screenings in the classroom, resulting in 3 referrals further evaluation and support.
• 2 children received special education services for speech and language impairments.
• 9 parents received assistance with housing, subsidies and utility payments, 5 parents received mental health services, 8 received ESL classes and 8 enrolled in some form of adult education.
• Each Head Start teaching staff participated in an average of 30 hours of professional development from August through June.
• 33% of teachers have Masters degrees in teaching and 33% have Bachelor’s degree. Thirty three per cent of teachers took coursework during the year to increase their credentials.

IS ANYONE BETTER OFF?
• Gains were made for all 42 children enrolled in the program in the areas of language development, cognitive development, socio-emotional development and motor development. Progress is measured, recorded and reported three times a year.
• Twenty children moved on to Kindergarten with developmental portfolios documenting their individual progress at Head Start.
• All parents attended at least one of the following school activities: parent meetings, three parent conferences annually, volunteering in the classroom, school celebrations. (Studies show that children with more involved parents scored higher on emergent literacy and math tasks, and also had more positive social behavior than children whose parents were less involved).
• Families attending Greenwich Head Start live at or below the federal poverty line. The current poverty line is way below what it takes for a family to cover basic living costs today, especially in a program like Greenwich Head Start, the high costs of childcare would prevent parents from working more to increase their income. Additionally, when child care is of high quality, it is a developmental support that helps low income children overcome poverty’s effects. High quality care provides care and improves children’s life chances.
Center of Excellence: Bright Beginnings

Program: Nurturing Families Network Program (NFN)

Program Description:
Every child should be raised in a safe, nurturing environment and be free from the threat of abuse and neglect. The NFN program is a statewide system of prevention and continuous care designed to promote positive parenting and reduce incidences of child abuse and neglect. Through collaborative efforts with area hospitals and OB-GYN clinics, the Family Centers’ NFN program works with first-time parents at or before time of birth, and continues working with the family until their child is five years old. Program includes intensive home visits for first-time families determined to be at high-risk for abuse and neglect, and support services and referrals for families determined to be at low-risk.

Eligibility Criteria:
The NFN program is made available to all first-time mothers in Stamford, Greenwich, New Canaan and Darien. Participation is voluntary and free of charge. Intensive home visiting services are available to those determined to be at high-risk for child abuse and neglect and until the child reaches the age of five. Parenting Education Groups are open to all parents in the program and community, regardless of risk level.

Contact: Helma M. Gregorich, LCSW
Senior Program Manager and Clinical Supervisor
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HOW MUCH DID WE DO?
• 214 parents and children received an average of two home visits per month with approximately 1802 home visits conducted
• 85 parents received an average of 2 telephone calls per month for an average of six months.
• 88 weeks of facilitated groups were held with an average of 4-6 participants per group
• Age: 0-17: 30%; 18-25: 16%; 26-44: 42%; 45-60: 1%; other or unknown: 11% (all family members)
• Race/Ethnicity: 5% Asian; 30% Caucasian; 10% Black; 43% Hispanic/Latino; other or unknown: 12% (all family members)
• Gender: Male: 42%; Female: 58% (all family members)
• Family Characteristics: (home visiting only) 13% teens; 99% low income; 68% non-English speakers; 49% low education; 38% single-parent; 23% recent immigrant; 8% mental health issues

HOW WELL DID WE DO IT?
• All services provided are available in English and Spanish
• Three home visitors have undergraduate degrees and one has an associate degree
• Supportive telephone calls are made by trained volunteers and staff.
• Completed parent surveys revealed above-average satisfaction with their home visits and home visitor
• 96% of group participants expressed praise for the knowledgeable facilitators, the respectful and welcoming environment and for the parenting skills taught.
• 98% of the home visiting families were connected to two or more community resources.
• 90% of families met at least one goal that they identified and documented with their home visitor.
• 100% of children in the program have health insurance and up-to-date immunizations.
• In the last 7 years, 29 families have graduated from the NFN program (enrolled prenatal/birth through 5 years).
IS ANYONE BETTER OFF?

• There were only four NFN home visiting cases substantiated for abuse/neglect (out of 114) as compared to approximately 686,000 nationwide cases (U.S Dept of Health and Human Services, 2013) and approximately 6,736 statewide cases (CT DCF -2012).

• Cost of Family Centers’ prevention services for NFN home visiting families is $4,987 per child per year. According to the 2012 report by Prevent Child Abuse America, the National average cost of direct intervention services is $63,871 per child per year for abused/neglected children, a potential economic savings of $58,884 per child per year.

• NFN program is a Parents as Teachers evidence based statewide system of continuous care designed to promote positive parenting and reduce the incidences of child abuse and neglect. Home visitors are advocates for families in the following ways: interacting with community institutions; help establish and follow through on goals; make referrals to community providers; help families negotiate crisis; provide emotional support and positive feedback to the mothers.

• Home visitors screen all children in the program for developmental delays and social and emotional problems. A smaller percentage of NFN children are identified as having a potential developmental delay as compared to a normative population.

• Mothers participating in NFN showed less rigid parenting attitudes the first year of program services.

• 84% of referrals made to specialized services are accepted. This rate is much higher than in programs offering case management/referral services alone.

• NFN program participants reported better understanding of their child’s developmental stages and therefore have more realistic expectations about their children and their roles and responsibilities as parents.
Center of Excellence: Bright Beginnings

Program Title: School Based Health Care (SBHC)

Program Description:
The SBHC program is committed to the delivery of quality health services at school based health centers that use a multi-disciplinary team approach to provide comprehensive physical, dental and mental health treatment to children enrolled. The goals and objectives of the SBHC’s are accomplished through services such as: preventive health care, including full dental services; detecting and treating illness, injuries and dental disease; providing reproductive health services that include pregnancy testing, sexually transmitted disease diagnosis and treatment, onsite HIV testing and risk reduction counseling; mental health services that include crisis intervention, individual, group and family counseling. These quality services support students and help them reach their potential by removing health (physical, behavioral and oral) obstacles.

Eligibility:
With written parental authorization, students are able to access services if they are within the locations where clinics are located (Dolan/Toquam, Rippowam/AITE, Stamford HS, Westhill HS, William Pitt Child Learning Center and Kids in Crisis Inc.)

Contact: Dennis Torres, Director
dtorres@ci.stamford.ct.us

HOW MUCH DID WE DO?
• Total Served: 1,362 students served (5% increase over 2012)
• Gender: Male: 40%; Female: 60%
• Ages 0-5: 8%, Ages 6-13: 23%, Ages 14-16: 37%, Ages 17-20: 32%
• Race/Ethnicity: African-American/Descent:33%, Hispanic:26%, White:37%, Other:4%
• Nurse Practitioner Visits: 2,475
• Social Work Visits: 2,406
• Dental Visits: 476
• 21 ongoing Health Education and Wellness groups conducted.
• 35 Health and Wellness Presentations conducted with 8,318 students and 1,334 parents

HOW WELL DID WE DO IT?
• Students utilizing SBHC averaged 4.5 visits per student.
• All professional staff maintained professional licensure and continuing education requirements (30 plus hours each).

IS ANYONE BETTER OFF?
• 61% of students measured demonstrated an increased confidence around their ability to manage crisis on post-test (an increase from 44% on pre test).
• 82% of students measured demonstrated increased hopefulness on post-test (an increase from 75% on pre test).
• 59% of students surveyed had better overall wellness test results after treatment.
Center of Excellence: Bright Beginnings

Program: Young Parents Program

Admission Criteria:
Family Centers' Young Parents Program ("YPP") is an outreach program designed specifically for pregnant and parenting teenagers attending school in Stamford. Parenthood is the leading cause of school dropout among teen girls and a child born to an unmarried teenage high school dropout is 10 times more likely as other children to be living in poverty at ages 8 to 12. YPP educates pregnant and parenting teens to help them improve their lives and the lives of their children as they face the challenges of teen motherhood and assists them to achieve five major outcomes:

1. To prevent premature births and have a healthy birth outcome;
2. To prevent repeat unplanned pregnancy;
3. To prevent high school dropout;
4. To become job or college ready; and
5. To prevent child abuse and neglect and increase child development and parenting knowledge.

Contact Information:
Leslie P. Sexer, LCSW
Director
Clinical Outreach Services
Work Life Solutions

HOW MUCH DID WE DO?
• Total Served: 19 teens were served by YPP during the fiscal year July 1, 2012-June 30, 2013.
• Gender: Female
• Ages: 15 -17: 74%, 18-20: 26%
• Race/Ethnicity: Caucasian: 5%, Black: 21%, Hispanic: 74%

During the 2012-2013 academic year the YPP Coordinator:
• Facilitated 39 school based groups.
• Provided 58 home visits and 21 individual client school based appointments.
• Assisted with transportation to doctor’s appointment, visits to day care centers, WIC appointments, etc.

HOW WELL DID WE DO IT?
• Thirteen teens had healthy pregnancies.
• 0% of participants experienced a repeat pregnancy in 2012/2013.
• 95% of teens served by YPP either completed the school year or graduated from high school.
• 100% of senior teens served by YPP planned to either work and/or go to college after graduating from high school.
• Accredited by the Council on Accreditation

IS ANYONE BETTER OFF?
• 100% of teens served by YPP plan to either work and/or go to college after graduating from high school. Five out of five senior’s students graduated in June 2013. Of the 5 teens who graduated, two are currently employed, while three plan on seeking work imminently. Two out of five seniors are committed to continuing their education with concrete college plans, two are contemplating their post high school education plans, and one is planning on seeking a full time job after having her baby.

• 100% of teens reported that the program was excellent or good in helping them to learn parenting skills.
• 100% of teens served by YPP reported that the program was excellent or good in helping them to increase their knowledge of child development.
• 100% of teens served by YPP reported that the program was excellent or good in providing education about pregnancy prevention.
Connecting the Dots

Crisis in Families
Program Description: The Center for Hope offers treatment, guidance, and support to individuals and families with commercial insurance, Medicaid, Medicare, or sliding scale fee for the uninsured who are living with an illness, grieving a loss or coping with a trauma. Individual and group psychotherapy and counseling services are focused on addressing issues related to bereavement and critical illness presented by individuals, couples and families. Presenting symptoms include but are not limited to: persistent sadness and depression, consuming worry and anxiety, adjustment to change due to critical illness of self or other family members, and complicated grief.

Eligibility: Clinical services are offered without discrimination as to race, color, religion, age, marital status, sex, national or ethnic origin, or ability to pay. Severe psychiatric conditions or any case in need of intensive day treatment or in-patient psychiatric treatment will be referred to a licensed facility at the appropriate level of care required for such conditions.

Contact Information: Amanda Romaniello, Manager of Clinical Services (203) 655-4693
Cheryl Norfleet, Intake Coordinator (203) 629-2822

HOW MUCH DID WE DO?
• 606 clients seen in 12/13 fiscal year.
• 2003 individual therapy sessions and 806 group therapy sessions held in 12/13 fiscal year.
• Male: 40.2%, Female: 59.7%
• Ages 0-17: 20.4%, Ages 18-25: 12%, Ages 26-44: 15.3%, Ages 45-60: 35.1%, Ages 60+: 12.8%, Unreported: 4.1%
• Greenwich residents: 8.2%, Stamford residents: 32.1%, Darien residents: 10.7%, New Canaan residents: 7.4%, Norwalk residents: 19.1%, Out of Area: 22.2%
• Asian: 2.3%, African-American/Descent: 4.9%, Hispanic: 2.9%, White: 81.1%, Other: 3.1%, Unreported: 5.4%
• 6 Wellness and Prevention presentations (i.e. “If Only” Panel Discussion; Parent Discussion Forum in Response to the Sandy Hook Tragedy) facilitated in 12/13 fiscal year.

HOW WELL DID WE DO IT?
• 100 % of clients who returned the client survey were satisfied or better with their service.
• 100% of clients who returned the client survey rated their overall experience with Family Centers as very good or better.
• Licensed as a Child and Adolescent Clinic by the Department of Children and Families and as an Adult Clinic by the Connecticut Department of Health
• Accredited by the Council on Accreditation

IS ANYONE BETTER OFF?
• 85% of clients showed improvement in their GAF scores on discharge with an increased point average of 8 (indicating that their psychiatric symptoms decreased and level of functioning improved).
• 91% of clients attained at least 1 of their treatment goals on discharge (indicating that their psychiatric symptoms decreased and level of functioning improved).
• 100% of clients reported improvement in their condition with an average increase of 8 pts on discharge.

Influencing factors that impact results: Severity of initial mental health state and premature termination of treatment.

Influencing factors that impact results: Severity of initial mental health state and premature termination of treatment.
Program Description: The Mental Health and Counseling Program offers treatment, guidance, and support to individuals and families with commercial insurance, Medicaid, Medicare, or sliding scale fee for the uninsured who are in crisis and experiencing severe dysfunction. Psychotherapy and counseling services address a wide variety of issues presented by individuals, couples and families, including but not limited to: persistent sadness and depression, consuming worry and anxiety disorders, poor adjustment to academic and work demands, co-occurring alcoholism and substance abuse, domestic violence, eating disorders, parent-child conflicts, and marital strain and discord.

Eligibility: Clinical services are offered without discrimination as to race, color, religion, age, marital status, sex, national or ethnic origin, or ability to pay. Severe psychiatric conditions or any case in need of intensive day treatment or in-patient psychiatric treatment will be referred to a licensed facility at the appropriate level of care required for such conditions.

Contact Information: Stephanie Haen, Director of Behavioral Health (203) 629-2822
Cheryl Norfleet, Intake Coordinator (203) 629-2822

HOW MUCH DID WE DO?
- 6,214 clients seen
- 10,972 individual therapy sessions and 300 group therapy sessions (increased by 171 sessions)
- Male: 39%, Female: 61%
- Greenwich residents: 23%, Stamford residents: 45%, Darien residents: 6%, New Canaan residents: 4%, Norwalk residents: 11%, Out of Area: 10%
- Asian: 2%, African-American/Descent: 13%, Hispanic: 21%, White: 57%, Other: 4%, Unreported: 4%
- 80 Wellness and Prevention presentations (i.e. “The Value of Failure” and “How and When to Talk to Your Kids about Sandy Hook”); 23 Wellness and Prevention ongoing groups (i.e. “When Words Aren’t Enough” and “Active Parenting”)

HOW WELL DID WE DO IT?
- 94% of clients who returned the client survey were satisfied or better with their service.
- 97% of clients who returned the client survey rated their overall experience with Family Centers as good or better.
- Licensed as a Child and Adolescent Clinic by the Department of Children and Families and as an Adult Clinic by the Connecticut Department of Health
- Accredited by the Council on Accreditation

IS ANYONE BETTER OFF?
- 91% (increased 9% from last year) of clients showed improvement in their GAF scores on discharge with an increased point average of 9 (indicating that their psychiatric symptoms decreased and level of functioning improved).
- 96% (increased 16% from last year) of clients attained at least 1 of their treatment goals on discharge (indicating that their psychiatric symptoms decreased and level of functioning improved).
- 87% of clients reported improvement in their condition with an average increase of 10pts on discharge.

1 Influencing factors that impact results: Severity of initial mental health state and premature termination of treatment.
Program Title: Mental Health and Counseling Program (Darien)

Program Description: The Mental Health and Counseling Program offers treatment, guidance, and support to individuals and families with commercial insurance, Medicaid, Medicare, or sliding scale fee for the uninsured who are in crisis and experiencing severe dysfunction. Psychotherapy and counseling services address a wide variety of issues presented by individuals, couples and families, including but not limited to: persistent sadness and depression, consuming worry and anxiety disorders, poor adjustment to academic and work demands, co-occurring alcoholism and substance abuse, domestic violence, eating disorders, parent-child conflicts, and marital strain and discord.

Eligibility: Clinical services are offered without discrimination as to race, color, religion, age, marital status, sex, national or ethnic origin, or ability to pay. Severe psychiatric conditions or any case in need of intensive day treatment or in-patient psychiatric treatment will be referred to a licensed facility at the appropriate level of care required for such conditions.

Contact Information: Amanda Romaniello, Manager of Clinical Services (203) 655-4693
Cheryl Norfleet, Intake Coordinator (203) 629-2822

HOW MUCH DID WE DO?
- 727 clients seen in 12/13 fiscal year.
- 2206 individual therapy sessions held in 12/13 fiscal year.
- Male: 42.6%, Female: 57.3%
- Ages 0-17: 31.2%, Ages 18-25: 13%, Ages 26-44: 23.3%, Ages 45-60: 22.6%, Ages 60+: 2.7%, Unreported: 6.8%
- Greenwich residents: 1.5%, Stamford residents: 14.8%, Darien residents: 33.8%, New Canaan residents: 9.3%, Norwalk residents: 28.3%, Out of Area: 12.1%
- Asian: 2.2%, African-American/Descent: 4.2%, Hispanic: 11%, White: 63.5%, Other: .6%, Unreported: 18.2%
- 11 Wellness and Prevention presentations (i.e. “The Value of Failure” and “The Birds & The Bees” workshops); 5 Wellness and Prevention ongoing groups (i.e. “Senior Discussion Group” and “Home work Club”) facilitated in 12/13 fiscal year.

HOW WELL DID WE DO IT?
- 95 % of clients who returned the client survey were satisfied or better with their service.
- 95% of clients who returned the client survey rated their overall experience with Family Centers as very good or better.
- Licensed as a Child and Adolescent Clinic by the Department of Children and Families and as an Adult Clinic by the Connecticut Department of Health
- Accredited by the Council on Accreditation

IS ANYONE BETTER OFF?
- 74% of clients showed improvement in their GAF scores on discharge with an increased point average of 8 (indicating that their psychiatric symptoms decreased and level of functioning improved).
- 84% of clients attained at least 1 of their treatment goals on discharge (indicating that their psychiatric symptoms decreased and level of functioning improved).
- 67% of clients reported improvement in their condition with an average increase of 3 pts on discharge.

1 Influencing factors that impact results: Severity of initial mental health state and premature termination of treatment.
2 Influencing factors that impact results: Severity of initial mental health state and premature termination of treatment.
Center of Excellence: Families in Crisis  
Program: The Den for Grieving Kids

Program Description:
The Den runs bereavement groups for children and their parents in the form of family oriented Evening Support Groups, as well as for students on site in various schools in Stamford, Norwalk and Greenwich. The Den is based on a model that relies heavily on trained volunteers in order to provide services to the large numbers of participants it serves. Volunteers come from many backgrounds and professions. They undergo training, based on the Dougy Model, incorporating the skills that they will need to facilitate both the adult and child bereavement support groups. Our success in this is reflected in the numbers of volunteers who stay for many years, with an average of 90% re-upping every year.

Eligibility Criteria:
Evening Support Groups – Children ages 3-18 and their parents/caregivers who have experienced a loss due to death.
School-based Groups – Any student who has experienced a death who is enrolled in the schools where we have bereavement support groups on site.
In all Den programs participants come from Fairfield and Westchester Counties. There are no fees so there are no income related restrictions. The only requirements are that there has been a significant death in the person’s life and that the individual has the wish and the capacity to be part of a group. All races and ethnic groups participate.

Contact: Linda Weatherseed, Program Coordinator
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HOW MUCH DID WE DO?
• Total served: 324
• Age: 0-17: 65%; 18-25: 8%; 26-44: 10%; 45-59: 16%; 60+: 0
• Race and Ethnicity: Black: 13%; Hispanic: 17%; White: 61%; Asian: 2%; Other: 8%
• Gender: Male: 38%; Female: 62%;
• 226 people were seen in the Evening Support Groups (ESGs) offered over the period of the past 12 months representing 64 families. This year we continued to offer a Den ESG for Spanish-speaking parents.
98 children and teens in elementary through high schools were enrolled in a total of 12 school-based groups.
• 40 Volunteers – ranging in age from 25 to 76, and predominantly female, are the trained facilitators.
• This past year we offered 46 Evening Support Groups throughout the year.

HOW WELL DID WE DO IT?
• 93% of volunteers surveyed indicated that they felt extremely/very positive about their training.
• 88% indicated that they were extremely/very satisfied with what they had learned about working with groups.
• 100% of volunteers responded in the two most positive categories to the questions that address whether they feel that they are well supported in The Den, whether they are treated respectfully, feel a part of The Den Community, and whether expectations of them are reasonable, while 96% of volunteers responded in the two most positive categories to the question of whether they “felt heard”.
• 98% of children and teens surveyed felt that in The Den groups it was “OK to say whatever I need to about my feelings” and 100% responded positively to the question that reflected that they felt accepted and that others were helpful towards them, while 98% responded positively to the question that reflected that others were friendly towards them.*
• 100% of adults surveyed felt that coming to The Den had helped their children, thus supporting the conclusion that attendance at the program has a major impact on their children’s healing.
• 95% of adults surveyed felt that they had been helped with the changes that occurred as a result of the death.
• 100% of adults stated that they were being helped by attending the Den.
• 93% of the parents in the survey indicated that they talked a lot or a little more freely with their children about the death now.**
IS ANYONE BETTER OFF?

• 98% of children and teens stated that overall they were coping better now than when they had started at The Den.
• 95% of adults surveyed felt that The Den had helped them to find useful ways of coping with their situation.
• 100% of adults stated that they were being helped by attending the Den.
• 93% of the parents in the survey indicated that they talked a lot or a little more freely with their children about the death now.**

*This has been shown to be a vital part of healing from a death for young people and is correlated with improved relationships in later life.

**The degree to which a grieving parent can talk openly with their child about the death is a measure of the coping skills the adult has acquired.
Center of Excellence: Families in Crisis

Program: Intensive Family Preservation

Admission Criteria:
The Intensive Family Preservation Program (IFP) serves families with at least one child at imminent risk of removal from their home due to child abuse or neglect and/or may be experiencing trauma as a result of those experiences, have behavioral health issues and may present with significant behavior challenges. Parents in referred families may have limited parenting, coping or general life skills and/or mental health, substance abuse or domestic violence issues. The Department of Children and Families (DCF) is the sole source of referral. There is no fee to the client for participation in this program as services are funded by a grant from DCF.

Contact Information:
Leslie P. Sexer, LCSW
Director
Clinical Outreach Services
WorkLife Solutions

HOW MUCH DID WE DO?
• 11 DCF families were served by IFP during the fiscal year July 1, 2012-June 30, 2013. This includes 19 adults and 28 children.
• Gender: Male: 37%, Female: 63%
• Race/Ethnicity: Black: 21%, Hispanic: 11%, White: 47%, Other: 21%
• Ages: 18-24: 0%, Ages: 25-34: 32%, Ages: 35-44: 10%, Ages: 45-54: 53%, Ages: 56-64: 5%
• 308 home visits were completed with a total of 770 hours spent with clients in their homes.
• 60 case review meetings attended at DCF offices in Stamford and Norwalk.

HOW WELL DID WE DO IT?
• 91% of families served did not experience the removal of a child or children during the three month period beginning the date home-based services were initiated.
• 80% of families served did not experience an incident of repeat maltreatment during the three month period beginning with the date home-based services were initiated.
• Accredited by the Council on Accreditation.

IS ANYONE BETTER OFF?
• 100% of clients who returned the client survey were satisfied with the services they received.
• 100% of clients who returned the client survey agreed that their problems improved.
• 100% of clients who returned the client survey agreed that their parenting skills improved.
Center of Excellence: Families in Crisis

Program: Reconnecting Families

Admission Criteria:
The Reconnecting Families Program is designed to engage, support and intervene with family members through a short-term, intensive, in-home service model following the removal of a child(ren) due to abuse or neglect in order to promote and effect successful reunification and reduce the risk of further abuse and neglect. This service is designed for families with children (from birth through 17) who were removed from their home due to protective service concerns and for whom supervised visits are required. These children may be victims of neglect, physical and sexual abuse and may have been exposed to substance abuse, domestic violence, mental health issues and/or other disabling conditions of the parent. Referrals to the program are generated by the DCF Area Office gatekeeper. Biological, relative caretakers and kin are eligible to receive this service. Referrals are generated for children with a permanency plan of Reunification and/or Transfer of Guardianship.

Contact Information:
Leslie P. Sexer, LCSW
Director
Clinical Outreach Services
WorkLife Solutions

HOW MUCH DID WE DO?
• Total Served: Five DCF involved families and six foster families (43 clients) were served by RFP during the fiscal year July 1, 2012-June 30, 2013.
• Gender: Male: 43%, Female: 57%
• Race/Ethnicity: Black: 68%, Hispanic: 21%, White: 11%, Other: 0%
• Ages: 0-10: 21%, 11-18: 19%, 19-55: 60%
• 112 home visits and 296 client contact hours were completed.
• 24 DCF reviews and 12 DCF planning meetings were attended.
• Accredited by the Council on Accreditation.

HOW WELL DID WE DO IT?
• 80% of families served were reunified.
• Of the families reunified there have been no reports of repeat maltreatment and none of the children have reentered care.
• Accredited by the Council on Accreditation

IS ANYONE BETTER OFF?
• 100% of clients who returned the client survey felt the program had been excellent or good for their family.
• 100% of clients who returned the client survey felt the program had been excellent or good in assisting with parenting issues and raising their children.
• 100% of clients who returned the client survey felt excellent or good about the changes they made for themselves and their families.
Center of Excellence: Families In Crisis

Program: Stamford CARES

Program Description:
Since 1986, Stamford CARES has been providing core and support services including medical case management, mental health, housing coordination and emergency financial assistance to children, adults and families living with HIV/AIDS in lower Fairfield County, Connecticut. Stamford CARES operates as the coordinating agent of pediatric and adult HIV care in the Stamford/Greenwich region, and is the most central resource in southwest Connecticut that connects people living with HIV/AIDS to medical care and treatment, and all other available supportive services.

Eligibility:
Men, women and children having documented HIV sero-positivity and having income up to 300% above the federal poverty line. Ongoing eligibility is determined by maintenance of medical care.

Contact: Dennis Torres, Director
dtorres@familycenters.org

Andre Campos, Senior Medical Case Manager
acampos@familycenters.org

HOW MUCH DID WE DO?
• 314 clients, 37 affected children, 277 Adults
• Male: 66%; Female: 32%; Transgendered: 2%
• Ages 0-24: 12%, Ages 25-44: 24%, Ages 45-64: 60%, Ages 65 and older: 4%
• Greenwich residents: 9%, Stamford residents: 87%, Darien residents: 1%, New Canaan residents: 1%, Norwalk residents: 2%
• Race/Ethnicity: African Descent: 54%, Hispanic: 26%, White: 16%, Other: 4%

HOW WELL DID WE DO IT?
• Medical Case Managers averaged over 16 visits per client, increasing contacts average to more than one per month (increase of 1 visit per client over 2011)
• Mental Health services maintained 43 clients
• Mental Health services averaged 15 visits per client, evidencing at least 3 months of treatment (total of 624 individual sessions)
• Stamford CARES staff each received more than 20 hours of HIV-related continuing education, equaling over 140 hours of training combined.
• Medical Case Management Program scored 99% adherent to State of Connecticut Standards of Care.
• Mental Health Program scored 100% adherent to statewide Standards of Care for the third consecutive year.

IS ANYONE BETTER OFF?
• 92% of active clients saw a medical provider at least once in the last year.
• 91% of active clients had HIV-specific labs drawn and assessed.
Center of Excellence: Fostering Independence

Program Title: Community and Supportive Services Program: Resident Services

Program Description:
The Community and Supportive Services Program is a collaboration between Family Centers and Charter Oak Communities in which onsite Resident Service Coordinators assist public housing residents in need of a variety of supportive services. The primary function of the Resident Service Coordinator (RSC) is to effectively assist residents that have requested support in enhancing the quality of their daily lives. The RSC links residents with community based services to maintain and improve their quality of life. The RSC works collaboratively with residents, property management and local resources to build healthier and stronger communities.

Eligibility Criteria:
Services are available to residents at designated Charter Oak Communities (COC) public housing sites. Residents of Charter Oak Communities can self-refer or are referred for services by COC property managers and general staff.

Program Contact: Donna Spellman, MS
Director of Self Sufficiency and Independent Living Programs
dspellman@familycenters.org

Marisol Rivera, MSW
Manager of Self Sufficiency and Independent Living Programs
mrivera@familycenters.org

HOW MUCH DID WE DO?
• Total Served: 870
• Age: 0-17: 8%; 8-25:10%; 26-44: 14%; 45-60:39%; 60+: 29%
• Race and Ethnicity: Black: 39%; Hispanic: 34%; White: 23%; Other: 4%
• Gender: Male: 34%; Female: 66%
• 870 Charter Oak Communities (COC) residents were provided with onsite supportive services including vocational assessment, wrap-around services, access to educational and vocational training, individual and group based job development and job retention services, onsite groups and events including health related groups (walking, nutrition, health screenings), budgeting, independence assessments (assessments of ADL's and other independent living screenings) recreational groups and community-building activities.

HOW WELL DID WE DO IT?
• Charter Oak Communities residents were provided with Program Satisfaction Surveys. 76% completed the surveys. Of the 76% of surveys completed, 95% reported that the addition of onsite Resident Service Coordinators resulted in increased services to themselves or a family member, stabilized housing, a reduction in late payments, a reductions of problems passing home inspections, or an increased involvement in community-based activities.
• 93% COC Senior and/or disabled residents reported that the impact of onsite Resident Service Coordinators increased overall resident cooperation, participation and a sense of overall well-being throughout the public housing communities.
• 100% COC residents were provided monthly calendar of events that included opportunities for community based participation in informational, educational, social, recreational and health based groups.
• 71% COC Senior and/or disabled residents attended a minimum of 3 events per month.
• Of the 71% of COC residents who participated in monthly groups/events, 93% reported an increase in knowledge, and a noted decrease in isolation.
• Completion rate for COC clients receiving vocational assessment, resume writing, interview skills and career development was over 84%.
• Completion rate for COC clients enrolled in the Family Centers’ Computer Skills Training Program was 98%.
Participation in community based events (informational, educational, health related, social or recreational) was 79% (based on the total number of residents throughout the properties listed above).

COC residents were administered pre and post self-assessments for specific health related groups. Upon completion of the health related groups, the following results were reported:

- 83% reported an increase in knowledge about nutrition (clients stated that they are more informed when grocery shopping, for example).
- 81% reported an increase in physical activity (for example, walking, parking their cars farther away, utilizing steps as opposed to elevators, etc.).
- 53 COC residents participated in financial literacy educational groups. Of the 53 participants, 69% reported a decrease in over-spending for negligible items.

**IS ANYONE BETTER OFF?**

- Of the 296 COC clients who received self sufficiency related support, 77% increased their level of employment (increased hours worked, increased salary, increased benefits) and
- Of the 296 COC clients who received self sufficiency related support, 74% of the 93 who were unemployed at the time of Intake became employed (part time or full time) after receiving services through community based programs.
- Of the 296 COC clients who received self sufficiency related support, 71% improved their level of literacy, computer literacy and education.*
- 97% of resident participants reported that the services they received from the onsite Resident Service Coordinator helped them:
  - Reduce stress resulting in a greater sense of well-being for themselves and their families,
  - Generate better relationships amongst fellow residents throughout the respective properties,
  - Meet their lease requirements.
- In properties where there exists a Family Centers Inc. Resident Service Coordinator, there were 69 “saved” evictions as evidenced in this period as compared to 63 “saved” evictions evidenced in the period prior. (Saving approximately $255,300 in costs to Charter Oak Communities).
  - 2012-2013: 69 residents with violations that could result in evictions were provided services and as a result did not become evicted.
  - 2011-2012: 63 residents with violations that could result in evictions were provided services and as a result did not become evicted.
- 89% of resident participants reported that their participation in community based events/groups had a direct effect in:
  - Learning how to advocate for themselves.
  - Strengthening their communication with COC Property Management*
  - Taking responsibility for their ability to maintain their independence.

*Educational and informational groups have stressed the importance of communicating with property management, particularly when facing challenging times, as opposed to ignoring issues and having them potentially worsen due to avoidance. In addition, some groups were co-facilitated by the RSC and the Property Manager, stressing to residents that both functional roles within a public housing community work collaboratively and effectively.
Center of Excellence: Fostering Independence

Program: Friendly Connections

Program Description:
Friendly Connections offers aging adults an array of educational, recreational and socialization services, including teleconference courses, home visits, individual counseling, information and referral services and support groups. Under the direction of the Program Coordinator, trained volunteers provide companionship and support through the use of weekly telephone calls, home visit and by facilitating a huge array of groups. These services promote social connection, independent living and enrichment for aging adults.

Eligibility:
Friendly Connections is available free of charge to aging adults who are interested in engaging in socialization and supportive services, either over the telephone or in person.

Contact: Allison Petro, Friendly Connections Coordinator
apetro@familycenters.org

HOW MUCH DID WE DO?
• Friendly Connections provided onsite groups at McKinney Terrace (Greenwich Housing Authority), and Post House, Clinton Manor, Quintard Manor and Stamford Manor (Charter Oak Communities), all low income public housing developments that provide affordable housing to seniors, during the 2012-2013 fiscal year.
• Friendly Connections provided 38 individual face to face needs assessments during the 2012-2013 fiscal year.
• Friendly Connections provided 131 telephone groups during the 2012-2013 fiscal year.

HOW WELL DID WE DO IT?
• 69% of the seniors residing in the public housing communities participated in one or more of the Friendly Connections onsite groups.**
• Of the 38 individuals who completed Individual Needs Assessments, 34 followed up with referrals to other supportive services as a result.
• 28 clients were enrolled in teleconference courses and 94% returned each month.

IS ANYONE BETTER OFF?
• 72% of Friendly Connections clients who were administered a client survey reported that they “strongly agree” that Friendly Connections helps them to live in their own home and maintain independence longer than they would if they did not have this level of support. *

*90% of older adults report they prefer to age in their own home. (Source: National Council on the Aging)

**Those that are highly socially integrated are more likely to have a decreased risk of memory decline. The social involvement that Friendly Connections provides can have a significant effect on the client’s risk of memory loss, an issue of great concern in the field of gerontology. (Source: Harvard University, School of Public Health)
PROGRAM DESCRIPTION:
The Housing Resource Program finds and helps maintain housing for adults with prolonged mental illness. In addition to locating housing, the program can also provide temporary rental subsidies and security deposit loans to program participants. The program utilizes outreach case management services from other providers.

ELIGIBILITY REQUIREMENTS:
Program participants must have a mental illness and be receiving case management services from a DMHAS funded provider. Participants must also be able to live independently. Separate low income requirements are mandatory for rental subsidies.

CONTACT:
Walter J Ritz, Program Director
60 Palmers Hill Rd, Stamford, CT
203 324-3167, x 4138
writz@familycenters.org

HOW MUCH DID WE DO?
Clients: 136
• (Male: 72, Female: 64, 83% of referred clients come from the Stamford or Norwalk.)
  (23 new clients received a rental, 29 received a security deposit loan, 48 received assistance in locating housing, 43 clients received assistance from the client support fund. Several clients received multiple services.)

HOW WELL DID WE DO IT?
• 89% of applicants referred to this program for housing were placed in affordable housing within 3 months.
• 91% of placements in fiscal year 2013 were new clients to the Housing Resource Program.
• 77% of individuals referred to the Housing Resource Program receive two or more of the following services within 3 months of referral to the program: 1. Housing Assistance 2. Rental Assistance. 3. Security Deposit Assistance.
• The Housing Resource Program works with area landlords and realtors to locate affordable housing in the Stamford/Norwalk area. Last year the program placed 35 clients into new apartments. All of which are at or below existing fair market rental rates. Since 1987, the program has found housing for over 660 people with mental illness.

IS ANYONE BETTER OFF?
• Over a 3 month period 94% of the individuals directly placed by the Housing Resource Program remain in safe affordable housing or have been placed into other affordable housing.
• Over a 6 month period 91%* of the individuals directly placed by the Housing Resource Program remain in safe affordable housing or have been placed into other affordable housing.
• Given the existing gap between the cost of living and income, the Housing Resource Program provides temporary subsidies for those unable to afford living in this area. Currently, nearly 80 individuals receive these subsidies annually. This can save up to $1,700,320* annually when compared to the cost of remaining homeless.

* figure based from Where We Sleep 2009
Center of Excellence: Fostering Independence

Program Title: Literacy Volunteers

Program Description:
Literacy Volunteers utilizes the services of trained volunteers to provide free, high quality education and job training programs to American and foreign born adults, young adults and families for the purpose of enabling them to acquire the skills necessary to achieve personal and occupational goals. The program is committed to educating families, developing a more skilled workforce and providing educational opportunities to the community’s most vulnerable populations – those living in poverty with low-literacy. Literacy Volunteers brings its programs to the communities of Stamford, Greenwich and Darien through collaborations with local social service organizations. Classes are held in 14 locations throughout Stamford and Greenwich.

Eligibility Criteria:
The ESOL/BL program is open to all adults over 18 years old. Students are referred to the program by community agencies, libraries, Stamford and Greenwich Adult and Continuing Education, friends and family.

Contacts:
Donna Spellman, MS
Director of Self Sufficiency and Independent Living
dspellman@familycenters.org

Lucia Cook
Literacy Volunteers Program Manager
lcook@familycenters.org

Marilyn Collins
Literacy Volunteers Education Coordinator
mcollins@familycenters.org

HOW MUCH DID WE DO?
695 Students served (registered and placed) in FY 13
• 491 students with over 12 hours of instruction
• 88% ESOL students
• 12% Basic Adult Education Students
• Gender: 70% Female; 30% Male
• Age: 8% students between the ages of 19-24; 45% students between the ages of 25-44; 35% students between the ages of 45-59; 12% students age 60 or older
• Race and Ethnicity: 73% Hispanic; 11% Black or African American; 12% White; 4% Asian
• Education: 28% have less than a 12th grade education in their countries; 35% hold a H.S. diploma in their countries; 19% have some college in their countries; 16% hold an undergraduate degree in their countries; 2% hold a graduate degree in their countries
• Employment: 36% employed full-time; 31% employed part-time; 17% unemployed seeking work; 11% unemployed not seeking work; 5% retired
• Income: 88% of students report incomes of under $25,000 per year
• 29,230 total student hours
HOW WELL DO WE DO?

As reported to CSDE – 170 students (compared to State Mandated):
LV pre-tests all students at intake using the CASAS standardized test and post-tests students after 30 hours of instruction.

<table>
<thead>
<tr>
<th>Educational Level</th>
<th>% Making Gains (4 pts)</th>
<th>% Completing Level</th>
<th>State Mandated FY 12/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Literacy</td>
<td>100%</td>
<td>86.67%</td>
<td>58%</td>
</tr>
<tr>
<td>Low Beg.</td>
<td>95%</td>
<td>90%</td>
<td>59%</td>
</tr>
<tr>
<td>High Beg</td>
<td>89.29%</td>
<td>92.86%</td>
<td>56%</td>
</tr>
<tr>
<td>Low Intermediate</td>
<td>92.16%</td>
<td>90.2%</td>
<td>45%</td>
</tr>
<tr>
<td>High Inter</td>
<td>78.57%</td>
<td>89.29%</td>
<td>42%</td>
</tr>
<tr>
<td>Advanced</td>
<td>96.3%</td>
<td>55.56%</td>
<td>20%</td>
</tr>
</tbody>
</table>

HOW WELL DO WE DO overall - 250 students (as compared to State Mandated):

<table>
<thead>
<tr>
<th>Educational Level</th>
<th>LV Completing Level</th>
<th>All CT Adult Programs FY 12</th>
<th>State Mandated FY 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Literacy</td>
<td>88.9%</td>
<td>58.01%</td>
<td>58%</td>
</tr>
<tr>
<td>Low Beg.</td>
<td>82.3%</td>
<td>59.18%</td>
<td>59%</td>
</tr>
<tr>
<td>High Beg</td>
<td>64.7%</td>
<td>56.08%</td>
<td>56%</td>
</tr>
<tr>
<td>Low Intermediate</td>
<td>54.6%</td>
<td>44.63%</td>
<td>45%</td>
</tr>
<tr>
<td>High Inter</td>
<td>37.5%</td>
<td>41.75%</td>
<td>42%</td>
</tr>
<tr>
<td>Advanced</td>
<td>29.1%</td>
<td>19.7%</td>
<td>20%</td>
</tr>
</tbody>
</table>

IS ANYONE BETTER OFF?

- LV’s overall program met and/or exceeded State standards at all levels with the exception of High Intermediate
- 98.82% of post tested students indicated that they achieved at least one stated goal
- 90% of Work-readiness students received the National Retail Federation Foundation Customer Service or Microsoft IC3 certification, and/or obtained employment
- 100% of students who completed the work readiness programs are job ready (resume, cover letter, job search skills, etc.)

When Basic Education or English Language Learners learn how to read, write, and use computers, they are more likely to lift themselves out of poverty, enjoy better health outcomes and improved health care costs, find and keep jobs with family sustainable wages. Legal immigrants who are English proficient earn 13-24% more than non proficient speakers. When immigrants have access to language and literacy instruction they assimilate quicker, and become more active and engaged in their community.**
Center of Excellence: Fostering Independence

Program Title: RITE Program (Reaching Independence through Employment)

Program Description: 
RITE helps low-income and/or transitioning individuals and families attain a greater sense of self-sufficiency through counseling, goal planning, job-skills training, life skills and family support. Services are offered in Stamford and Greenwich.

Eligibility Criteria: 
The RITE Program is open to all low-income residents of lower Fairfield County. In Greenwich, clients are referred by the Greenwich Housing Authority for the Family Self Sufficiency component of the program. In Stamford, clients self-refer or are referred by other agencies (or by Family Centers’ internal programs).

Contacts: 
Donna Spellman, MS  
Director of Self Sufficiency and Independent Living  
dspellman@familycenters.org  

Marisol Rivera, Manager of Self Sufficiency and Indep. Living  
mrivera@familycenters.org  

Jessica Herlihy, Stamford RITE Program Coordinator  
jherlihy@familycenters.org  

HOW MUCH DID WE DO?  
• Total Served Stamford: 346  
• Age: 0-17: 9%; 8-25: 17%; 26-44: 43%; 45-60: 27%; 60+: 4%  
• Race and Ethnicity: Black: 28%; Hispanic: 43%; White: 24%; Other: 5%  
• Gender: Male: 37%; Female: 63%  

• Total Served Greenwich: 274  
• Age: 0-17: 19%; 8-25: 13%; 26-44: 41%; 45-60: 12%; 60+: 5%  
• Race and Ethnicity: Black: 19%; Hispanic: 62%; White: 15%; Other: 4%  
• Gender: Male: 39%; Female: 61%  
• 620 clients were provided vocational support services including comprehensive vocational assessment, vocational testing, resume writing, interview skills, wrap-around case management, career development, access to vocational and educational training, individual and group based job development and job retention services.  
• 183 clients were provided computer literacy training.  
• 103 clients were provided vocational testing.

HOW WELL DID WE DO IT?  
• Completion rate for RITE Program clients receiving vocational assessment, resume writing, interview skills and career development was over 87%.  
• Completion rate for RITE Program clients enrolled in the RITE Computer Skills Training Program was 96%. **  
• Completion rate for RITE Program clients enrolled in the Annual Job Readiness Day was 100%.
IS ANYONE BETTER OFF?

- 88% of RITE Program clients increased their level of employment (increased hours worked, increased salary, increased benefits) and
- 83% of the 222 who were unemployed at the time of Intake became employed after receiving services through the RITE Program.
- 77% of total RITE Program clients improved their level of literacy, computer literacy and education.*
- Annual public cost savings: $5,159,000 (184 clients moving from unemployment to employment) **

*National outcome measures for Connecticut indicate that adults with the ability to learn experience improved status following participation and completion of vocational and educational training and support.

**According to Census data, individuals with a bachelor’s degree earn an average of $51,554 per year, while those receiving only a high school diploma earn $28,645 and the average high school dropout earns $19,169. Effective job, literacy and educational programs have been proven to contribute to positive sociological outcomes, including increased levels of employment, higher earnings, high school completion (or its equivalent), postsecondary attendance, reduced rates of reliance on public welfare assistance and involvement in criminal activities.

***Cost of Welfare/TANF for 123 families (avg. family size: 4)—$28,000 per family per year.
Connecting

the

Dots

Finance

FAMILY CENTERS
Service Area: Finance

Function:
Government Grant/Sales of Service Administration

Description:
Ensure the successful application, reporting and collection of 28 government grants and sales of services.

Contact: Marion Beale, Director of Finance
  mbeale@familycenters.org

HOW MUCH DID WE DO?
• 22 applications or renewals
• 276 monthly invoices issued
• 68 periodic reports completed
• $5,093,350 in grant awards and sales of services

HOW WELL DID WE DO IT?
• Grants Receivables at June 30, 2013 were 92% (< 30 days old)
• 100% of government financial reports submitted on time or early

IS ANYONE BETTER OFF?
• There were no government grant awards penalized for untimely filing as all financial filings 100% current.
• Assisted in obtaining $185,000 in additional Department of Public Health funding to operate an additional School Based Health Center.
Service Area: Finance

Function:
Client Support Service and Accounts Receivables

Description:
• Intake and set up for clinical and early childhood clients
• Billing and insurance processing
• Collections and cash application
• Management reporting on a monthly basis
• Customer service for clinical and early childhood clients

Contact: Mildred Gonzales, Finance Manager
mgonzales@familycenters.org

________________________________________________________________________________________

HOW MUCH DID WE DO?
• 750 clinical clients and 12,800 individual clinical sessions were processed
• Insurance billing in the amount of $626,817 and client billing of $218,100 was generated
• 227 ECE families were issued contracts for the 2012-13 school year
• Total billing: $1,789,625
• 21,000 activities were entered for services provided: 61% OBH, 19% ECE, 13% SBHC, 7% others (PEP, Wellness)
• 16,946 payment were processed, for a total of $7,371,131
• Finance Set up and testing for EVOLV implementation was initiated

HOW WELL DID WE DO IT?
• All 1,342 intake clinical clients received a call back within 24 hours
• 96% of the Accounts Receivable at June 30, 2013 were current (< 30 days old) vs. 94% at the end of FY12
• OBH billing from EVOLV was initiated during the Summer 2013

IS ANYONE BETTER OFF?
• 750 clients, or 56% of total intakes, proceeded to receive services from Family Centers
• 227 children received day care services. 197 families received some amount of subsidy for a total of $2,478,019, or an individual average of $12,578. The subsidy allowed many families to access day care they would not be able to otherwise
• The timely collection of receivable results in time savings and a more favorable cash flow position
Service Area: Finance

Function: Financial Reporting and Planning

Description:
Develop, administer and report agency, program and grant budgets
Provide timely and accurate financial information to management, staff and donors
Provide analysis of actual financial results to planned results

Contact: Emil Caliboso, Senior Accountant
ecaliboso@familycenters.org

HOW MUCH DID WE DO?
• Developed $12.1 million annual budget for Family Centers and its 30 programs
• Prepared 12 monthly financial reports for management and the Board of Directors
• Submitted required periodic status and activity reports to various grant agencies
• Financial administration and reporting for IT Collaborative Project
• Completed annual independent audits including Federal & State, Pension Plan, and Literacy Volunteers audit
• Completed June FY13 Literacy Volunteers’ accounting and closing

HOW WELL DID WE DO IT?
• Board approved the annual budget and 100% of financial reports
• Clean opinion received on the outside audit
• Maintained four star rating on Charity Navigator for financial management
• Financial reports provided accurate and timely information for management, staff and IT collaborative partners
• Received capital grant awards for facilities improvements and purchase of fixed assets
• Renewal and extension of various grant awards
• Provided fiduciary role, financial administration and support for IT Collaborative project to ensure implementation
• Reviewed and revised processes and procedures to adjust to changing needs of the agency and staff

IS ANYONE BETTER OFF?
• Monitoring of results vs. budget provides critical information for decision making and meets grant administration requirements.
• Periodic review of processes and procedures improves efficiency and quality of output.
Service Area: Finance

Function:
Accounts Payable/Cash Receipts/Investment Accounting

Description:
• Process vendor invoices and employee reimbursements
• Process Charter Oak Rents
• Process Giving Fund Receipts
• Disburse Giving Fund Checks to clients
• Enter all cash receipts
• Accounting for investment activity

Contact: Nancy Sparan, Accounts Payable Accountant/Analyst
nsparan@familycenters.org

HOW MUCH DID WE DO?
• Processed over $6 million worth of invoices
• Issued approximately 250 paper checks per month and 25 on-line payments per month
• Deposited and posted over $14.5 million in cash receipts
• Provided accounting and financial reporting for over $8 million of investments for 8 restricted funds
• Issued over 180 checks to Charter Oak Landlords
• Deposited and processed over $82,000 Giving Fund cash receipts
• Issued over 119 checks to Giving Fund clients

HOW WELL DID WE DO IT?
• The volume of automatic payments for vendors continues to increase
• Eliminated manual cover sheets for most invoices to streamline processing
• Improved forms for check requests and contractor billing and provided electronic formats
• Reduced handling and photocopying of donations
• Charter Oak landlords have received rent payments on time on behalf of our clients

IS ANYONE BETTER OFF?
• Our Giving Fund recipients have experienced a better quality of life because of us
• The processing of rent checks for Charter Oak has been beneficial in strengthening our relationship with Charter Oak for future collaboration
• Providing investment activity reports to the Finance Committee enables them to make good investment decisions, which leads to more income and preservation of capital
• Producing payments in an accurate and timely fashion helped us to avoid finance and interest charges, leaving more money for client assistance, and reducing the expense of bank fees
• Paying our bills on time allows us to preserve our good credit rating as reflected in our Dunn & Bradstreet report
Connecting the Dots

Volunteers and Communications
Service Area: Volunteer Services

Program Description:
Family Centers’ director of community engagement is responsible for the recruitment, screening, placement and training of all volunteers. We actively work with students, local schools, corporate groups, community partners and the board of directors of Family Centers to engage as many volunteers as possible throughout many programs at the agency.

Eligibility:
Volunteers must meet the minimum age requirement of 15 years old to volunteer, but we will waive this requirement on a case by case basis for both individual and group volunteers. Some programs do require volunteers to be 18. All volunteers who will be working with minor children or who will be working in a closed door environment or with a vulnerable population undergo a background check screening. A personal interview is also required for volunteers.

Contact:
Jennifer Flatow
Director of Community Engagement
jflatow@familycenters.org

HOW MUCH DID WE DO?
• Total number of volunteers = 2,269 (a 9% increase from the previous year)
• Programs engaging volunteers: Head Start, Early Care & Education, School Readiness, Friendly Connections, The Den for Grieving Kids, R.I.T.E., Nurturing Families, Young Parents Program (YPP), Center for HOPE/Luminary Block Captains, S.H.I.P., Special Events Committees, Associate Board of Directors, corporate volunteers, school groups, church groups, interns.
• The summer continues to be a busy time for volunteers as we hosted 52 individuals who donated more than 1,300 hours of service between June-August.
• Family Centers continues to take part annually in the nomination and recognition of volunteers for outstanding community service in conjunction with The Volunteer Center. This past year our volunteers received awards in Darien (Carl Goodnow) and in Greenwich (Morgan Stanley).
• We continue to build our corporate relationships and over the past year were able to once again tie several volunteer opportunities together with financial support. FactSet (sponsor of the Center for HOPE Luncheon), UBS completed a project at the Center for HOPE in Darien (which resulted in a mini-grant for participation), Morgan Stanley (underwrote Head Start graduation for the second year in a row), and Bimbo Bakeries USA completed a volunteer project at Gateway Preschool (and make a sizable in-kind donation to the school).
• For the fifth year in a row we have celebrated National Volunteer Week at Family Centers.

Trends and Highlights in Connecticut:
 o Value of service in Connecticut = $28.26 per hour (national average is $22.14 per hour)*
 o Among the 50 states, Connecticut ranks third and has a has a value of $28.26, up from $27.77**
 o 28.5% of residents volunteer, ranking them 22nd among the 50 states & D.C.
 o 793,710 volunteers statewide
 o 29.3 volunteer hours per resident

Program Snapshot: The Den for Grieving Kids
 o Total # of Volunteers: 42 (36 Facilitators and 6 Greeters)
 o Average number of hours they volunteer annually: Facilitators = 2,592 hours/Greeters = 216 hours
 o Value of Volunteer Service: $79,354
Service Area: Communications

Service Description:
Family Centers’ Communications Department is responsible for educating the public at-large, donors, Board members, community leaders/politicians, volunteers, businesses, partner agencies and other audiences about the agency's programs and services. We aim to reach these audiences through media relations, social media outlets, Internet presence, speaking engagements, in-house produced publications and other external communication methods.

Contact: Bill Brucker, Communications Director
bbrucker@familycenters.org

HOW MUCH DID WE DO?
• Over the past year, Family Centers has been featured in 258 local, regional and national television, newspaper, magazine, radio and Internet media news stories.
• A special emphasis was placed on establishing relationships with Internet-based news outlets. Many of our contributions on websites like In Care of Dad (an online caregivers resource) and the Huffington Post were widely shared via social networks – giving our pieces added exposure.
• Family Centers staff facilitated more than 35 community roundtable discussions or led presentations in various community places.

HOW WELL DID WE DO IT?
• Family Centers has increased its presence among larger-scale media outlets by more than 60 percent from 2011-2012. Over the past year, stories featuring Family Centers' programs and staff have appeared on NBC News, the Associated Press, CNN and the New York Times. Each of these stories were syndicated to more than 25,000 news outlets across the country.
• In 2012-2013, Family Centers has greatly improved its presence on web-based media, having regularly appeared on such outlets as It's Relevant, In Care of Dad, the Huffington Post, Patch and MSNBC and Main Street Connect, among others.
• Similarly, the explosion of social media websites has become a very important tool for Family Centers to share information with the community. This year, the agency has created profiles on Facebook, Twitter and YouTube.
• Family Centers’ website, www.familycenters.org, was reconfigured to conform to the growing number of people who utilize mobile devices to access Internet information. Similarly, our donation capabilities are also mobile friendly.
• Understanding the importance of e-communication, Family Centers has grown its email distribution list to more than 5,000 users. Email blasts are regularly sent to this group to keep them informed about events and agency news.
• Family Centers’ 2012 Annual Report was awarded a Gold Mercury Award from the Public Relations Society of America. Media coverage around the Polar Bear Plunge was also given a Gold Award.
IS ANYONE BETTER OFF?
While it is difficult to accurately measure results from PR/Communications efforts, it’s clear based on the output of press clippings and visits to the Family Centers website that people in the community are aware of the services we offer. Anecdotally, we have heard that people have sought out Family Centers’ services after reading a newspaper article or seeing a story on television. Aside from providing the community with a venue to hear about our services, the Communications department’s efforts also benefit the agency’s professional staff. By asking Family Centers’ staff to comment on a variety of topics in the press, we help to position them on the area experts when it comes to social services programs. Additionally, the press clippings and TV spots serve as supportive information that can be sent to funders when seeking grants. Lastly, the testimonials highlighted in our media relations efforts and publications give the Board of Directors information they can use when advocating for the agency in the community.

Considering the mass audience Family Centers reaches through its media relations (TV/print/radio) efforts, publications and web communications efforts, the community at-large is regularly exposed to Family Centers and its programs and services. While our intake process does not yet ask if communications efforts influenced their decision to seek out Family Centers’ assistance, we have heard anecdotally that these vehicles have been helpful to the community. Additionally, community partners have seen TV or print coverage on the agency and have inquired about possible relationship opportunities.

From the funding standpoint, our communications efforts have proven to be very useful when submitting grant proposals or educating potential funders about our services. News clips are routinely included in grant proposals to give foundations a clearer idea of the impact our services have on clients.